



# **NATIONAL DISABILITY MAINSTREAMING STRATEGY AND IMPLEMENTATION PLAN (NDMS&IP) 2018 - 2023**

**MINISTRY OF GENDER, CHILDREN, DISABILITY  
AND SOCIAL WELFARE**







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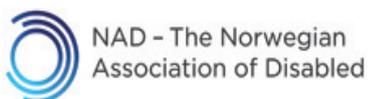
**Department of Disability and Elderly Affairs**

Private Bag 380  
Lilongwe 3, Malawi.  
Tel.: +2651776089  
Fax: +2651776065

**Editor:** Dr. Ambumulire Itimu-Phiri

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## FOREWORD

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The Government of Malawi (GoM) is committed to ensuring the promotion of an inclusive society that, in a more concrete way, appreciates disability as part and parcel of human diversity. As such, the development agenda of this country has provided for an environment in which persons with disabilities are able to achieve their fullest potential and in the process contribute to national development like any other citizen. The National Disability Mainstreaming Strategy and Implementation Plan (NDMS&IP), which the Government has developed, is a tool that will guide the public and private sector to effectively mainstream disability in their respective policies, plans, strategies and programmes at all levels of national development.

The Strategy has outlined key areas to mainstream disability in line with other national and international policies and strategies. The key areas include access to: health, education, means of livelihoods, employment and means for social inclusion. As a development strategy, it also provides for measures for mainstreaming disability in other critical cross-cutting issues such as HIV and AIDS, Gender, and Research.

To ensure successful mainstreaming of disability issues, there need to be sufficient understanding of the concept of disability mainstreaming as well as adequate financial mobilization and allocation. On its part, Government will lead in building the capacity of sectors at all levels so that they support this Strategy by way of aligning their respective Policies, plans and programmes accordingly. Above all, we need to join hands so that we can achieve effective disability mainstreaming for an inclusive society.



Prof. Arthur Peter Mutharika  
**PRESIDENT OF THE REPUBLIC OF MALAWI**

## PREFACE

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The National Disability Mainstreaming Strategy and Implementation Plan has been developed against the background that persons with disabilities continue to face discrimination in accessing basic social services despite the existence of national policies and laws on disability.

Government, through the Ministry of Gender, Children, Disability and Social Welfare, believes that the development of this Strategy provides guiding principles for sectors to review their respective policies and programmes to ensure that disability issues are prioritized. The development of the Strategy affirms Government's commitment to implement the UN Convention on the Rights of Persons with Disabilities (UNCRPD), which Malawi signed and ratified in 2007 and 2009, respectively. Implementation of the Strategy will contribute to the realisation of the principle on non-discrimination as provided for in the Constitution of Malawi, the National Policy on the Equalization of Opportunities for Persons with Disabilities and the Disability Act among other standards for promotion of disability rights.

The NDMS&IP is a guide and Action Plan of the GoM for the years 2018-2023 in the field of disability and development. It will inform decisions on areas of support by development partners in the field of disability-inclusive development thereby ensuring a coordinated and harmonized approach to disability and development in Malawi in line with Article 32 of the UNCRPD. The Strategy is one of the initiatives under the Disability Mainstreaming Program (DMP).

The Ministry understands that concerted efforts are required to achieve our goals. It is, therefore, my hope that we will join our efforts in implementing the Strategy for the betterment of the lives of persons with disabilities in the country.



Dr. Jean A.N. Kalilani, M.P.

**MINISTER OF GENDER, CHILDREN, DISABILITY, AND SOCIAL WELFARE**

# ACKNOWLEDGEMENT

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The development of the National Disability Mainstreaming Strategy and Implementation Plan (NDMS&IP) of the Government of Malawi has resulted from a coordinated process and joint effort led by the following organisations: The Department of Disability and Elderly Affairs (DDEA) in the Ministry of Gender, Children, Disability and Social Welfare (MGCDSW), the Norwegian Association of Disabled (NAD), CBM International (CBMI, Previously known as Christian Blind Mission), the Federation of Disability Organisations in Malawi (FEDOMA), Malawi Council for the Handicapped (MACOHA), Ministry of Health, Ministry of Education, Science and Technology, Ministry of Labour and Manpower Development, the Africa Disability Alliance (ADA), the University of Malawi (UNIMA) and the Malawi Human Rights Commission (MHRC). The Government of Malawi (GoM) is grateful to the aforementioned organisations for their tireless commitment to safeguard the rights of persons with disabilities in Malawi, and to ensure that progressively, provisions of the 2012 Disability Act are being realized.

The process of developing NDMS&IP was consultative and ensured ownership by both Government of Malawi, as a duty bearer and FEDOMA, an organisation that represents the rights holders. The Ministry of Gender, Children, Disability and Social Welfare wishes to acknowledge the immense contribution and leadership role displayed by Mr. Steven Wisemavi Msowoya (in his capacity as Senior Technical Advisor for the DMP) throughout the process of developing the Strategy and its Implementation Plan. Funding for the process was kindly provided by NAD, CBMI, and the German Government through GiZ, UNDP, the Royal Norwegian Embassy and the European Union (EU). Further, CBMI and NAD provided technical advice throughout the process. CBMI and NAD are disability and development organisations that operate at the global level to promote rights-based approaches to development.

## LIST OF ABBREVIATIONS

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ADA	Africa Disability Alliance
AIDS	Acquired Immunodeficiency Syndrome
AECDM	Association of Early Childhood Development in Malawi
APAM	Association of Persons with Albinism in Malawi
ARIs	Acute Respiratory Infections
BLM	Banja La Mtsogolo
CBE	Complementary Basic Education
CBMI	CBM International
CBMM	CBM Malawi
CBR	Community Based Rehabilitation
CBRLDP	Community Based Rural Land Development Project
CEDAW	Convention on the Elimination of All Forms of Discrimination Women
CHAM	Christian Health Association of Malawi
CPD	Continuous Professional Development
CSOs	Civil Society Organisations
CSR	Centre for Social Research
CUNIMA	Catholic University of Malawi
DCCMS	Department of Climate Change and Meteorological Services
DCP	Disaster Contingency Plan
DDEA	Department of Disability and Elderly Affairs
DDMMEC	District Disability Mainstreaming Monitoring and Evaluation Committee
DEM	District Education Manager
DHRMD	Department of Human Resource Management and Development
DHS	Demographic Health Survey
DIAS	Department of Inspectorate and Advisory Services
DMP	Disability Mainstreaming Programme
DNHA	District Network for HIV and AIDS
DODMA	Department of Disaster Management Affairs
DPO	Disabled Persons Organisation
DRM	Disaster Risk Management
DSB	Department of Statutory Boards
DSNE	Directorate of Special Needs Education
DTED	Department of Teacher Education and development
EAD	Environmental Affairs Department
EC	European Commission
ECAM	Employers Consultative Association of Malawi
ECD	Early Childhood Education
EHP	Essential Health Package
EPD	Economic Planning Department
EU	European Union
FBO	Faith Based Organisation
FEDOMA	Federation of Disability Organisations in Malawi
FISP	Farm Input Subsidy Programme
FPE	Free Primary Education

GCN	Gender Coordinating Network
GDP	Gross Domestic Product
GiZ	German Technical Cooperation
GoM	Government of Malawi
HTC	HIV and AIDS Testing and Counselling
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
ICT	Information and Communication Technology
IEG	Inclusive Education Guidelines
ILO	International Labour Organisation
KRS	Kachere Rehabilitation School
LMIS	Labour Market Information System
MACOHA	Malawi Council for the Handicapped
MACRA	Malawi Communication Regulatory Authority
MACRO	Malawi AIDS Counselling and Resource Organisation
MAIWD	Ministry of Agriculture, Irrigation and Water Development
MANAD	Malawi National Association of the Deaf
MANEB	Malawi National Examination Board
MANET +	Malawi AIDS Network
MAP	Malawi Against Physical disabilities
MARDEF	Malawi Rural Development Fund
MBS	Malawi Bureau of Standards
MCHS	Malawi College of Health Sciences
MCM	Medical Council of Malawi
MCTU	Malawi Congress of Trade Unions
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MEC	Malawi Electoral Commission
MGCDSW	Ministry of Gender, Children, Disability and Social Welfare
MGDS	Malawi Growth and Development Strategy
MHAIS	Ministry of Home Affairs and Internal Security
MHEN	Malawi Health Equity Network
MHRC	Malawi Human Rights Commission
MIE	Malawi Institute of Education
MJCA	Ministry of Justice and Constitutional Affairs
MLS	Malawi Law Society
MLHUD	Ministry of Lands, Housing and Urban Development
MLSYMD	Ministry of Labour, Sports, Youth and Manpower Development
MPS	Malawi Police Service
MNREM	Ministry of Natural Resources, Energy and Mining
MoEST	Ministry of Education, Science and Technology
MoFEPD	Ministry of Finance, Economic Planning and Development
MoH	Ministry of Health
MoICT	Ministry of Information and Communication Technology
MITT	Ministry of Industry, Trade and Tourism
MTPW	Ministry of Transport and Public Works
MUB	Malawi Union of the Blind
MZUNI	Mzuzu University
NAC	National AIDS Commission

NAD	Norwegian Association of Disabled
NACCODI	National Advisory Coordinating Committee on Disability Issues
NIES	National Inclusive Education Strategy
NAPA	National Adaptation Programme of Action
NCHE	National Council for Higher Education
NCIC	National Construction Industry Council
NDMS&IP	National Disability Mainstreaming Strategy and Implementation Plan
NER	Net Enrolment Rate
NESP	National Education Sector Plan
NGO	Non-Governmental Organisation
NGO GCN	NGO Gender Coordinating Network
NMCM	Nurses and Midwives Council of Malawi
NPEOPWD	National Policy on Equalisation of Opportunities for Persons with Disabilities
NSC	National Sports Council
NSIE	National Strategy on Inclusive Education
NSO	National Statistical Office
OPC	Office of the President and Cabinet
PIF	Policy and Investment Framework
PIFE	Policy and Investment Framework on Education
PMTCT	Prevention of Mother to Child Transmission
PODCAM	Parents of Disabled Children Association in Malawi
PoW	Programme of Work
PTA	Parent Teacher Association
SADC	Southern Africa Development Community
SDGs	Sustainable Development Goals
SHN	School Health and Nutrition
SME	Small and Medium Enterprises
SMEP	Small and Medium Enterprise Policy
SMEDI	Small and Medium Development Institute
SEN	Special Education Needs
SNE	Special Needs Education
SWGDM	Sector Working Group on Disability Mainstreaming
TEVET	Technical Entrepreneurial Vocational Education and Training
TEVETA	Technical Entrepreneurial Vocational Education and Training Authority
TUM	Teachers Union of Malawi
TWGDM	Technical Working Group on Disability Mainstreaming
UDHR	Universal Declaration of Human Rights
UN	United Nations
UN CRC	United Nations Convention on the Rights of the Child
UN CRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UNDP HDI	United Nations Development Programme Human Development Index
UNICEF	United Nations Children Fund
UNIMA	University of Malawi
WHO	World Health Organisation
WVI	World Vision International
YEDEF	Youth Entrepreneurial Development Fund

## 1.0 INTRODUCTION

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For the past decade, disability had not been prioritized as a rights and development issue in the national development agenda. This has been partly because our national development framework specifically MGDS and MGDS II did not adequately address issues of persons with disabilities as provided for in the Republican Constitution, the National Policy on Equalisation of Opportunities for Persons with Disabilities (NPEOPWD), the Disability Act and other rights-based Government policies and legislative frameworks. As such, there have been glaring inequalities in access to basic services and opportunities between persons with disabilities and the non-disabled. However, MGDS III recognizes empowerment of persons with disabilities as among cross-cutting areas and has been mainstreamed into the Key Priority Areas (KPAAs). This NDMS&IP is, therefore, Government's effort to address gaps in the Government overriding development strategies by championing the implementation of a comprehensive multi-sectoral plan to promote disability-inclusive development at all levels. It provides direction to the public and private sector on how to promote disability mainstreaming as a process towards equity and inclusive development.

According to the Disability Act (2012), disability is defined as a long-term physical, mental, intellectual or sensory impairment, which in interaction with various barriers may hinder the full and effective participation of a person on an equal basis with other persons. By promoting inclusive development through disability mainstreaming, Government of Malawi (GoM) is promoting a paradigm shift from the perception of disability as a charity and philanthropic issue to a human rights and development perspective. By so doing, GoM is equally prioritising disability on its development agenda in line with commitments it made by signing and ratifying UN CRPD in 2007 and 2009, respectively.

The NDMS&IP focuses on mainstreaming disability to promote equitable access to services in the six thematic areas of health, education, livelihoods, empowerment, and social inclusion and cross-cutting issues.

The first part of the NDMS&IP outlines incongruences between national and sectoral policies and pieces of legislation on one hand, and practice on the other and identifies key priority areas/themes of the strategy, medium-term outcomes and strategies for each identified priority area/ theme. This process is largely informed by key findings and recommendations from a study on the *Situation of Persons with Disabilities in Malawi* (CBMM/NAD, 2011). The study provides background descriptive information on existing national and sectoral policy and legal framework, level of access by children, adult women and males with disabilities to services in the areas of education, health, livelihoods and other social services as well as of participation by persons with disabilities through self-representation in development activities at various levels. A review of relevant documents at the international level further describes the disability situation in Malawi in the global context.

The second part of the NDMS&IP consists of the operational matrix, (Annex 1), a monitoring and evaluation framework (Annex 2) and budget estimates (Annex 3). This part outlines specific actions by various actors both in the public, private and civil society sectors to prioritise disability in their routine policy, programming, resource mobilisation and allocation, monitoring, evaluation and reporting routines. The action plan lays out priority sectors and concrete actions by setting out implementation schedules, defining targets, assigning responsibility to key duty bearers and rights holders for coordination, decision-making, monitoring and reporting, mobilisation and allocation and control of resources.

The process of developing the NDMS&IP was participatory and involved the active participation of sectoral government ministries and departments, organisations of persons with disabilities and other civil society organisations, parastatals, academic institutions and local and international development partners. Ministry of Gender, Children, Disability and Social Welfare (MGCDSW) through DDEA coordinated the process.

Finally, successful implementation of the NDMS&IP is dependent on the active participation of Sectoral Government Ministries and Departments, Development Partners and all Stakeholders. The need for a coordinated approach to mainstreaming efforts at Central Government as well as local/community level, the latter within the framework of the decentralisation policy cannot be overemphasised.

## 2.0 RATIONALE FOR THE NATIONAL DISABILITY MAINSTREAMING STRATEGY AND IMPLEMENTATION PLAN

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In spite of the existence of various policies, legislation and programmes that purportedly address disability as a human rights and development issue, the reality on the ground points to the continued exclusion of persons with disabilities in various spheres of the Malawian society. The majority of persons with disabilities remain disempowered and discriminated against in terms of access to various basic services as well as meaningful involvement in development work compared to their non-disabled counterparts. This status quo can be attributed to the following factors: lack of harmonisation of existing sectoral and national pieces of legislation and policies leading to duplication of functions; lack of harmonisation of programmes and coordination at programme implementation level leading to limited learning from best practices and in some cases wastage of scarce resources; lack of clear implementation mechanisms on the part of individual stakeholders to address the needs and aspirations of persons with disabilities leading to a piece meal approach in addressing disability issues at various levels; inadequate financial and technical capacity in the public sector, disabled persons organisations (DPOs) and other civil society organisations to effectively champion and implement a disability mainstreaming agenda; negative attitudes and lastly, competing agendas of different development partners within the disability sector. The latter has contributed to gaps in the harmonisation of financial and technical support.

The described scenario has necessitated the development of the NDMS&IP to provide a framework for promoting public sector led equity and inclusive development through implementation of national and sectoral policies that take cognisance of the human rights and development needs of persons with disabilities in line with provisions of the UN CRPD, Sections 20, 13, 18 and 30 of the Malawi Republican Constitution, the Disability Act of 2012 and the NPEOPD of 2006 as well as of the recently adopted Sustainable Development Goals. This NDMS&IP sets out a consolidated and comprehensive medium-term vision for improving the well-being of persons with disabilities and covers mainstream policy and programme areas as well as specific services for persons with disabilities.

### 3.0 MAIN ASSUMPTIONS OF THE DISABILITY MAINSTREAMING STRATEGY AND IMPLEMENTATION PLAN

Disability mainstreaming is defined as the process by which Governments and other stakeholders address the barriers that exclude persons with disabilities from participating equally with others in any activity and service intended for the public, such as education, health, livelihoods, empowerment and social. To facilitate mainstreaming, there is need to review and harmonise policies, laws, programming, institutional arrangements and other operational environments. Further, mainstreaming requires a commitment by stakeholders at all levels, effective planning, capacity building, and mobilisation and equitable allocation of human resources and financial resources, to ensure that the diverse needs of persons with disabilities are adequately met, and mainstreaming initiatives have to be accompanied by targeted programmes and services<sup>1</sup>.

The effective implementation of this NDMS&IP is subject to the following key assumptions:

- 1.1 That Government will be committed to implementing the UN CRPD as domesticated through the Disability Act (2012) and the NPEOPWD.
- 1.2 That Government will take deliberate steps to ensure that subsequent national development strategies are disability inclusive - that they prioritise disability as a rights and development issue with a specific goal (s), specific medium-term outcomes, strategies, output and outcome indicators as well as implementation arrangements.
- 1.3 That Government will review and harmonise policy statements, guidelines and relevant pieces of legislation on disability to be in tandem with Constitutional provisions on disability, provisions of the Disability Act (2012) and NPEOPD.
- 1.4 That Government's sectoral ministries, departments and parastatal bodies responsible for the delivery of services in the areas of health, education, livelihoods, community and social development, infrastructural development, information and technology, environment, climate change, etc. will assign senior staff at Director/Deputy Director level to champion and coordinate disability mainstreaming activities in the respective sectoral ministries, departments and parastatals.
- 1.5 That Government will support efforts of the line ministry for disability to establish and sustain operations of the National Advisory and Coordinating Committee on Disability Issues (NACCODI) in line with provisions of Section 5(2) of the Disability Act of 2012. Establishment of this structure will facilitate proper coordination and networking among key stakeholders on disability issues.
- 1.6 That Government will operationalize a Disability Trust Fund in line with the provision of Sections 28 & 29 of the Disability Act of 2012 to ensure availability of resources for targeted programmes and services that focus on mainstreaming disability.
- 1.7 That having acknowledged disability as a cross-cutting issue, district, town, municipal and city councils will put in place structures that will facilitate consideration of disability as an integral part of council's development agenda. To this effect, the line ministry for the Local Government shall have as one of its establishment, a committee to coordinate and monitor disability inclusive development at both local and national levels.
- 1.8 That the private sector will acknowledge that disability is cross-cutting and be committed to supporting mainstreaming issues.
- 1.9 That civil society organisations will take on board disability issues as integral to their agenda.
- 1.10 That development partners will align their support areas to the strategy and be committed to provide financial and technical assistance in line with Article 32 of the UN CRPD.

<sup>1</sup> World Bank/WHO, 2011, p.10.

## 4.0 BACKGROUND : SITUATION ANALYSIS OF PERSONS WITH DISABILITIES IN MALAWI

### 4.1 Disability statistics

The prevalence of disability in Malawi increased from 2.9% (or 190, 000 persons) of the total population in 1983<sup>2</sup> to 4.18% (480, 000) in 2003<sup>3</sup>. Statistics from the 2008 Population and Housing Census report indicate that the prevalence rate had declined from 4.18% in 2003 to 3.8% (498, 122) in 2008. Of these 452,743 (90.1%) lived in rural areas while 45,379 (9.9%) in urban areas. Further, the report indicates that the prevalence of disability among children was lower at 2.4% (159,878) than among the general population at 3.8% (498,122)<sup>4</sup>. The Northern region had the highest prevalence rate among children (3.3%) followed by central region (2.5%) and southern region with 2.0%<sup>5</sup>. In terms of distribution per main disability categories, the prevalence of persons with difficulties with seeing was unlike in the 2003 study, the highest at 133,273 (26.7 %) followed by those with mobility challenges at 108,870 (21.9%) and hearing challenges at 82,180 (16.5 %). Less than 1% of total population of persons with disabilities (30,198) had difficulties with speech. All other forms of disability were classified as "other" and constituted 35% of persons with disabilities (Ibid). Furthermore, according to NSO's, projected national population of 15.8 million by 2014, the estimated number of persons with disabilities stands at 600, 400 (NSO, 2015: 8)<sup>6</sup>.

### 4.2 Overview of disability and poverty in Malawi

According to the 2008 Housing and Population Census, Malawi has a population of 13.1 million with a population growth rate of 2.8% and a projected population for 2014 of 15.8 million (NSO, 2015:8). The country's population is largely youthful with a median age of 17 years. In 2009, life expectancy at birth was at 44 years for males and 51 years for females while Gross Domestic Product (GDP) per capita was US\$ 810<sup>7</sup>. The country is ranked 171 of 187 countries on the 2011 UNDP HDI<sup>8, 9</sup>. Malawi's rural population depends on subsistence farming<sup>10</sup>.

There are very high levels of poverty among persons with disabilities in Malawi due to exclusion. In particular, women with disabilities rank significantly lower than their male counterparts as well as their female non-disabled counterparts in terms of access to education, employment and earnings (Loeb and Eide, 2004 cited in ILO, 2007:3-4). This may partly explain why persons with disabilities are identified alongside orphans, women and children, the elderly and street children as the most marginalized and vulnerable persons in Malawi (Malawi Government, 2006). In addition, violence against persons with disabilities continues to be an issue of concern in Malawi. A number of cases of sexual abuse against women with disabilities have been reported and some prosecuted<sup>11</sup>. Of late, there have been increasing cases of abduction, killings and exhumations of remains of persons with albinism for ritual purposes especially in border districts of south-eastern Malawi<sup>12</sup>. Overall, the greatest form of abuse being

2 National Statistics Office, 1987, pp. 6-8

3 Loeb and Eide, 2004, p.56

4 According to a study conducted in Thyolo and Ntcheu districts by the International Centre for Evidence in Disability and University of Malawi, prevalence of disability among children was at 39% in 2013. Out of that of the 2788 children that were screened the estimated prevalence rate of children with epilepsy was at 22%; physical impairment at 39%, bilateral hearing impairment at 27%, intellectual impairment at 26% and bilateral vision impairment (4%). Further, the study revealed that 14% of the children had multiple impairments (Source: International Centre for Evidence in Disability and University of Malawi, 2013:4)

5 National Statistical Office, 2010.

6 National Statistical Office (2015). Statistical Year Book 2015. Zomba

7 <http://www.who.int/countries/mwi/en/>

8 [http://hdr.undp.org/en/media/HDR\\_2011\\_EN\\_Table1.pdf](http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf)

9 <http://hdrstats.undp.org/en/countries/profiles/MWI.html>

10 National Statistical Office, 2010, pp. 3, 9, 12, 16; Loeb and Eide, 2004, p.56).

11 MacLachlan, M., Dube, K., Mji, G., Wazakili, M., & Chataika, T. (2011). Social inclusion of people with disabilities in poverty reduction policies and instruments: Initial impressions from Malawi and Uganda. (.) Policy Press. doi:10.1332/policy press/9781847428851.003.0002

12 Chilemba, E. M. (2016). Legislative Mechanisms for Combating Violence against Children with Disabilities in Selected African Jurisdictions: A Critical Appraisal. *Afr. Disability Rts. YB*, 4, 77.

experienced by persons with disabilities is that implementation of the Government policy on disability remains uncoordinated and piecemeal. This has become the main barrier for persons with disabilities to access basic services in the areas of health, education, training and employment, water etc. Furthermore, there is under-representation of persons with disabilities in decision making because the country has not taken adequate measures to facilitate self-representation of persons with disabilities at policy, electoral and governance levels.

### **4.3 Overview of international policy/legal instruments/guidelines in support of inclusive development**

#### **4.3.1 The 2030 Agenda for Sustainable Development**

The 2030 Agenda for Sustainable Development was adopted by all the 193 UN member States on 27 September 2015, came into effect on 1 January 2016 and will be implemented over the next 15 years to 2030. The Agenda includes 17 Sustainable Development Goals (SDGs), 231 indicators and 169 targets. The 17 goals are universal and seek to realize human rights for all persons, gender equality and the empowerment of all women and girls. They build on the Millennium Development Goals and complete what the MDGs did not achieve. The goals are integrated, indivisible and focus on the three dimensions of sustainable development, namely, economic, social and environmental. Unlike the MDGs, the SDGs, make specific reference to disability, target all persons and are inclusive. Further, disability is specifically reflected in indicators and targets for Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all) 10 (Reduce inequality within and among countries), 11 (Make cities and human settlements inclusive, safe, resilient and sustainable) and 17 (Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development).

Lastly, the 2030 agenda is flexible in terms of allowing each UN member countries to prioritize goals for implementation and to devise country relevant modes of implementation. It is also non-binding.<sup>13</sup>

#### **4.3.2 The Millennium Development Goals (MDGs)**

These are the eight goals with targets planned to be achieved by 2015. The specific goals respond to the world's main development challenges. The goals were drawn from actions and targets contained in the Millennium Declaration adopted by 189 nations and signed by 147 heads of States and Governments during the UN Millennium Summit in September 2000.

The eight MDGs break down into 21 quantifiable targets measurable by 60 indicators

Development of MGDS and MGDS II were largely informed by the goals of the MDGs. As a result, the absence of disability-specific goals, targets, and indicators in the MDGs had been a major constraint to targeting/mainstreaming disability through both MGDS and MGDS II. It, therefore, became difficult to monitor the extent to which development initiatives at country level addressed issues to do with disability inclusive development.

#### **4.3.3 The UN Convention on the Rights of Persons with Disabilities (UN CRPD) 2006**

This first of its kind disability specific international legal instrument aims to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities, and to promote respect for their inherent dignity (Article 1). Malawi, as a member of the United Nations, signed the Convention in 2007 and ratified it in 2009. It has domesticated the Convention largely through the Disability Act of 2012.

<sup>13</sup> United Nations. (2015). Transforming our World: The 2030 Agenda for Sustainable Development A/RES/70/1

#### **4.3.4 The Universal Declaration of Human Rights (UDHR) – 1948**

The Universal Declaration of Human Rights (UDHR) was adopted and proclaimed by the UN General Assembly on the 10<sup>th</sup> of December 1948. The 30 articles of the Declaration focus on obligations of individual state parties and the global community to take progressive measures to recognize and acknowledge that “the inherent dignity and equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world” (p.1). Articles of the Declaration expound on individual equality and freedoms to live a life of dignity (Articles 1-14); individual’s right to: nationality, family life and to own property (15-17); to freedom of thought, conscience, expression of opinion and peaceful assembly (18-20); participation in managing the affairs of own country as well as to social security (21-22); to access employment, basic necessities, education and to participate in cultural/community life (23-27). The Declaration has provided key issues for development on which a number of international and national rights-based legal and policy frameworks are based. In the case of Malawi, development of the Republic Constitution (1995), the NPEOPD and Disability Act (2012) were partly informed by the UDHR.

### **4.4 Overview of the local policy and legal framework in relation to disability**

#### **4.4.1 Policy Framework**

Malawi is a signatory to several international conventions, agreements and instruments. Apart from the UN CRPD, Malawi is a signatory to more than twenty nine (29) International Labour Organization (ILO) Conventions some of which are: Convention (No. 159 of 20<sup>th</sup> June, 1983) on Vocational Rehabilitation and Employment of Persons with Disabilities which Malawi was the first country in Africa to ratify in 1986; Convention no. 111 on Discrimination in Employment and Convention No. 100 on Equal Remuneration Convention, 1951<sup>14</sup>. In addition, the country ratified the African Charter on Human and Peoples Rights of 1981 in 1989, the United Nations Convention on the Rights of the Child (UN CRC) of 1989 in 1991 and the International Covenant on Civil and Political Rights of 1966 in 1994 among others.

Principles of non-discrimination, equal rights and equalization of opportunities that characterise the cited international conventions and agreements feature to varying degrees in GoM policies and legislation on disability. The following paragraphs present a summary of key local policy instruments on disability.

##### **4.4.1.1 National Policy on Equalisation of Opportunities for Persons with Disabilities (NPEOPD)**

This Policy acknowledges disability as a social construct and recognizes constitutional and UN provisions and declarations on disability. Its framework reflects a human rights and development approach to disability. Its purpose is to “promote the rights of persons with disabilities to enable them to play a full and participatory role in society” by ensuring that GoM takes concrete measures to facilitate equal access by persons with disabilities to the same fundamental rights and responsibilities. The Policy, therefore, promotes mainstreaming of disability as an integral component of national and sectoral policies, programming including monitoring and reporting arrangements<sup>15</sup>.

The Policy comprises 13 specific priority policy areas for mainstreaming disability in sectoral policies and programmes as follows: Disability Prevention, Early Identification and Intervention, Rehabilitation, Accessibility, Transport, Information and Communication, Education and Training, Economic Empowerment, Social Welfare and Social Protection, Self-Representation and Participation, Sports, Recreation and Entertainment, Housing, Research and Appropriate Technology and HIV and AIDS.

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<sup>14</sup> The other ILO Conventions include: Forced Labour Convention, 1930 (No. 29); Freedom of Association and Protection of the Right to Organize Convention, 1948 (No. 87); Right to Organize and Collective Bargaining Convention, 1949 (No. 98); Equal Remuneration Convention, 1951 (No. 100); Abolition of Forced Labour Convention, 1957 (No. 105); Discrimination (Employment and occupation) Convention, 1958 (No. 111); Minimum Age Convention, 1973 (No. 138); and Worst Forms of Child Labour Convention, 1999 (No. 182) (Refer to ILO and Development Cooperation Ireland, 2005:7)

<sup>15</sup> Malawi Government, 2006:1-2.

#### **4.4.1.2 Malawi Growth and Development Strategy III**

This is a medium term Government strategy designed to contribute to Malawi's long term development aspirations. The strategy covers a period of five years, from 2017 to 2022. Its objective is to move Malawi to a productive, competitive and resilient nation through sustainable agriculture and economic growth, energy, industrial and infrastructure development while addressing water, climate change, environmental management and population challenges. The MGDS III is aligned to Malawi's international, continental and regional commitments such as the 2030 Agenda on Sustainable Development Goals (SDGs) and the African Union Agenda 2063. As such, its identified five Key Priority Areas (KPA) have a direct link to such commitments, providing a strong basis for the MGDS III as an implementation tool for the SDGs and other international agendas in the medium term. The five Key Priority Areas include: (i) Agriculture, Water Development and Climate Change Management; (ii) Education and Skills Development; (iii) Transport and ICT Infrastructure; (iv) Energy, Industry and Tourism Development; and (v) Health and Population.

Unlike its predecessors, MGDS and MGDS II, the strategy recognizes empowerment of persons with disabilities as among cross-cutting areas (the others being gender balance, youth development, HIV and AIDs management, environment and climate change management, disaster risk reduction and resilient building, peace, security and good governance) that have been mainstreamed into the KPAs to ensure its successful implementation. By mainstreaming cross-cutting issues into KPAs, the strategy assumes that no one is left behind in its implementation.

A simple analysis of MGDS III's five key priority areas shows existence of disability specific outcome(s) or strategies for the three areas of Agriculture Water Development and Climate Change Management; Education and Skills Development; and Transport and ICT Infrastructure and no disability specific outcome(s) or strategies are captured for the remaining two key priority areas of Energy, Industry and Tourism Development; and Health and Population. Nonetheless, they have outcomes and strategies that are inclusive in nature if they are well implemented. On the other hand, chapter 7 of the strategy addresses other development areas including empowerment of persons with disabilities<sup>16</sup>.

#### **4.4.1.3 Malawi Vision 2020- Long-term development perspective for Malawi**

This Policy outlines progress envisioned in relation to the country's development by the year 2020. It focuses on equitable redistribution of income to address disparities in access to the following: land, education, employment and business opportunities between people in the urban and rural areas, persons with disabilities and the non-disabled and between men and women. In part, the Vision 2020 Policy seeks "to improve access, quality and equity at the various levels of the education system"<sup>17</sup> by building capacity in the education system through training of specialist teachers and putting up more accessible school infrastructure. Similar developments were intended in the areas of vocational training education, youths, sports, and others including enactment of relevant legislation on disability. The NPEOPDS and the Disability Act are some of the outcomes of the implementation of the Malawi Vision 2020 agenda. The Vision 2020 strategy albeit with a strong focus on disability inclusive outcomes has had limited impact largely due to exclusion of disability issues in its medium-term strategies of MGDS and MGDS II.

#### **4.4.1.4 The National Education Sector Plan (NESP) – 2017-2020**

This National Education Sector Plan (NESP) sets out Government's education sector goals, objectives and proposals and how such goals and objectives will be realized over the coming decade 2008-2017 and now extended to 2020. The goals and objectives relate to expanded Equitable Access to education, improved Quality and Relevance of education and improved Governance and Management of education. These three key factors are earmarked for making a positive difference in education for its citizens and the nation. The NESP was operationalised by two medium term plans namely the Education Sector Implementation Plans (ESIP I 2008-2012; and ESIP II 2013-2017).

<sup>16</sup> Malawi Growth and Development Strategy (MGDS) III (2017 – 2022)

<sup>17</sup> ILO and Development Cooperation Ireland, 2005, p. 14

The NESP acknowledges lack of access to education among learners with special education needs in ECD, as well as at primary and secondary levels of education, non-formal education such as adult literacy and for out of school youths. NESP sets out to improve access and equity to ECD by promoting early detection, intervention and inclusion for children with special health and education needs and designing of a curriculum for children with disabilities. The NESP also realizes the need to have targeted activities for men and adults with special needs and provide teaching and learning materials for both children and youth special needs and other adults in order to promote access and equity to non-formal education. To address the needs of learners with disabilities at all levels of the education system in a more comprehensive manner, Government further developed and adopted the National Inclusive Education Strategy (NIES). This is a 5 year (2017 to 2021) national framework for promoting quality inclusive education at all levels of education.

#### **4.4.1.5 TEVETA Policy (2<sup>nd</sup> edition of 2013)**

The Technical Entrepreneurial, Vocational Education and Training Authority (TEVETA) through the TEVET Act of 1999 prioritise persons with disabilities and other vulnerable persons as an integral component of its governance and policy structure. For instance, the Policy provides for self-representation by persons with disabilities and or their representative institutions as well as of women on the organisation's governance structure. Further, TEVET secretariat has taken concrete measures to target youth with disabilities in its formal, non-formal and informal training Programmes. This notwithstanding TEVETA's policy and Strategic Plan for 2013 – 2018 does not specifically prioritise persons with disabilities as a specific vulnerable group. Persons with disabilities are lumped within the categories termed "female, vulnerable, marginalised, the disadvantaged and persons with special needs". Further, the only reference to disability in TEVETA's Strategic Plan is a mention of the physically disadvantaged.

#### **4.4.1.6 Other national policies and instruments**

These include the National Gender Policy (2015) which provides for gender mainstreaming, backstopping support and monitoring across programmes through the National Gender Action Plan; the National Sports Policy (2015) which embraces the concept of "Sports for All" and promotes access to and participation in various forms of sports by persons with disabilities, women, the elderly and children; the Small and Medium Enterprises Policy (SMEP) of 1996 which promotes access to entrepreneurial skills and credit and finally, the Employment and Labour Policy (2018). The National Climate Change Management Policy (2016) promotes inclusion of disadvantaged groups including persons with disabilities in the development, implementation, monitoring, and reporting of climate change actions on adaptation, mitigation, technology development and transfer, and capacity building. Similarly, the Paris Agreement on Climate Change that the international community adopted in November 2015 in Paris, France also promotes and recognises the role of disadvantaged groups in addressing climate change. In addition, the Sendai Framework for Disaster Risk Reduction (2015-2030) recognises disability, among others, as the critical area in disaster risk reduction in its guiding principles.

### **4.4.2 Local legal framework on disability**

#### **4.4.2.1 The Malawi (Republican Constitution) of 1995**

The Bill of Rights (Chap IV) of the Republican Constitution in Section 20 (1) guarantees equal and effective protection for all persons and prohibits discrimination on any basis including based on disability. Further, the principle of the national policy in Section 13 calls upon the State to progressively develop policies and legislation towards achieving the goals of children and persons with disabilities, gender equality, health and education among others. For persons with disability, the principle of national policy in section 13 (g) provides for the institutionalisation of measures to avail greater access to public places, fair opportunities in employment and the fullest possible participation in all spheres of the Malawi society. Similarly, the Constitution in Section 30-(1) provides for the right to development and enjoyment of economic, social,

cultural and political development for its citizenry and calls on state organs to put measures in place to ensure that marginalised persons such as women, children and the disabled are supported to realise this right. Further, Section 30 (2, 3) prescribes measures to ensure, “Equality of opportunity for all in their access to basic resources, education, health services, food, shelter, employment and infrastructure”. These constitutional provisions alongside relevant international covenants and human rights instruments form the basis for NPEOPWD.

#### **4.4.2.2 The Disability Act of 2012**

The Disability Act (2012) is Malawi’s most recent rights and development based disability-specific legislation. Largely, it has domesticated the UN CRPD and serves as a tool for implementing constitutional provisions and enforcement of the NPEOPD. The Act provides for: the development of accessible communication formats and adoption of Sign language as an official language; right of association including participation in public and political life by persons with disabilities; access to land tenure and housing, financing and property rights, and accessible institutional housing, among others; development of universal standards of accessibility; equitable access to education and regular data collection on disability to inform planning. Further, the Act provides for the establishment of a Disability Trust Fund to readily avail resources for disability programmes and resources as well as for the establishment of National Advisory and Coordinating Committee on Disability Issues (NACCODI) to take on oversight functions at the policy level. Further, the Act also commits the State to provide appropriate health care services to persons with disabilities, including prevention, early identification, intervention and other services designed to minimize and prevent the occurrence of more disabilities.

#### **4.4.2.3 Education Act of 2013**

The Education Act (2013) is anchored on the principles of access, quality, relevance, efficiency, equality, equity, liberalisation, partnership, decentralisation, transparency and accountability as promulgated by the Republican Constitution. It promotes equal access to education for all people in Malawi “irrespective of race, ethnicity, gender, religion, disability or any other discriminatory characteristics”<sup>18</sup> and provides for tuition-free education in Government schools and compulsory education for every child below the age of eighteen (18).

In addition, it provides for the establishment, administration and management of primary, secondary and teacher training schools, establishes institutional structures and assigns responsibility to the Minister for Education to make decisions on the development of curriculum, registration and licensing of teachers and registration, inspection of all schools and teacher training colleges including private schools and colleges. Further, the Act promotes harmonisation of national education policies and policy guidelines such as Free Primary Education (FPE) Policy, Inclusive Education Policy Guidelines, and Decentralization Policy. The Education Act (2013) also fosters close alignment of education priorities in Government of Malawi’s Vision 2020 and the Malawi and Growth and Development Strategies. Lastly, the Act provides for the creation of an Education Advisory Council, the Teachers Council of Malawi and the Malawi Institute of Education to support management of education in Malawi.

#### **4.4.2.4 Handicapped Persons Act, Cap 33:02 of 1971**

The Handicapped Persons Act (1971) provides for the establishment and regulation of services of the MACOHA. The Act gives powers to MACOHA to design and implement rehabilitation Programmes and services for the social economic empowerment of persons with disabilities, regulate operations of organizations of and for persons with disabilities, raise awareness on disability to facilitate public and active community involvement in disability issues, among other things. Further, it gives power to MACOHA to mobilise resources for its rehabilitation programmes and services.

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<sup>18</sup> Ministry of Education, Science and Technology, 2015, p.4

The Handicapped Persons Act (1971) has been overtaken by developments in the disability sector. While disability is currently defined as a social construct, the Act retains the medical/deficit model. To address this and related shortfalls, the Government is in the process of reviewing the Act with the expectation to repeal it in favour of a more rights and development oriented piece of legislation.

#### **4.4.2.5 The Employment Act of 2000**

The Employment Act (2000) is the legal framework for regulating basic conditions of employment in Section 5, prohibits discrimination on the basis of disability in employment whether at recruitment or in the course of employment or indeed in terms of termination. It further encourages affirmative action for disadvantaged groups, including Persons with Disabilities.

The Labour Relations Act of 1996 does the same in section 7 of that Act in terms of freedom of association and trade unions or organisational rights. Furthermore, Malawi is a signatory to International Labour Convention number 159 of 1983 on Vocational Rehabilitation and Employment of Disabled Persons and is, therefore, under obligation to apply this convention in practice.

#### **4.4.2.6 Other relevant pieces of legislation**

These include the Technical Entrepreneurial and Vocational Education and Training (TEVET) Act (1999) which provides for the appointment of representative of persons with disabilities on the institution's governance structure as well as equitable access to skills training by persons with disabilities and the Local Government Act, 2010 that provides for self-representation of special interest groups at local assembly level. These include women, businesspersons and persons with disabilities.

## 5.0 OVERVIEW OF ACCESS TO SERVICES BY PERSONS WITH DISABILITIES IN MALAWI

### 5.1 Preamble

There is a dearth of nationally representative concrete data and information on the level of access to programmes and services for persons with disabilities in Malawi. The scanty information that is available is from sample studies<sup>19</sup>, baseline and assessment reports<sup>20</sup>. This is largely due to poor targeting of disability in national and sectoral development strategies<sup>21</sup> and attendant monitoring frameworks at both local council and Central Government level. The following paragraphs sum up the extent to which the Government, its agencies and other partners have promoted disability rights through targeted interventions as well as inclusive practices.

### 5.2 Identification of Key Priority Areas

#### 5.2.1 Priority Area 1: Access to Health Services

*“Only healthy people with the support of a functioning health sector can ensure sustainable development of their societies. A loss of health is a loss not only to the person but also to the person’s family and society as a whole”.*<sup>22</sup>

#### **Background**

MGDS III sums up the correlation between a healthy population and development as follows: “Health is the linchpin for social economic development. Improving health outcomes is essential and also a prerequisite for increased national productivity accelerated economic growth and poverty reduction”<sup>23</sup>. In addition, “good health provides people with “the freedom to work, learn and engage actively in family and community work”<sup>24</sup>.

#### **Achievements**

Progress reports on the implementation of the first MGDS and MGDS II outline a number of achievements in relation to improved access to health services for the general population as follows:

1. Reduction of infant mortality rate from 66/1,000 in 2010 to 42/1,000 during implementation of MGDS II in 2016.
2. According to the 2010 DHS report, 81% of children aged 12-23 months were fully immunised. The figure slightly declined during implementation of MDGS II to 71.3% in 2016.
3. Between 2004 and 2010 the proportion of children with ARIs taken to a health facility for treatment increased from 19.6% to 78% in 2016 while pneumonia case fatality reduced from 5.7% in 2008 to 4.5 % in 2012. The trend was the same during implementation of MGDS II.
4. An increase in women delivering in health centres from 73% in 2010 to 95% in 2016
5. Reduction of under-five mortality rate from 112/1000 in 2010 to 63/1000 in 2016.

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20 MACOHA, 2012; Munthali, Hellium Braathen, Kamaleri, Grut and Ingstad, 2011 cited in Munthali, 2011; Amos and Wapling, 2010, cited in Munthali, 2011; Eggen, Nganwa and Suka, 2010; Ministry of Education, 2009; Ministry of People with Disabilities and the Elderly, 2009; Makoko, 2002; Msowoya, 2007, 2009)

21 Apart from lack of disability specific indicators in MGDS and MGDS II, most of the sectoral programs other than those implemented by the Ministry of Disability and Elderly Affairs, Ministry of Education, Science and Technology, MACOHA, Feed the Children Malawi, Sue Ryder Foundation in Malawi and other disability specific organisations do not target disability.

22 CBM. (2002). Disability Inclusion in Health, p. 1 cited in WHO. (2002). WHO Conference on Health and Disability

23 Malawi Government, 2017, p. 47

24 WHO et al, 2010 – Health Component, p. 3).

6. Reduction of maternal mortality rate from 510/100,000 in 2010 to 439/100,000 in 2016. Under MGDS II, maternal mortality declined further and currently stands at 497 per 100,000 births. The World Health Organization (WHO) estimates in 2013 placed Malawi among the top 16 countries with the highest maternal mortality rates.
7. Reduction in the prevalence of HIV among 15–24 year old pregnant women attending antenatal care from 12% in 2009 to 8.8% 2016.
8. Improvements in the area of HIV and AIDS attributed to increased awareness programmes in HIV prevention and behavioural change; increased access to a number of preventive interventions; increased access to voluntary HIV and AIDS Testing and Counselling (HTC) sites, and the Prevention of Mother to Child Transmission (PMTCT) Programme.
9. A reduction in Malaria in-patient case fatality rate. Under the MGDS II, Malawi made notable success with malaria incidence declining from 214 cases per 1,000 population in 2012/13 Financial Year (FY) to 202 cases per 1,000 population in 2014/15 FY, and a reduction of inpatient deaths from around 54 deaths per 1,000 population in 2002/03 to less than one death per 1,000 population from 2012/13 to 2014/15 FY.
10. An increase in the proportion of births attended by skilled health personnel from 75% in 2009 to 87.4% in 2014.
11. Improvements in nutrition indicators of stunting from 48% in 2005 to 35.8% in 2009<sup>25</sup>; under MGDS II stunting prevalence further declined from 42.4 percent in 2013 to 37% in 2016.
12. Life expectancy at birth stands at 58 for males and 60 for females.
13. The development of a health strategic plan for the period 2017 to 2022.
14. The Tuberculosis treatment success rate at 86% which is slightly above the World Health Organization (WHO) target of 85%<sup>26</sup>.

Through the delivery of an EHP at the primary level of health care, disability awareness programmes, early intervention, assessment and referral of persons with disabilities to service providers, efforts to produce and distribute mobility appliances through community based rehabilitation programmes in 12 of the 28 districts and implementation of some HIV and AIDS awareness and impact mitigation programmes, there has been a corresponding increase in access to some of the health services by persons with disabilities.

Albeit the above paragraphs point to improved access to health services for the general populace, it remains a challenge to ascertain the level of access and quality of services that persons with disabilities have enjoyed over the reported period. This is due to lack of disability-specific health indicators in both MGDS and MGDS II.

### **Challenges**

In a survey conducted by Loeb and Eide (2004), nearly 7 in 10 respondents (all persons with disabilities) indicated that they had become disabled at less than 20 years of age. A significant proportion of the respondents said did not have access to health services. For example, while 84% of the respondents were aware of health services and about the same proportion expressed the need for such a service, only 61% received health services. Similarly, while 69% of persons with disabilities needed assistive devices and counselling services, only 5% received them<sup>27</sup>. In addition, interventions to address mental illness were not part of the essential health package (EHP) under the Ministry of Health Programme of Work (PoW) although it is estimated that 14% of the global burden of disease can be attributed to neuropsychiatric

<sup>25</sup> Malawi Government, 2012, pp.6-10.

<sup>26</sup> HSSP 2011-2016

<sup>27</sup> Loeb and Eide, 2004

disorders, with around 20% of the world's children and adolescents estimated to have mental disorders or problems while similar types of disorders are reported across cultures<sup>28</sup> .

In addition, persons with disabilities have comparatively very limited access to awareness materials on and treatment for HIV and AIDS in part due to awareness messages not being in user-friendly formats especially for persons with intellectual, hearing and seeing difficulties. In addition, access to health facilities remains difficult as a result of: long distances to nearest public health facilities; limited access to rehabilitation services such as occupational and physiotherapy services, limited access to mobility and other assistive devices emanating from non-decentralization of rehabilitation services within the Ministry of Health delivery structure as well inadequate number of specialist cadres such as Orthopedic Surgeons, Ophthalmologists, Physiotherapists and Occupational Therapists, Speech and Language Pathologists, Rehabilitation Technicians, Medical Social Workers, Community Nurses etc. In addition, there is limited availability of treatment for epilepsy because the drug is not part of EHP. Furthermore, persons with albinism face a number of institutional barriers, for instance, most clinics and hospitals across countries in Malawi do not offer advice on UV radiation protection for persons with albinism<sup>29</sup>; there is lack of sunscreen lotions in these hospitals and clinics owing it to the high cost associated. Consequently, lack of protection from the sun is leading to skin cancer. Skin Cancer in Malawi remains a life-threatening condition for most persons with albinism, killing most of the attack remnants by the age of 40 in agreement to an epidemiological study in Tanzania<sup>30</sup>. Another institutional barrier is evident is the lack of knowledge and awareness on albinism among medical personals in clinics and hospitals. As a result, topics on albinism are not included in health education services offered in clinics and hospitals especially during the pre-natal and post-natal lessons given to expectant mothers, parents and caregivers.

Overall, access to health services by persons with disabilities remains comparatively limited due to the following identified key challenges/ issues:

1. The absence of a national health policy<sup>31</sup> and its attendant legislation.
2. A critical shortage of human resource especially of middle level cadres, namely, occupational therapists, physiotherapists, dermatologists, ophthalmologists and speech therapists, medical social workers, medical rehabilitation technicians (audiologists, orthopaedic technologists).
3. Insufficient numbers of specialist staff in the fields of medical rehabilitation and ophthalmology to provide interventions at tertiary levels of health care.
4. Critical human and financial capacity challenges for production of assistive devices within Government service delivery structure. (Currently, Government is able to produce devices at only one of the four referral hospitals, Queen Elizabeth Central Hospital in Blantyre). However, MoH signed a Memorandum of Understanding with 500 miles for the provision of assistive aids at Kamuzu Central and Mzuzu Central Hospitals.
5. Sporadic supply of sunscreen which is costly, and with no structured distributional channels and lack of education on sun protection and the need for a regular skin check-up.
6. Physical inaccessibility of most health infrastructure to persons with mobility and visual challenges.
7. The requirement to pay for services in private and CHAM institutions.
8. Communication challenges medical personnel especially for persons with visual and hearing difficulties when they attempt to seek various health services.

28 (WHO, 2004) Global Burden of Disease

29 Mostert, M. P., & Weich, M. M. (2017). Albinism in Africa: A Proposed Conceptual Framework to Understand and Effectively Address a Continental Crisis. *Afr. Disability Rts. YB*, 5, 101.

30 GoM (2018) National Action Plan on Persons with Albinism (Draft)

31 Health policy would need to provide for guidelines on provision of rehabilitative services

9. Negative attitudes towards persons with disability on the part of some medical staff especially when it comes to addressing reproductive health needs of women with disabilities.
10. Dependency on donor support vis-à-vis provision of interventions in the area of ability restoring surgery for persons with cataract and orthopaedic impairments.
11. Inadequate access to information on HIV and AIDS in accessible formats for persons with vision and hearing difficulties, the Deaf-Blind, and persons with intellectual disabilities.
12. Coverage of mental health services within the health delivery system (Malawi Government, 2012) tends to discriminate against persons with mental disabilities.
13. Lack of awareness by some persons with disability on causes and prevention of disability to the extent that some people believe disability can be contagious.
14. The current health strategic plan (2017 to 2022) does not provide for essential drugs and services for some type of disabilities such as sunscreen lotion for persons with albinism in the essential health package.

### **Strategic Goal**

Achievement of the highest attainable standard of health by persons with disabilities

### **Medium Term Expected outcomes**

The midterm expected outcomes include:

1. Increased Access to health services by persons with disabilities;
2. Improved Awareness of disability and its implication on health; and
3. Enhanced Participation and active involvement of persons with disabilities in the health delivery system.

### **Strategies**

The key strategies include:

- Developing sectoral policy and legislation on health in line with national policy and legal frameworks on disability;
- Promoting and strengthening implementation of targeted interventions to increase access to preventive (such as the local production of sunscreen specifically for persons with albinism and provision of mobile eye and skin clinics), medical and rehabilitative services for persons with disabilities;
- Building human capacity to respond to the needs of persons with disabilities at all levels;
- Integrating disability in the Health Information Management system;
- Promoting participation of persons with disabilities during the observance of World Health Day, World Mental Health Day and International Day of the Disabled;
- Promoting equal access to HIV and AIDS services;
- Promoting safer sexual and reproductive health practices among persons with disabilities;
- Improving nutritional status of persons with disabilities living with HIV.

## 5.2.2 Priority Area 2: Access to Education

Education is a fundamental right, a catalyst for social economic development and an instrument for empowering persons with disabilities. Without education, it is almost impossible to develop the quality of life of persons with disabilities. Education is important for survival, protection and development of individual potentialities. Access to education by persons with disabilities in Malawi is provided for under Section 9 of Disability Act of 2012. The National Education Sector Plan (NESP II, 2008 – 2017 now extended to 2020) facilitates equitable access to education, improved quality and relevance of education and effective governance and management of education in Malawi.

NESP identifies four types of education. These are Basic Education which consists of Early Childhood Development (ECD), Complementary Basic Education (CBE), Adult Literacy and Primary Education; Secondary Education; and Tertiary Education which comprise Teacher Education, Technical and Vocational Education, and Higher Education (Universities and Colleges), and support services<sup>32</sup>. The education sector provides special needs education (SNE) services to learners with various disabilities and special educational needs (SEN). The sector recently adopted inclusive education approach and developed the National Strategy on Inclusive Education (NSIE, 2016) to ensure learners with disabilities and diverse needs have equitable access to education at all levels.

### Achievements

Over the last five years (2011-2015), the Education Sector has made some strides in areas of access, equity and gender parity in basic education sub-sector. At ECD level, there has been an increase in access to services. The Net Enrolment Rate (NER) has moved from 32% in 2011 to 40% in 2015. This suggests that 60% of ECD-aged children are still not accessing the services in the country<sup>33</sup>. The low participation rate at this level has implications for the development of cognitive skills in the early years of the learning cycle. At CBE level, the enrolment has almost doubled between 2014 and 2015 from 21,000 to 40,000 learners<sup>34</sup>. CBE is an important initiative which addresses issues of school drop-out and bringing back learners into mainstream education. Despite yielding good results, CBE is available in a few selected districts and has no special provision for those with disabilities. The primary education sub-sector has registered an increase in the number of primary schools from 5,395 in 2011 to 5,738 in 2015, which represents 6.4% growth rate. The enrolment has increased from 4,034,220 (2,033,711 girls) in 2011 to 4,795,196 learners in 2015. Furthermore, the enrolment of learners with disabilities and SEN in primary education is currently at 115,284 comprising 59,521 girls and 55,763 boys as follows: Physical impairment – 8,729 (8.31%), blind – 474 (0.45%), deaf – 3,085 (2.94%), hard of hearing – 24,231 (23.07%), learning difficulties – 47639 (45.35%) and low vision – 20844 (19.88%)<sup>35</sup>. However, data does not specifically show a number of learners with albinism within those with low vision. Enrolments in secondary schools have been increasing over the years. According to EMIS, the enrolment has been increasing from 240,918 in 2010 to 358,033 in 2015. Out of the total enrolment, 1.3% represented learners with disabilities and SEN. The Ministry of Education has also introduced a programme to build teacher capacity to support learners with speech and sight challenges (deaf-blind) at Montfort SNE College.

Introduction of Inclusive and special needs education module in Teachers Education curriculum.

### Challenges

Despite the progress made, the Education Sector faces several challenges to achieve the national

32 ESIP II 2013-2017

33 EMIS Bulletin 2014

34 The 2014/15 Education Sector Performance Report

35 <http://csecmw.org/Education-Statistics-2014.pdf>

educational goals and objectives. Improved access to formal education by learners with disabilities continues to be constrained by the following key challenges: limited capacity for early identification and intervention at pre and primary school level especially for learners with high learning needs such as those with communication difficulties, deaf blindness and those with developmental delays; a top heavy management structure for coordinating education for learners with disabilities due to lack of decentralisation of management of SNE; inadequate teacher capacity due to inadequate teacher education institutions that specifically train teachers on inclusive education and lack of motivation/incentives to teachers that were trained in inclusive education among other factors overcrowded classrooms, inadequate specialised teaching, learning and assessment resources, poor sanitation facilities especially for girls with disabilities, inaccessible and poor school infrastructure<sup>36</sup>, inadequate involvement of parents/guardians in the education of their children, limited access to assistive devices, incongruent curriculum, inadequate assessment system, inadequate teacher support for learners especially at tertiary level<sup>37,38</sup>. In addition, for learners with albinism, lack of protective clothing, inadequate availability of sunscreen lotion are among the key challenges.

### **Strategic Goal**

The Goal is to promote access to equitable, relevant and quality education for learners with disabilities.

### **Medium Term Expected outcomes**

The medium term expected outcomes include:

- Increased enrolment, retention and progression of learners with disabilities at all levels of education.
- Improved quality and relevance of education for learners with disabilities.
- Improved management and governance of the education system.

### **Strategies**

- Enforcing compliance with Education Act (2013), other pieces of legislation and sectoral policies on education;
- Improving retention of learners with disabilities;
- Developing the capacity of directorates, technical staff and education planners within MoEST on disability mainstreaming and inclusive education;
- Strengthening capacity of line ministries for Early Childhood Development and Education and pre-primary education;
- Ensuring that national curricular responds to the needs of all learners at all education levels;
- Promoting early identification, intervention and inclusion of children with disabilities in early childhood development centres;
- Building capacity of regular and specialist teachers;
- Monitoring and supervising schools with centres for learners with SEN;
- Fostering conducive learning environment for learners with disabilities;
- Building capacity of the special needs education sector;
- Promoting action research to inform the design and delivery of quality and relevant education outcomes for learners with disabilities;

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<sup>36</sup> The Ministry of Education, Science and Technology issued a directive to its institutions to ensure that all new structures (school blocks, hostels and outside environment) are disability friendly.

<sup>37</sup> The Ministry of Education, Science and Technology deploys specialist primary school teachers to provide support especially to learners with visual and hearing impairments at chancellor College, a constituent college of the University of Malawi. Similar support is not provided at other tertiary institutions.

<sup>38</sup> Chavuta, 2010; Kvam and Braathen, 2006; Msowoya, 1999; McDonald, 1992 cited in Munthali, 2011

- Strengthening line ministry's capacity to plan, monitor and coordinate inclusive education; and
- Promoting community participation in the education of learners with disabilities.

### 5.2.3 Priority Area 3: Access to means of livelihoods

Livelihood refers to the means by which people are able to meet their basic needs and in the process contributing to their living standards. Such means must be decent and lead to a productive life and a life of dignity. Some of the key means for livelihood include access to skills development, financial services, gainful employment, productive use of land resources including agricultural production and social protection measures. A skilled and productive labour force is vital to improved family incomes, national economic growth and improved living standards<sup>39</sup>. Further, considering that agriculture is the key driver of economic growth in Malawi employing about 80 percent of the total workforce, contributing over 75 percent to foreign exchange earnings, and approximately 30 percent of gross domestic product (GDP)<sup>40</sup>, it is important that there should be equity in the distribution and use of land resources. Similarly, implementation of a comprehensive social protection programme can go a long way to "protect people against poverty and loss or lack of income through ....disability..."<sup>41</sup>

Access to means of livelihoods for persons with disabilities is comprehensively addressed in both international and national instruments. At the domestic level, the Republican Constitution of 1995 promotes the values of human dignity, equality and non-discrimination, freedom and democracy. Section 30 (1-3) enshrines a right to development of all persons and calls upon the state to give, women, children, and persons with disabilities special consideration in the application of this right. The section specifically calls on the state to take measures to, amongst other things, promote equality of opportunity for all to facilitate access to basic resources, education, health services, food, shelter, employment and infrastructure; to introduce reforms aimed at eradicating social injustices and inequalities. On its part, MGDS II addressed livelihood issues under several subthemes of Theme 1 (Sustainable Economic Growth), namely, Agriculture (Sub-theme 1), Labour and Employment (sub-theme 7), and Land (Sub-theme 8). Furthermore, Government endorsed a decent work Programme for Malawi in 2011 to promote access to "opportunities for work that is productive and that delivers a fair income, security in the workplace, social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns and to organise and participate in the decisions that affect their lives as well as equality of opportunity and treatment for all women and men"<sup>42,43</sup>.

In addition, Section 21 of the Disability Act of 2012 enforces access to land tenure and housing, financing and property right and accessible institutional housing by persons with disabilities while, Policy Priority Area 6: (Education and Training) of the NPEOPD promotes equal access and inclusion of persons with disabilities in education and training Programmes. Priority Policy Area 7 (Economic Empowerment) of the same Policy focuses on increasing access to technical, vocational and entrepreneurial training opportunities. It also promotes access to loans and credit facilities for income generating activities as well as access to open employment opportunities for persons with disabilities. On the other hand, sectoral pieces of legislation such as the Employment Act of 2000 under section 5(1) promote anti-discriminatory employment practices while TEVET Act of 1999 promotes inclusive practices in recruitment and in the provision of skills including vocational training through public and private vocational training institutions, non-formal and informal training arrangements.

Persons with disabilities have the same needs for financial services as the non-disabled persons for starting and to developing businesses as well as for managing their lives. WHO CBR Guidelines outline five

39 Malawi Growth and Development Strategy, 2006, p. viii).

40 Malawi Growth Development Strategy II, 2011-2016, p. 25

41 WHO et al, 2010- Empowerment Component, p.57

42 Malawi Government, 2011

43 Also see [www.ilo.org/global/Themes/decentwork/lang-en/index.htm](http://www.ilo.org/global/Themes/decentwork/lang-en/index.htm), accessed 15 May 2010 cited in WHO et al, 2010 - Livelihood Component, p.4)

major elements of livelihoods for persons with disabilities namely, skills development, self-employment, wage employment, financial services and social protection. A consideration of gender issues and social protection measures is important to ensure availability of safety net to protect people against extreme poverty and loss or lack of income through illness, disability or old age<sup>44</sup>.

### **Achievements**

The country's economic growth of an average of 7.1 percent in the five year period to 2010 resulted in the creation of new jobs and increased opportunities for income generation. For example, formal employment in the private sector increased from 709,118 in 2005 to 897,277 in 2010<sup>45</sup>.

Statistics from an earlier period indicate that there was a very minimal difference of employment between persons with disabilities and their non-disabled counterparts rating 62% for persons with disabilities against 65% for the non-disabled<sup>46</sup>. Nevertheless, other earlier studies indicate that opportunities for skills training were available to 48% of persons with disabilities 71% of whom indicated that the skills acquired were not useful in enabling them to find work<sup>47</sup>. The studies also show that unemployment was higher among persons with disabilities at 58% compared to non-disabled persons at 53%. While among potentially economically active persons within the 15 – 65 age range, more persons (41%) with disabilities had acquired some form of livelihood skills compared to 39% of non-disabled persons<sup>48</sup> and that the proportion of men with disabilities that had acquired livelihood skills was higher than that of women with disabilities. The study by Loeb and Eide also showed that 68% of persons with disabilities that had skills were employed in one way or the other and those households with members with disabilities were found to have a comparatively lower standard of living and therefore, needed more financial and emotional support<sup>49</sup>. Lastly, a study commissioned by NAD<sup>50</sup> underlined the need for CBR programmes to prioritise implementation of strategies that promote skills training, access to business credit and training in small-scale business management.

The government has made efforts to mainstream disability through operations of its Malawi Rural Development Fund – MARDEF Youth Entrepreneurship Development Fund – YEDEF and introduction of community skills development Centers and community vocational training college. Similarly, albeit through Government's social protection programmes, some of the needy persons with disabilities (the ultra-poor and those from labour-constrained households) have benefitted from cash transfers in the few targeted districts and that a preliminary evaluation of the programme showed that there were improved food security, school attendance and access to health services<sup>51</sup>.

### **Challenges**

The absence of reliable labour statistics specific to persons with disabilities makes it a challenge to establish the overall number, level and type of employment created for persons with disabilities in the cited period and to date. Although Government has provided some opportunities for skills development for male and female persons with disabilities, they continue to face barriers to access skills training, decent work, land and social protection services among other services. The underlying challenges in this sector include inadequate training opportunities in vocational skills at formal, informal and non-formal level at foundation, technical/professional and entrepreneurial level both in the public and private sectors; lack of guidelines for adaptation of work environment, inadequate attention to address issues of health and safety and inaccessibility of physical infrastructure at workplaces; low self-esteem resulting from attitudinal barriers translating to low participation of persons with disabilities in economic and

44 WHO, 2010: CBR Livelihood Component.

45 Malawi Government, 2012, pp. 23-24.

46 NSO, 2008.

47 ILO, 2007

48 Loeb and Eide, 2004, p. 93

49 Ibid, p. 17

50 Makoko et al 2012

51 Schubert and Huijibegts, 2006 cited in Munthali, 2011

development community activities (Mataya and Msowoya, 2003) and limited opportunities to access microfinance and job placement programmes in recent years.

Social protection programmes have not been rolled out across the country and it is not holistic to address challenges that persons with disabilities meet to mitigate the impact of disability. For example, costs of procurement and maintenance of assistive devices and payment for interpretation services have not been considered in the existing programme arrangement. Further, the cash transfer programme and other social protection measures have not considered the high level of vulnerability of poor families that have children and adults with disabilities compared to poor families with non-disabled members.

The absence of disability-specific data on persons with disabilities that have benefitted from the various social protection measures save for the cash transfer programme makes it rather difficult to establish the impact of the programme on persons with disabilities, the majority of who may not have been targeted.

In terms of access to land and productive use of land, Government implemented some initiatives including reallocation of land to poor households largely through the Community Based Rural Land Development Project (CBRLDP). As is the case with the most social protection measures, unavailability of disability-specific indicators on access to and benefit from land makes it difficult to establish the extent to which the initiative has benefitted persons with disabilities. In addition, anecdotal evidence points to inequalities in the distribution of land and to a general lack of awareness on legislation and policies that govern land management by most people at village/community level.

### **Strategic Goal**

Persons with disabilities are able to earn income and to access social protection services, contribute to family incomes and national economic growth and lead dignified lives.

### **Medium Term Expected outcomes**

The medium term expected outcomes include:

- Increased gainful and decent employment for persons with disabilities;
- Improved and disaggregated labour statistics;
- Improved access to land and food security for persons with disabilities;
- Increased number of persons with disabilities accessing social protection services;
- Increased access to microfinance services; and
- Increases access to financial services i.e. access to bank documents.

### **Strategies**

The key strategies include;

- Promoting equity in selection, training and employment processes and procedures for persons with disabilities.
- Reducing all forms of discrimination in the labour market including removing barriers to access to financial resources and social protection arrangements.
- Establishing an effective and efficient labour market information system (LMIS).
- Promoting occupational safety and health in workplaces.
- Promoting access to land, land tenure and use by persons with disabilities.

- Focusing on diverse needs and interests of persons with disabilities to ensure appropriate placement in skills development.
- Increasing vocational training centres to train people with disabilities according to their interest and diversity of disability.
- Promoting access to social safety nets by persons with disabilities.
- Promoting entrepreneurship and involvement of women with disabilities in business groups.
- Improving access to credit facilities for entrepreneurship among youth with disabilities.

#### **5.2.4 Priority area 4: Empowerment**

Empowerment as an ultimate objective of disability-inclusive development and poverty reduction programmes are prioritised in a number of instruments at international and local level. It is based on principles of equality of the human race before the law, non-discrimination and freedom of opinion and expression (Articles 7, 19 of UDHR; Article 21, 5, 12 of UN CRPD, Section 20 (1) of the Republic of Malawi Constitution). Another key principle of empowerment for persons with disabilities is equal participation in public life through election and appointment into public offices. It also includes exercising their right to vote and to be represented by elected persons (Article 29 of the UN CRPD, Sections 13 g (iii) of the Constitution of the Republic of Malawi, section 16, 17 of the Disability Act of 2012). Lastly, GoM through MGDS II identified a number of interventions to promote empowerment of persons with disabilities. These are captured under devolution of power to local communities in Sub-theme 5 (Rural Development) of Theme 1 (Sustainable Economic Growth). The MGDS III recognises the empowerment of persons with disabilities as one the cross-cutting areas in the implementation of the strategy during its lifetime

From the perspective of persons with disabilities, empowerment can be defined at the individual level through increased participation and improved livelihoods. At an individual level, persons with disabilities increasingly participate in decisions that affect their lives and as a result are able to access existing services and to utilise opportunities. On the other hand, at the group level, empowerment refers to the ability of persons with disabilities to mobilise and organise themselves and demand a life of dignity in an inclusive environment. At both levels, empowered persons with disabilities or their respective DPOs and self-help groups, are aware of their unfavourable situation and recognise the need to take necessary measures to change their status quo (WHO, 2010: CBR Guidelines, Empowerment Component). Persons with disabilities that have been empowered are recognised and respected as equal citizens who can contribute to development at all levels. Empowerment can, however, not be considered holistic when it leaves out a certain proportion of people within the group. Our society has assumed different identities and traits to men and boys, and women and girls. The status is worse among females as compared to their male counterparts. Women are subjected to multiple discrimination, first based on their gender which assigns them a lower status. Secondly, they are devalued because of how the society perceives disability and thirdly they are discriminated against by fellow women without disabilities. Lastly, women with disabilities are marginalized by fellow persons with disabilities who are males.

Most national and sectoral development plans and strategies at both national; and local Government level are not clear on how to address exclusion and discrimination of women with disabilities. In addition, lack of disability disaggregated data, poor commitment to allocate resources towards disability programmes and institutional capacity to mainstream disability remain the major challenges towards the attainment of inclusion and full participation of women with disabilities in the national development agenda.

There are also other disabilities which face more marginalization than the rest. Individuals with mental/emotional impairments experience activity limitations in social participation to a greater degree than do others with other types of impairments (National Disability Policy).

In terms of children with disabilities, they face serious discrimination based on their dependence on parents and other adults for them to access various services needed for their wellbeing.

However, The Malawi Constitution regards disability as a human rights and developmental issues. It prohibits any form of discrimination on the basis of disability and gender. It promotes access to education by all children. The constitution is also supported by Disability Act 2012 which promotes participation of persons with disabilities in public life. Malawi is also a party to other international human UNCRPD, UNCRC and CEDAW.

### **Achievements**

Some progress has been made to promote public appointments, political participation and self-representation by persons with disabilities and through their representative organisations in development work at the community as well as national level. This has been possible through joint efforts of GoM, its international, DPOs and other civil society organisations. Following are some examples of efforts that have so far been made to empowerment and women and boys and girls with disabilities.

FEDOMA has a representation of persons with disabilities in the boards of some public institutions. It sits on the National Resource and Steering Team for CBR and on CBR planning and monitoring teams of local councils in several districts. FEDOMA also holds the position of Deputy Chair of the Steering Committee of Non-State Actors Capacity Building Programme<sup>52</sup>. It also champions the empowerment component of the CBR programme and has recently been appointed to membership of NACCODI. In addition, since the early 1990s, persons with disabilities through their DPOs have progressively been involved in and influenced processes towards disability mainstreaming with various measures of success. These include participation in development of the Vision 2020 Policy, involvement of 50% of total number of enumerators and supervisors in a study on "Living Conditions among Persons with Activity Limitations in Malawi"<sup>53</sup>, in the development of NPEOPD, the Disability Act, MGDS II, its successor and predecessor strategies and an on-going process of reviewing the Handicapped Persons Act and development of this NDMS & IP.

Further, persons with disabilities through FEDOMA lobbied with positive results for: the establishment of the Departments of Disability and Elderly Affairs and inclusive and special needs education, passing of the disability law, and acknowledgement of sign language as a national language as well as production and dissemination of HIV and AIDS awareness material in disability friendly formats. FEDOMA and its affiliates were also actively involved in the production of the Initial and second state party shadow reports for the UNCRPD. These, among other similar efforts, have led to improvements in awareness and subsequent visibility of disability as a cross-cutting human right and development issue.

### **Challenges**

Notwithstanding progress attained so far, self-representation by persons with disabilities or through their representative organisations has not translated into significant improvements in their livelihoods. Due to non-prioritization of disability issue in MGDS and MGDS II, mainstreaming of disability in sectoral policies as well as programmes and services has remained weak; policy and legal frameworks of most institutions in the public sector (save for MACOHA, Ministry of Education, Ministry of health, TEVETA and MARDEF) have not localised relevant Republican Constitutional provisions and provisions of the Malawi Disability Act 2012, NPEOPD and UN CRPD – resulting in inadequate institutional arrangement for securing mainstreaming of disability in policy development and programming. Challenges of self-representation may also be attributed to inadequate capacity both technical and financial within DPOs to

<sup>52</sup> The Government of Malawi with assistance from the European Union is implementing the Non-State Actors (NSA) Capacity Building Program. The overall objective of the project is to make NSA's more responsive to the socio-economic development needs of the Malawians. It is hoped that this will among other things, offer a platform for strengthening the institutional capacity of NSA to provide effective and improved service delivery to communities. A Program Management Unit (PMU) which reports to the National Authorizing Officer (NAO) has been established and entrusted with the task of managing the program. FEDOMA is a member of the Program Steering Committee and is the Deputy Chair, while the Chair is the National Authorizing Officer (NAO).

<sup>53</sup> Eide and Loeb, 2004

establish more branches especially in the central and northern regions of the country, raise awareness among persons with disabilities on their civil and political rights and responsibilities as well as to create a cadre of persons with disabilities who can undertake policy as well as budget analysis/monitoring to readily avail information for lobbying GoM to undertake measures to address identified gaps. Further, Lack of understanding of key disability concepts, Government's development agenda, national policies, legislation, programmes and the role they can play to influence positive change by some in the leadership of DPOs has contributed to inadequate technical capacity to more effectively petition, persuade and negotiate for equal and equitable opportunities and access to services and facilities.

Lastly, albeit tangible work is being done to build leadership capacity with support from development partners, such initiatives have not always been carried out in a coordinated and comprehensive manner<sup>54</sup>

### **Strategic Goal**

The goal is to involve persons with disabilities, their families and their representative organisations in decision-making processes especially on issues that directly affect their lives.

### **Medium Term Expected outcomes**

The medium term expected outcomes include:

1. Improved participation in disability inclusive policy and programme development by persons with disabilities;
2. Empowered DPO branches at district and community level;
3. Disability responsive policies, programmes and services at all levels;
4. Increased visibility of men, women, girls and boys with disabilities in all aspects of life;
5. Increased participation of women, men, girls and boys with disabilities in socio-economic development activities; and
6. Negative Myths and harmful cultural practices against persons with disabilities are eradicated.

### **Strategies**

#### **The key strategies include:**

- Strengthening participation and representation of men, women, boys and girls with disabilities at all levels of decision making and development.
- Mobilising resources for empowerment programmes for persons with disabilities.
- Promoting provision of information in accessible formats to persons with disabilities.
- Strengthen the capacity of DPOs and self-help groups (SHGs) in self-advocacy.
- Mobilising communities for inclusive development.
- Increasing the visibility of men, women, boys and girls with disabilities in all aspects of life.
- Improving knowledge and skills in social economic development activities.
- Improving knowledge to address attitudes and harmful practices affecting men, women, boys and girls with disabilities.

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<sup>54</sup> Msowoya, 2007.

## 5.2.5 Priority Area 5: Social Inclusion

One of the general principles outlined in Article 3 of the UN CRPD is *full and effective participation and inclusion in society*. When persons with disabilities actively participate in society and their voice is heard, all the community benefits from it and brings about positive change. The basis for redressing the situation of persons with disabilities in the country lies in the Republican Constitution which upholds the values of human dignity, freedom and social justice. Over the past few years, some Government policies and laws have reflected the need to promote the rights of persons with disabilities. However, despite this positive development there still remains systemic inequalities and unfair discrimination deeply embedded in our social structures, practices, attitudes and environments.

Social development is a major pillar for improving the well-being of Malawians as it contributes to the reduction of poverty and plays a key role in raising the economic productivity of the country. Disability is believed to be covered under this theme despite lacking clear strategies and indicators. The life of persons with disabilities is not complete if their social life is not taken into consideration within the communities. The Disability Act 2012 ensures legal protection for persons with disabilities.

The importance of social issues such as participation in family and community life, social and cultural activities, recreation, leisure and sport, and access to justice as important components of being a part of one's community cannot be overemphasised. Unfortunately, persons with disabilities are very often denied the right to participate in a wide range of cultural, recreation, sporting and leisure opportunities that the society takes for granted. Article 30 of the UN CRPD promotes the right of persons with disabilities to participate in cultural life, recreation, leisure and sport. The right to participate in cultural activities is closely related to the right to access information; if information on cultural events is not provided in accessible formats, then one is effectively denied participation in that event. Increasingly, sport and cultural programming are seen as an important tool for peacebuilding, social mobilization, and the support of public health initiatives, such as HIV/AIDS education or polio immunization campaigns. The exclusion of persons with disabilities from such activities impacts their rights to social and political participation, as well as health and education. These examples demonstrate how human rights are indivisible, interdependent, and interconnected.

In order to be fully included in society, persons with disabilities need access to justice. There is a strong link between access to justice and the enjoyment of other human rights. Achievements in this area include: directive by the Chief Justice that all cases relating to persons with albinism be handled by professional magistrates; designation of a Special Counsel on crime against persons with albinism within the Ministry of Justice; development of a handbook containing provisions for sentencing cases involving persons with albinism and lastly review of the Penal Code and Anatomy Act to provide for stiffer punishments and make provision for crimes involving trading of bones and grave robbery among others. The cited progress notwithstanding, persons with disabilities are often denied fair and equal treatment before the judicial system. The barriers to access justice limit the ability of persons with disabilities to use the justice system as well as to their ability to contribute to the administration of justice. The justice system in most cases fails to accommodate physical, communication and other disability-related needs of persons with disabilities. Article 13 of the UN CRPD guarantees the right of persons with disabilities to:

- Effective access to justice on an equal basis with others,
- Effective access to justice by persons with disabilities at all phases of the administration of justice, and
- Being both direct and indirect participants, including being witnesses.

The Constitution of the Republic of Malawi, in section 41(1), states that every person shall have a right to recognition as a person before the law.<sup>55</sup> The centrality of this constitutional enunciation is reflected in the Disability Act 2012. Further, section 20 (1) of the Constitution prohibits discrimination of persons in any form including disability. Essentially, therefore, Malawi has an ideal legal framework adequate for ensuring access to justice for persons with disabilities.

Exclusion from family and community life and the lack of access to justice leads persons with disabilities to fall further into chronic poverty with little opportunity of breaking out of the cycle. Removing barriers and enabling persons with disabilities to participate in society could help to reduce poverty in the families and the whole community. Conversely, without their inclusion, sustainable poverty reduction for the whole community may not be achieved. It is important to note that persons with disabilities have a right to be included in all social and cultural aspects of life. In order to achieve the right to inclusion, persons with disabilities need to live in an environment in which they are respected and regarded as equals to their non-disabled counterparts.

### **Achievements**

Malawi has included some Constitutional provisions that specifically mention persons with disabilities under the Bill of Rights and Fundamental Principles of National policy. In addition, the National Sports Policy makes provisions for the inclusion of persons with disabilities in all sporting activities and the responsible line Ministry provides financial support to the Malawi Paralympic Association. The establishment of the Malawi Paralympics Association and Special Olympics is another positive development aimed at improving the participation of persons with disabilities in sporting activities.

Further, there is improved visibility and participation of persons with disabilities in mainstream activities in the districts where there is CBR programme. CBR has helped to increase awareness about disability, challenge negative family and community attitudes, and prevented and addressed violence and abuse against persons with disabilities. Lastly, Government provides justice services to facilitate effective and efficient administration of justice for all persons. Such provisions are enhanced in creating a strong justice system that safeguards the interest of the citizenry and promoting rule of law as a means of achieving sustainable economic growth. There have been several efforts in ensuring the provision of justice services to all Malawians. However, there are still serious challenges facing marginalised segments in accessing justice in the country.

### **Challenges**

A number of interrelated barriers limit the full participation of persons with disabilities in cultural life, recreation, leisure and sport. These include:

- access barriers (lack of equitable access to opportunities, information, buildings, transport and services),
- negative attitudes (oppressive cultural practices, prejudice and ignorance which result in negative discrimination and or a,
- lack of reasonable accommodation to enable persons with disabilities access services),
- lack of knowledge and experience about how to include children with disabilities in sport and recreation and how to develop adaptive physical education and inclusive playgrounds in schools,
- inadequate funding,
- lack of trained coaches in various sporting disciplines, and
- Inaccessible sports facilities and expensive sporting equipment.

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<sup>55</sup> Constitution of the Republic of Malawi

The Living Conditions among People with Activity Limitations revealed that persons with disabilities are trapped in a vicious cycle of lower economic, education and health status. These barriers coupled with the fact that the persons with disabilities do not, in most cases, make own choices and are not part of the decision-making processes militates against their effective participation in society.

According to the 2010 Malawi Justice Sector Baseline Survey, very few people in Malawi use the justice procedures. The survey showed that about 17 percent used investigation or prosecution procedures while 20 percent used informal justice system.<sup>56</sup> This underlies the limited awareness among the people about the range of justice procedures available to them. In addition, very few people understand the procedures and languages used in individual processes in the justice system. This is a cause for concern because it is a huge potential for the injustice especially for persons with disabilities. In terms of affordability, the results of the study demonstrate huge usage of the alternative dispute resolution mechanisms with 82 percent of Malawians using informal means rather than the formal mechanisms.<sup>57</sup> Further, the results show that affordability of legal representation is a major constraint to accessing the formal justice system as reflected in the 53 percent of people that indicated that services of a lawyer as costly.<sup>58</sup> The vast majority of Malawians (86 percent) most of whom live in dire poverty know about the informal justice system. The majority of persons with disability in the country live in poverty such that they face problems to access formal justice. The results further show that there are very high levels of use of the informal justice system (84 percent). It is important to note that because of entrenched social exclusion in the communities, most persons with disabilities are prone not to benefit even from the informal justice delivery services. Other challenges in accessing justice include physical barriers to Police stations, courthouses, jails and prisons, lack of accessible information about how the justice system works and lack of training for Police and judicial officers to understand specific needs of persons with disabilities, among others. Generally, the justice system in Malawi is not inclusive in respect to persons with disabilities. Many law enforcement officers such as those in the Malawi Police Service, the judiciary and the Malawi Prisons Service do not have specialized skills or training to enable them to support persons with disabilities in accessing justice. For instance, persons with hearing impairments and the deaf-blind, in particular, have problems accessing justice as either offenders, complainants or witnesses since the court facilities do not have sign language interpreters. This is due to unavailability of staff trained in sign language at the courts and in the police formations. This is a clear violation of the fundamental right to access to justice. In addition, persons with intellectual disabilities, when in conflict with the law, are often regarded of unsound mind such that prejudice overrides rational consideration of situations by law enforcers thereby denying those with intellectual impairments access to justice. Similarly, little effort has been made to speed up prosecution and or review of cases in relation to abductions, killing and exhumation of bodies of persons with albinism.

### **Strategic Goal(s)**

- Promote full and active participation of persons with disabilities in family and community life,
- Promote full and active participation of persons with disabilities in social, cultural, recreation and sporting activities, and
- Promote access to justice.

### **Medium Term Expected outcomes**

In the medium term, it is expected that there will be:

- Increased number of persons with disabilities participating in family and community, social and cultural activities.

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<sup>56</sup> Malawi Justice Sector Baseline Survey Report 2010

<sup>57</sup> Ibid

<sup>58</sup> Ibid

- Increased number of persons with disabilities participating in relationships and marriage and accessing sexual and reproductive health issues.
- Improved and increased participation of persons with disabilities in recreation and sporting activities.
- Reduced incidence of atrocities committed against persons with albinism.
- Improved number of persons with disabilities accessing justice.
- Increased number of people with intellectual and psychosocial disabilities exercising equal legal capacity.
- Entrenched rule of law for all persons with disabilities.
- Reduced misconceptions and abuses associated with HIV and AIDS among persons with disabilities.
- Reduced cases of all forms of abuse of women, men, boys and girls with disabilities.

## Strategies

Key strategies include:

- Promoting public awareness of human rights for persons with disabilities;
- Increasing the visibility of people with disabilities in the media;
- Promoting equity in accessing sports, art and crafts for participants with disabilities;
- Building the capacity of law enforcement agencies to manage disability issues;
- Providing specialist support and accommodations to persons with disabilities in the justice system;
- Intensifying awareness on the rights of persons with albinism in order to change mindsets and foster behaviour change among affected communities and throughout the country;
- Protecting women, girls and children with disabilities from any form of discrimination through laws and administrative structures;
- Promoting positive reporting on disability issues;
- Increased coverage of issues concerning women, girls and children with disabilities in the media;
- Promoting sexual reproductive health for persons with disability including HIV and AIDS advocacy and awareness campaigns;
- Protecting children and youth with disabilities against abuse, exploitation, neglect, violence and child trafficking;
- Improving access to support services and facilities for persons with intellectual and psychosocial disabilities in the exercise of their legal capacity; and
- Increasing number of persons with intellectual and psychosocial disabilities exercising supported decision making.

### 5.2.6 Priority Area 6. Cross-cutting issues: Gender; Accessibility; Research; HIV and AIDS; Children and Youth with Disabilities, Climate Change and Disaster Risk Management

Gender, Research, HIV and AIDS, children and youth, climate change and disaster risk management are among the critical issues that cut across the development spectrum and are therefore crucial to the process of disability mainstreaming. This thematic area focuses on these issues in detail.

## **Strategic Goal**

The goal is to enhance disability mainstreaming in crosscutting issues for an inclusive society.

### **5.2.6.1 HIV and AIDS**

Malawi has been severely affected by the spread of HIV and AIDS. The pandemic has, among others, affected the quality of human capital, increased the burden on the health service delivery system, and ultimately compromised on national development.

The policy and legal environment for Malawi are generally conducive in terms of the national response to HIV and AIDS. With support from the National AIDS Commission (NAC), various disability organizations in Malawi are implementing HIV and AIDS programmes for persons with disabilities. For instance, MACOHA, FEDOMA, MUB, MANAD and Montfort College of Special Needs Education collaborated to undertake a project on HIV and AIDS Prevention and Impact Mitigation to ensure that awareness material and other messages on prevention and care are accessible to persons with visual impairments, those that are hard of hearing and persons with intellectual challenges. Through the project, tangible effort has been made to reach out to some people with disabilities in 12 of the 28 districts in the country. In addition, MACOHA with funding from the Ministry of Finance provides nutritional supplements albeit to a limited number of persons that have been diagnosed with AIDS. However, a number of constraints still pose a challenge to the National HIV and AIDS Response in Malawi. Such constraints include among others, sustainable financing; stigma, discrimination and the marginalization of vulnerable groups such as persons with disabilities people living with HIV and AIDS and limited access to quality HIV and AIDS services.

Among persons with disabilities, the HIV and AIDS impact has been devastating. Studies on the subject<sup>59</sup> have shown that persons with disabilities face a number of challenges to access health services let alone HIV and AIDS services including: HIV and AIDS information not being in accessible formats, attitudinal challenges especially among health workers, mobility challenges due to long distances to most health facilities as well as inadequate mainstreaming of disability in the national HIV and AIDS response.

#### **Medium Term Expected Outcomes:**

The medium term expected outcomes are:

- Reduced vulnerability to HIV and AIDS among persons with disabilities;
- Improved quality of lives of persons with disabilities living with HIV;

#### **Strategies:**

##### **The key strategies are:**

- Promoting equal access to HIV and AIDS services; and
- Promoting safer sexual and reproductive health practices among persons with disabilities;

### **5.2.6.2 Children and Youth with Disabilities in Development**

Younger than 18 years person comprises 54 percent of the total population of the country whereas those aged between 10 and 29 years comprise 40 percent<sup>60</sup>. With such a young population, dependence ratio in the country is high. This has resulted in a heavy economic burden on the working population and puts pressure on the provision of basic needs and social services. The country's young population is characterized by high incidences of poverty, violence, HIV and AIDS, malnutrition, abuse, poor health, high illiteracy rates and psychological disorders.

<sup>59</sup> Hancock, 2009; Munthali, Mvula and Ali, 2004

<sup>60</sup> NSO, 2010

Further, the youth constitute a growing labour force of the country and failure to respond to their needs impedes on efforts to address poverty in the country. Investing in the current young generation will, therefore, contribute to improving productivity, reducing health costs and enhancing social capital.

Since children and youth with disabilities are more vulnerable and less privileged, it is paramount that Government should provide special interventions that will equalize their opportunities.

**Medium Term Expected Outcomes:**

Improved and expanded delivery of services to children and youth with disabilities.

**Strategies:**

Promoting mainstreaming of issues of children and youth with disabilities in sectoral policies and strategies.

**5.2.6.3 Accessibility**

Accessibility means the designing of products, programmes, the environment and services to be used by all persons to the greatest extent possible, without the need for adaptation and specialized design<sup>61</sup>.

The exclusion of persons with disabilities from accessing the physical environment and social services limits their opportunities thereby making them even more vulnerable and persistently poor in society.

There are national and international instruments that provide for the right to accessibility for all and specifically for persons with disabilities. For instance, Article 9 of the UN CRPD stipulates that persons with disabilities are to be enabled to live independently and participate in all aspects of life. The Article calls on States Parties to devise measures to enable persons with disabilities to access the physical environment, transportation, information and communication including Information and Communication Technology (ICT) on an equal basis with others.

Despite having the policy and legislative environment conducive for uplifting the welfare of the disability community in Malawi, persons with disabilities still face challenges in accessing public transport, health facilities, schools, offices, shops and places of worship. For instance, most of the vehicles do not have disability friendly facilities as such persons that use wheelchairs are forced to pay for carriage of the device. Studies<sup>62</sup> have shown that persons with disabilities also face challenges to access information, services, and the assistance they require. Similarly, meeting the needs of persons with disabilities in national activities such as management of elections and implementation of social support programmes such as the Farm Input Subsidy Programme (FISP) remains a challenge.

**Medium Term Expected Outcomes:**

The medium term expected outcomes include:

- Increased access to information and communication, and public infrastructure by persons with disabilities.
- Increased knowledge among persons with disabilities about information on different national issues.

**Strategies:**

- Developing and enforcing national accessibility standards;
- Promoting access to infrastructure and transport; and
- Promoting access to information and communication.

61 Disabled World, 2015 - [www.disabled-world.com/disability/accessibility](http://www.disabled-world.com/disability/accessibility)

62 CBM and NAD, 2011; Loeb and Eide, 2004

#### **5.2.6.4 Gender**

The Constitution of the Republic of Malawi recognizes gender equality as a fundamental human rights issue and one of the means for promoting the welfare and development of the people of Malawi. Gender equality is enunciated in various regional and international human rights instruments to which Malawi is a signatory. The Millennium Development Goals 3 (Promoting Gender Equality and Empowering Women) and 5 (Improving Maternal Health) underscores the significance of gender parity if States parties are to achieve meaningful sustainable development. However, many persons with disabilities in Malawi face discrimination based on both their gender and disability.

Some of the regional and international human rights instruments ratified by the country on gender include the SADC Protocol on Gender and Development, the 2003 African Union's Solemn Declaration on Gender Equality in Africa, the 1995 Beijing Plan of Action and CEDAW. Realizing that gender equality and equity are at the core of fulfilling the obligations on women's rights Malawi has domesticated these instruments through the National Gender Policy which outlines measures for mainstreaming issues to do with women and men, girls and boys for sustainable and equitable development. Malawi also enacted the Prevention of Domestic Violence Act (2006) and the Gender Equality Act (2013). Gender Equality was also highlighted as an important sub-theme in MGDS and MGDS II. Despite the existence of the cited gender policies and laws, empirical evidence shows that implementation of MGDS II is lagging behind on gender issues. In addition, there has been very limited effort to focus on mainstreaming gender from a disability perspective.<sup>63</sup>

#### **Medium Term Expected Outcomes**

The medium term expected outcomes include:

- Gender equality, influence, empowerment, dignity and opportunities for men, women, boys and girls with disabilities in all spheres of the society.
- Disability responsive gender policies and programmes at the district and national levels.
- Reduced sexual and gender based violence against persons with disabilities.

#### **Strategies**

The key strategies are:

- Building capacity of DPOs to mainstream gender in their respective programmes.
- Strengthening participation of men, women, boys and girls with disabilities at both community and national levels.
- Mainstreaming disability and gender perspective in the process of law review and policy and programme assessments.
- Protecting persons with disabilities from any form of sexual abuse and gender based violence.

#### **5.2.6.5 Research**

The significance of research in Malawi's development process cannot be overemphasized. To facilitate the realization of inclusive development especially for persons with disability, action, baseline, investigative and other forms of studies in disability are necessary. It is widely agreed that without comprehensive data on disability, Malawi is unlikely to achieve the SDGs through the MGDS. The National Policy on the Equalization of Opportunities for Persons with Disabilities in Malawi acknowledges the significant role of disability research in inclusive development. Section 26 of the Disability Act of 2012, also obligates the Government of Malawi to recognize the importance of research in improving the quality of life of persons with disabilities.

<sup>63</sup> National Gender Policy (2000), revised 2011

There is a dearth of disability data to soundly influence development planning. It is also important to highlight that the few research studies on disability and development in Malawi have been led either by international NGOs or local NGOs/DPOs. Persons with disabilities have always been involved in a limited number of disability studies<sup>64</sup> but largely not as champions of research or as researchers but as enumerators, research assistants and research supervisors.

### Medium Term Outcomes

The medium term expected outcomes include:

- Strengthened and improved disability-related research in Malawi;
- Increased participation of persons with disabilities in carrying out disability-related research; and
- Comprehensive disability data generated.

### Strategies

The key strategies are:

- Facilitating availability of financial and technical assistance to key stakeholders, universities and other research institutions to conduct disability related-research.
- Promoting participation of persons with disabilities in research from planning/designing, implementation and dissemination.
- Promoting inclusion of gender-disaggregated disability data collection in research, and national census, household surveys and other relevant studies.

#### 5.2.6.6 Climate Change and Disaster Risk Management

Malawi faces a number of weather and climate-related hazards in both rural and urban areas. These include floods, droughts, heavy storms, prolonged dry spells, and earthquakes. The impacts and losses caused by these events are high. At the same time, there is insufficient human and technical capacity to prepare for and recover from these natural occurrences partly due to inadequate planning and resource constraints. The impact of flooding, prolonged dry spells, heavy storms and droughts on agricultural livelihoods is compounded by widespread deforestation, poverty and weak enforcement of policies.<sup>65</sup> The nature and pattern of weather-related hazards in Malawi is changing as a result of climate change; becoming more frequent and less predictable, with expected rise in intensity.<sup>66</sup>

Climate change can result in grave consequences for human well-being, development, and security through increased exposure to severe weather conditions such as floods and droughts which in turn directly aggravate the risks of disease and poor health, inadequate drinking water and food scarcity, loss of livelihoods, migration, violence, and conflict. In such situations, vulnerable and marginalized groups including the poorest segments face a disproportionate impact of climate change and which in turn comprises the effectiveness and success of development and poverty reduction efforts.

Malawi has a National Climate Change Management Policy (2016) that provides guidance on the implementation of climate change management programmes and adaptation to its impacts in the country. The country developed a National Adaptation Programmes of Action (NAPA) in order to respond to urgent and immediate needs for adapting to the adverse impacts of climate change among rural communities in vulnerable areas of the country. A Disaster Risk Management (DRM) Policy has been developed to address natural disasters. In addition, the Department of Disaster Management Affairs (DoDMA) has formulated

<sup>64</sup> Some of the key studies in which persons with disabilities have been involved include: University College London (On-going). *Development of a tool kit for evaluation of CBR: Case studies from Malawi and Uganda*; NAD (2010). *A study on empowerment from the perspective of persons with disabilities in Malawi: Implications for the empowerment component of CBR*; Eide and Loeb (2004). *The situation of persons with activity limitations in Malawi*

<sup>65</sup> Ziervogel, G. et al (2008). *Climate Change Adaptation in Southern Africa: Addressing the needs of vulnerable communities*

<sup>66</sup> National Disaster Risk Management Communication Strategy for Malawi, 2013

and adopted a Disaster Contingency Plan (DCP) which aims at minimizing damage to property and loss of life. The MGDS II (2011-2016) also included disaster risk management under the theme of Social Support and Disaster Risk Management. All these have been enforceable through the Disaster Preparedness and Relief Act of 1991. However, very insufficient measures were undertaken both through DCP and MGDS II to focus on specific needs of persons with disabilities.

Persons with disabilities constitute a proportion of the population, which is disproportionately more affected in disaster, emergency, and conflict situations, due to inaccessible evacuation, response, and recovery efforts and exclusion of disability issues in planning and preparedness. In this regard, the vulnerability of persons with disabilities, their families and communities to the impacts of climate change is of growing significance.

### **Medium-Term Outcomes**

The medium term expected outcomes include:

- Established disability-inclusive legal and policy framework for climate change and disaster risk management and preparedness.
- Disability inclusive climate change and disaster risk management and preparedness programmes at both local and national levels.
- Capacitated societies to support persons with disabilities to effectively deal with the impact of climate change.
- Improved coordination of disability responsive climate change and disaster risk management efforts.

### **Strategies**

Key strategies include:

- Involving of persons with disabilities at every phase of climate change and disaster risk reduction initiatives.
- Raising awareness on the impact of climate change on persons with disabilities.
- Conducting disability risk assessments during disaster preparedness and adaptation activities.
- Developing disability friendly early warning systems using multi-modal warning systems.
- Creating linkages between Community Based Rehabilitation (CBR) and disaster risk and climate change management programmes and initiatives.
- Carrying out research on climate change, disasters and disability.
- Including disability in disaster contingency plans and adaptation planning processes.
- Lobbying for a disability responsive climate change and disaster management legislation.

## 6.0 IMPLEMENTATION FRAMEWORK

### 6.1 Implementation Modalities

The NDMS&IP is developed to allow all stakeholders to participate in disability inclusive development. Towards this end, implementation of the NDMS&IP will require active involvement of persons with disabilities and their families, duty bearers including the Three Arms of Government, namely, the Executive, Legislature, and Judiciary. Implementation arrangements will also involve the Civil Society Organisations (CSOs) and Faith-Based Organizations (FBOs), the private sector and the general public. Successful implementation of the strategy calls for political will and commitment in providing resources, directions and monitoring of the implementation process. It is expected that all stakeholders including development partners will incorporate disability specific issues and respective outcomes in their programming, implementation; monitoring, evaluation, reporting, resource mobilisation and financing routines (Refer to Annex 1 for Implementation Matrix).

### 6.2 Role of key stakeholders in the implementation of the National Disability Mainstreaming Strategy

#### 6.2.1 Government:

The main responsibility of Government shall be to provide public goods and services as well as a regulatory framework. These include measures for accessing transport facilities and infrastructure, education, health and other social services by persons with disabilities. Government shall safeguard the interests of all Malawians by addressing identified challenges to inclusive development through a review of relevant policy, legal and regulatory frameworks.

#### 6.2.2 Executive

The Executive arm of Government will initiate policies and legislation in line with: Constitutional provisions, provisions of the Disability Act of 2012, of the UN CRPD and SDGs, review of relevant national policies and legislation to ensure that they are harmonised and promote equalisation of opportunities for persons with disabilities and through monitoring implementation of the NDMS&IP. The Executive through an Inter-ministerial Committee on Disability Issues shall mobilise and ring-fence financial resources for implementation of designated disability programmes and services as specified in the implementation Matrix of NDMS&IP (Annex 2) and shall submit periodic reports on disabilities to its citizenry and state party reports to the UN Committee of the UN CRPD. Lastly, the Executive shall mandate the line Ministry responsible for disability or its agency to receive biannual and annual reports on measures undertaken by each of the entities specified in section 6.2.3 to 6.2.13 of this document.

#### 6.2.3 Judiciary

The Judiciary will ensure that reasonable accommodation is provided for in the enforcement of laws. For instance, the judiciary will ensure that physical infrastructure and procedures are disability-friendly and accessible (e.g. that courtroom, holding cells), that designated court officials are knowledgeable in sign language or certified sign language interpreters are provided when there is need, that judicial staff is oriented in disability rights and that where necessary personal assistance is availed. The judiciary will also ensure that there is equality and non-discrimination in accessing justice through the courts.

#### **6.2.4 The Legislature**

The legislature through the Parliamentary Committee responsible for disability issues will monitor individual ministries and departments in the implementation and administration of policies and legislation on matters of disability. It shall ensure that the national budget serves as a tool for availing resources for implementation of NDMS&IP. Parliament will also monitor specialised and other agencies whose mandate has a direct impact on promoting the rights of persons with disabilities.

#### **6.2.5 Line Ministry for Disability**

The main responsibility of the line Ministry will be to build the capacity of sectoral ministries, departments and other institutions to effectively mainstream disability in their respective policies, programmes and services. It will also monitor implementation of the NDMS&IP in addition to providing backstopping and technical assistance to all sectors as needed. In addition, the line ministry will, in liaison with the line ministry for finance mobilise development partners to equally prioritise disability issues in bilateral and multilateral financing arrangements in line with Article 32 of UN CRPD. Further, the line ministry for disability will champion review of policy and pieces of legislation that do not effectively promote disability as a rights and development issue. Lastly, the line ministry shall work closely with focal persons and established committees for disability mainstreaming that have been set up in all line ministries, departments and parastatals.

#### **6.2.6 Local Government**

The main role of the Local Government will be to ensure that disability issues are mainstreamed in all district development plans and programmes in line with the decentralisation policy. The local councils shall also ensure that resources available at the local level council are equitably mobilised for implementation of disability specific programmes and services in pursuit of the twin-track approach. In addition, local councils will develop disability specific by-laws and promote the implementation of policies and laws such as the Child Care, Protection and Justice Act, 2010 section 72 which requires local councils to maintain a register of children with disabilities. Local councils will also mainstream disability in their monitoring and evaluation frameworks and champion review of relevant sections of the Local Government Act to ensure that persons with disabilities are specified as one of the interest groups on the Council as well as to provide for voting rights for representatives of persons with disabilities on the Council.

#### **6.2.7 Non-Governmental Organisations (NGOs), Faith Based Organisations (FBOs) and Civil Society Organisations (CSOs)**

The NGOs, FBOs and CSOs will lobby to influence policy change in the public sector on matters of disability and development. They will also develop and implement measures that will promote disability as an integral component of their policy, programming and M&E frameworks and in so doing, collaborate with Government in the implementation of the NDMS&IP.

#### **6.2.8 Umbrella DPO and Affiliates**

The main role of the DPOs will be to lobby and advocate for inclusive development and allocation of adequate resources for the implementation of the NDMS&IP. They will complement Parliament's role of ensuring that policies and pieces of legislation take on board the needs and aspirations of persons with disabilities. The DPOS will also task the mainstreaming institutions to account for their functions in safeguarding the interests of persons with disabilities.

#### **6.2.9 The Academia**

Public and private universities and other institutions of higher learning will champion identification of areas for disability research, design, carryout and dissemination of disability research. This will inform programming, avail reliable and comparative data, statistics and qualitative information on the situation of persons with disabilities in Malawi.

### **6.2.10 Media**

The role of the media will be to publicise and advocate for disability inclusive development and implementation of the NDMS&IP. The media will also assist in improving the visibility of persons with disabilities in society through awareness raising.

### **6.2.11 Private Sector**

The role of the private sector will be to equitably invest in both economic and social empowerment of persons with disabilities including through Private Public Partnerships (PPP) to promote wealth creation and economic independence by persons with disabilities. The scope of the private sector participation will be widened to involve them in the provision of other public goods and services as well as oversight and accountability functions to safeguard the interests of Malawians.

### **6.2.12 Donors, Development and Co-operating Partners**

In line with Article 32 of the UNCRPD, the role of development partners shall be to support GoM disability mainstreaming efforts with financial and technical resources for implementation of interventions outlined in the NDMS&IP within the framework of the Malawi Growth and Development Strategy.

### **6.2.13 The General Public**

The role of the public will be to ensure the full and equal participation of persons with disabilities in the planning, implementation, monitoring and evaluation of all development processes. In addition, the public will ensure smooth implementation of development activities through participatory planning, implementation, monitoring and evaluation of various development initiatives. It also will equally contribute in kind towards some development efforts that target persons with disabilities in their respective communities.

### **6.2.14 Parastatals**

Parastatals will support the implementation of the NDMS&IP through the adoption and implementation of sector-specific disability mainstreaming strategies and interventions in line with national policies and legislation on disability. Parastatals will also establish disability focal points and disability mainstreaming committees to coordinate implementation of disability issues in their respective institutions. The parastatals will also collaborate with central and local Government in implementing the NDMS&IP and other policies on disability.

## **6.3 Monitoring and Evaluation**

To realise the goals of NDMS&IP, there will be an effective monitoring and evaluation system in place. It is expected that the monitoring and evaluation process of the NDMS&IP will provide essential data and insights for prioritization of interventions and review of the strategy. The monitoring and evaluation process will further ensure efficient and effective adherence and utilization of resources allocated for implementation of NDMS&IP.

To enable quality reporting, key indicators, baseline and targets have been identified for each sector to inform the evaluation of sectoral performance. Sectors will be expected to align their respective indicators to the identified key indicators. The monitoring and evaluation framework in Annex 2 provides identified indicators that will monitor the progress of disability mainstreaming in sectoral policies, plans and programmes against the baseline. In addition, the reporting routine will involve development of a checklist on standards for effective mainstreaming of disability across sectors and submission of related reports to international bodies as may be required.

**6.4 National Monitoring and Evaluation Framework**

The National Monitoring and Evaluation framework has taken on board several players in the implementation of disability mainstreaming in the development of the country. The Minister responsible for disability affairs shall receive reports from his/her principal secretary for subsequent discussion at Cabinet level or with individual ministries. Likewise, cabinet ministers will be expected to receive reports from their respective principal secretaries on relevant sectoral issues discussed at NACCODI for action within their ministries.

The Chief Secretary to Government will chair NACCODI and the Principal Secretary for the line ministry for disability will serve as secretary to the Committee. Respective principal secretaries will present reports on disability mainstreaming from line ministries and departments. From these reports, NACCODI will advise Government on policy, legislative and other technical issues to promote disability mainstreaming in the public, parastatals, CSO and FBO sectors. Agenda and discussions at NACCODI will be based on reports from the Technical Working Group on Disability Mainstreaming (TWGDM)

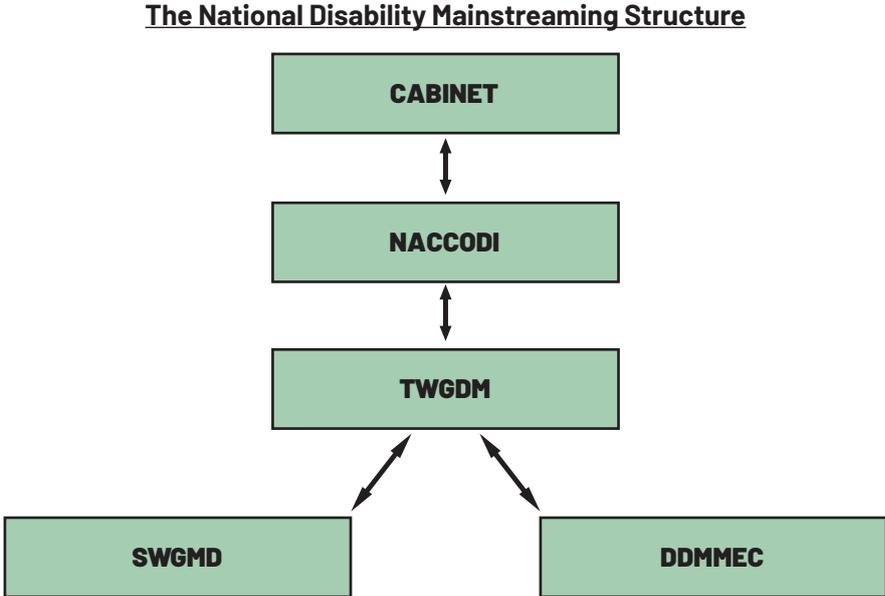
The Director of Disability Affairs in the line ministry for disability will chair the TWGDM. Members of TWGDM will be drawn from directors and technical experts from all line ministries, departments and parastatal organizations, FEDOMA and its affiliates, representatives of CSOs and FBOs and development partners. The TWGDM will review reports on disability mainstreaming and make recommendations to NACCODI for policy direction, resource mobilization and allocation.

Below the TWGDM will be Sector Working Groups on Disability Mainstreaming (SWGDM) in the sectors of education, health, livelihoods, social inclusion and empowerment. Disabled Peoples Organisations (DPOs) will comprise the membership of each of the sectors. The role of each SWGDM will be to coordinate planning, resource mobilization, implementation, monitoring and evaluation activities in each sector.

At the district level, District Commissioners will chair District Disability Mainstreaming, Monitoring and Evaluation Committee (DDMMEC) with subcommittees on education, health, livelihoods, social inclusion and empowerment.

For effective M&E activities, capacity building will be an integral part of this framework

Figure 1 provides a national structure for disability mainstreaming.



## **6.5 Financing and Budget Allocation**

The NDMS&IP will be financed through various sources of revenue. Primarily, the strategy will be funded from the national budget approved by Parliament each year. Such funding will be reflected in allocations to various sectoral ministries, departments and parastatals. Funding will also be mobilised from the Disability Trust Fund established under section 28 and section 29 of the Disability Act of 2012. It is also expected that the private sector, local and international NGOs and Civil Society Organisations (CSOs) will be central to financing implementation of the strategy through mainstreaming of disability issues, networking and partnerships. At the international level, funding will be sought from bilateral and multilateral development partners in line with Article 32 of the UNCRPD (Refer to Annex 3 for budget estimates per intervention area)

## **6.6 Sustainability Strategy**

Mainstreaming disability is a continuous process requiring a sustainability strategy to ensure continuity of the programme. This can only be done if disability becomes an integral component of Government's development agenda. To attain sustainability, the following structures will play a pivotal role in sustaining the programme:

### **6.6.1 National Advisory and Coordinating Committee on Disability Issues (NACCODI).**

This is a forum for principal secretaries from line ministries. NACCODI is provided for under section 5(2) of the Disability Act of 2012. Its key mandate is to:

1. Provide a forum for all key stakeholders on disability issues to receive, discuss and review reports from Government ministries and departments and other relevant stakeholders on disability mainstreaming;
2. Make recommendations to Government on best practices regarding the formulation of policies, legislation, programmes, mobilization and allocation of resources with respect to disability; and
3. Oversee the implementation, monitoring and evaluation of disability-related programmes.

### **6.6.2 Technical Working Group on Disability Mainstreaming (Refer to Section 6.4 above)**

### **6.6.3 Sector Working Groups on Disability Mainstreaming (Refer to Section 6.4 above)**

### **6.6.4 District Disability Mainstreaming, Monitoring and Evaluation Committee (Refer to Section 6.4 above)**

In line with the concept of decentralization, this will be the most crucial committee. It will be responsible for developing plans, programmes, implementation modalities, monitoring and evaluation as well as resource mobilization and allocation to ensure disability is mainstreamed at Local Government level.

The committees will have subcommittees for each sector. Work of this Committee will be enforced by provisions of the Local Government Act. The Act provides for representation of special interest groups who may include persons with disability at the council level. Such representation at the community level is very vital in ensuring sustainability of programmes. This representation shall also be visible at area and village development committee level.

# ANNEXES

## ANNEX 1: OPERATIONAL MATRIX BY PRIORITY AREA

### Priority Area 1: Access to Health

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
Achievement of the highest attainable standard of health by persons with disabilities	Increased <b>Access</b> to health services by persons with disabilities	Developing sectoral policy and legislation on health in line with national policy and legal frameworks on disability	Advocate for the development of a health policy and legal framework that takes into account relevant guidelines of the national disability policy, Disability Act and other legal frameworks on disability and health	x	x				FEDOMA (Lead agency), MHEN
			Mainstream disability within broader harmonized health policies, strategies, programmes and monitoring mechanisms in line with the Disability Act of 2012 and the UN CRPD.	x	x				MoH(Lead),NACCODI, MGCDSW, MoFEPD)
		Promoting and strengthening implementation of targeted interventions to increase access to promotive, preventive medical and rehabilitative services for persons with disabilities.	Ring fence funding for the delivery of essential health package including for treatment of epilepsy, mental health and trachoma, and for procurement of sunscreen lotion and assistive devices for persons with disabilities	x	x	x	x	x	MoFEPD and MoH (Lead)
			Lobby for MoH to institute a local sunscreen production unit meant for persons with albinism <sup>67</sup> .	x	x				APAM(Lead), UNDP, UNICEF, FEDOMA, MHEN
			Train Health personnel at Health Centres on understanding disability, including albinism and sun protection measurements:	x	x				MoH (Lead), APAM, UNDP, UNICEF
			Lobby meetings on the availability of sunscreen in district and health centres.	x	x				APAM (Lead), MHEN, UNDP, UNICEF

67 Report on the assessment of the situation of the accessibility and availability of sunscreens among Persons with Albinism in Malawi (Kilusun Care and APAM, 2017)

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions /activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Provide on-going training for medical rehabilitation professionals e.g. Physiotherapists, orthopaedics, Dermatologists and ophthalmologists.	x	x	x	x	x	College of Medicine(Lead) MoH, KRS
			Develop and implement a system for provision of free basic health services at CHAM health facilities to resource constrained households including households with persons with disabilities.	x	x	x	x	x	MoH(Lead), CHAM
			Disseminate and Monitor the Implementation of standards on universal designs to promote access to health infrastructures by persons with disability	x	x	x	x	x	NCIC(Lead), MTPW, City and District Assemblies OPC, FEDOMA
		Building human capacity to respond to the needs of persons with disabilities at all levels	Provide on-going orientation and continuous professional development for health personnel to meet the basic health requirements of early identification and diagnosis of impairment, with appropriate referrals to specialist medical, community and disability services.	x	x	x	x	x	MACOHA (Lead), FEDOMA
			Integrate disability studies (including sign language) in curricular for health personnel to build capacity at primary, secondary and tertiary levels on causes of disabilities, early identification, assessment, early intervention and referral services for persons with disability	x	x				MoH(Lead), MoEST, UNIMA, NCHE, NMCM, MCM, MCHS, MZUNI, CHAM, MANAD
		Promoting equal access to HIV and AIDS services	Provide disability friendly HIV and AIDS prevention and reproductive health services	x	x	x	x	x	FEDOMA(Lead) MACOHA, MoH, MGCDSW, MHRC, DNHA, NAC

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Conduct disability awareness campaigns	x	x	x	x	x	FEDOMA(Lead), MACOHA, MGCDSW, MoICT, MHRM, NAC, Media, DNHA
			Develop and disseminate IEC materials in accessible formats on promotion of HIV and AIDS preventive measures	x		x		x	FEDOMA(Lead), MACOHA, MGCDSW, MoICT, MHRM, NAC, Media, DNHA
			Develop specific communication interventions to increase advocacy activities targeting particularly women and girls with disabilities	x	x	x			FEDOMA(Lead), MACOHA, MGCDSW, MoICT, MHRM, NAC, Media, DNHA
	Improved Awareness of disability and its implication on health	Including disability data in the Health Management Information System	Integrate disability indicators /parameters in the Health Information Management System at all levels	x	x				MoH and MACOHA (Lead), MGCDSW
			Produce all health awareness materials in disability friendly formats including Braille for the blind (with options for access to information through Speech To text computer software such as JAWS, providing of simplified language, simple diagrams and pictures messages for persons with intellectual disabilities)	x	x	x			MoH(Lead), FEDOMA
			Disseminate information regarding disability to health professionals to ensure there is up-to-date knowledge on prevalence and impact of disability	x	x	x	x	x	FEDOMA(Lead), MACOHA, NSO
	Enhanced Participation and active involvement of persons with disabilities in the health delivery system	Promoting participation of persons with disabilities during the observance of Commemoration days	Incorporate representation of persons with disabilities in District Health Management Teams and others	x	x	x	x	x	District Health Office (Lead), FEDOMA, MACOHA
			Identify and train persons with disabilities to become health care workers and health advocates	x	x	x	x	x	MoH, FEDOMA(Lead), MACOHA

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions /activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
		Promoting safer sexual and reproductive health practices among persons with disabilities;	Establish and scale up life skills training programmes for school and out of school youths with disabilities	x	x	x	x	x	MGCDSW(Lead), MACOHA, MoH, MoEST, FEDOMA MHRC, TEVETA, DNHA
		Improving nutritional status of persons with disabilities living with HIV;	Provide nutritional supplements to less privileged households of persons with disabilities living with HIV	x	x	x	x	x	DNHA (Lead), MoH, MGCDSW, MACOHA, FEDOMA
			Conduct health talks campaigns on appropriate local foodstuffs that improve nutrition to persons with disabilities living with HIV.	x	x	x	x	x	DNHA (Lead), MoH, MGCDSW, MACOHA, FEDOMA

## Priority Area 2: Access to Education

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies	
				1	2	3	4	5		
Promote access to equitable, relevant and quality education for learners with disabilities	Increased enrolment, retention and progression of learners with disabilities at all levels of education	Enforcing compliance with Education Act, sectoral policies and other pieces of legislation on education	Develop inclusive education guidelines for educational institutions at all levels to include a provision for protective clothing for persons with albinism	x						DSNE (Lead), Montfort College, UNIMA, MANEB, MIE
			Establish model inclusive primary and secondary schools in all education divisions	x	x	x	x			Directorates of Basic Education (Lead) Secondary Education, Education Division Managers
			Orient heads of education institutions on inclusive education guidelines	x	x					DSNE (Lead), DTED
			Produce school-based inclusive education action plans	x	x					DSNE)(Lead), DTED
			Disseminate National Education Standards and National Strategy on Inclusive Education at all education levels	x	x	x	x	x		DIAS (Lead), DSNE, DTED
			Lobby and advocate for allocation of 10% of total budget to payment of school fees for needy and deserving learners with disabilities at District level.	x						District Commissioner (Lead) Local Government Finance Committee, DEMs, Education Planning, FEDOMA
		Improving retention of learners with disabilities	Scale up school feeding programmes and cash transfer schemes in schools	x	x	x	x	x		SHN (Lead), DSNE, Development partners
			Conduct awareness campaigns on SNE and Inclusive Education for School Management Committees and Parent Teachers Associations, (PTAs)	x	x	x	x	x		FEDOMA (Lead), MACOHA, Development partners.

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Advocate for a policy guideline to limit enrolment of learners with albinism to schools with boarding facilities for security reasons	x	x	x			APAM (Lead), FEDOMA, MACOHA, MHRC, DDEA, DSNE
		Developing the capacity of directorates, technical staff and education planners within MoEST on disability mainstreaming and inclusive education	Train heads of directorates, technical staff and education planners on disability mainstreaming and inclusive education	x		x			DSNE (Lead), DTED, DDEA
			Train mainstream teachers in inclusive education through pre-service and in-service training	x	x	x	x	x	DTED (Lead), DSNE, DTED Montfort College, MIE, UNIMA CUNIMA, NALIKULE College of Education
		Strengthening capacity of line ministries for Early Childhood Development and pre-primary education	Review ECD curriculum to include strategies for mainstreaming disability in early childhood development programmes	x	x				MGCDSW (Lead), MIE, DSNE, AECDM, MACOHA Montfort College, Development partners
			Train Early Childhood Education Coordinators, caregivers and teachers in disability and inclusive preschool education	x	x				MGCDSW (Lead), AECDM, DSNE, Montfort College
			Establish model inclusive pre-schools one in each administrative region	x	x	x	x	x	MGCDSW (Led agency), AECDM, District Councils, Development partners

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Develop transitional arrangements for children with disabilities from preschool/primary school to primary/secondary school, Secondary/tertiary respectively	x	x				DSNE (Lead), Montfort College, MGCDSW, AECDIM, Basic Education Directorate, Secondary School Directorate, Department of Higher Education
		Ensuring that national curricular responds to the needs of all learners at all education levels	Develop a handbook on curriculum adaption/differentiation strategies for all subjects taught at all level	x	x	x	x	x	DSNE (Lead), MIE, DTED, MANEB, Montfort College
			Provide extra training through continuous professional development (CPD) to specialist teachers and mainstream teachers on inclusive strategies for teaching difficult curriculum areas e.g. Maths and Science	x		x		x	DSNE (Lead), DTED, MIE, Montfort College Public and Private Universities/colleges
	Improved quality and relevance of education for learners with disabilities	Promoting early identification, intervention and inclusion of children with disabilities in early childhood development centres	Train ECD Coordinators and Community based rehabilitation (CBR) workers on early identification, assessment, intervention and referral of children with disabilities	x	x	x	x	x	MACOHA (Lead), MGCDSW, AECDIM, DDEA, Directorate of Basic Education
			Establish assessment resource centres/teams in all education divisions	x	x	x	x	x	DSNE (Lead), Education Planning, DEMs, FEDOMA
			Conduct screening to identify and assess learners with special educational needs in schools	x	x	x	x	x	DSNE (Lead), MoH, Directorate of Basic Education, SHN, Social Welfare, MAD

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
		Building capacity of regular and specialist teachers	Conduct regular Continuous professional development (CPD) training for regular and specialist teachers	x	x	x	x	x	DSNE (Lead), DTED, MIE, Directorate of Basic Education
		Monitoring and supervising schools with learning centres for learners with SEN	Conduct advisory and inspection visits to schools and disseminate National Education Standards	x	x	x	x	x	DSNE (Lead), DIAS
		Fostering conducive learning environment for learners with disabilities	Provide specialised teaching, learning and assessment resources	x	x	x	x	x	MoEST (Lead), Development partners
			Produce and disseminate public awareness materials on disability mainstreaming and inclusive education.	x		x		x	MACOHA (Lead), FEDOMA, UNIMA, DDEA
			Rehabilitate existing classrooms and sanitation facilities to promote access and use by all learners	x	x	x	x	x	MoEST (Lead), Development partners
			Ring fence resources earmarked for education of learners with disabilities in the districts	x	x	x	x	x	MoFEPD (Lead), Local Government, Finance Committee, Education Planning
			Provide SNE grants to learning centres for learners with SEN	x	x	x	x	x	Education Planning (Lead), Local Government, Finance Committee, DEMs
		Building capacity of the special needs education sector	Avail scholarships for training of specialist teachers	x	x	x	x	x	MoEST (Lead), DHRMD, Development partners
			Review incentive system for specialist teachers	x	x	x	x	x	MoEST (Lead), DHRMD, TUM

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Develop curriculum for sign language and integrate it into the teacher training curriculum	x	x	x			DSNE (Lead), Montfort College, DTED, MIE, MANAD, UNIMA.
			Purchase motorcycles for itinerant teachers per district annually	x	x	x	x	x	MoEST
			Review primary school curriculum to address issues of albinism	x	x				DSNE, MIE (Lead), APAM, FEDOMA,
		Promoting action research to inform the design and delivery of quality and relevant education outcomes for learners with disabilities	Conduct action research to establish level of implementation of inclusive education, practices, challenges and recommend possible solutions	x	x		x		UNIMA (Lead), CUNIMA, Montfort College, MIE, DSNE. Nalikulule College of Education
			Undertake a comparative study to establish transition rate from pre-school to primary level for children with disabilities in a CBR and non-district and implement recommendations	x				x	UNIMA (Lead), CUNIMA, Education Planning., Nalikulule College of Education
			Undertake a baseline study to establish accessibility of existing non-formal education opportunities (home-based learning, community schools focussing on literacy, adult learning and vocational training) for persons with disabilities who live far from formal education institutions.		x				UNIMA (Lead), CUNIMA, MACOHA, DDEA, DSNE., Nalikulule College of Education
	Improved management and governance of the education system	Strengthening line ministry's capacity to plan, monitor and coordinate inclusive education	Establish education support systems for learners with disabilities at secondary and tertiary levels	x	x				MoEST (Lead), NICHE, DSNE, MACOHA, Directorate of Higher Education.

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Develop an information management system for learners with disabilities at all levels of education to include learners with albinism, epilepsy and deaf-blindness	x	x	x	x	x	MoEST (Lead), NCHE, DSNE, MACOHA, Directorate of Higher Education
			Review national examination system to respond to the needs of learners with disabilities	x	x				MANEB(Lead), DSNE, MIE, DIAS, NCHE, DTED.
		Promoting community participation in the education of learners with disabilities	Advocate for the establishment of inclusive parent/teacher associations across pre and primary schools	x	x	x	x	x	FEDOMA and MACOHA (Lead), District Education Managers
			Orient parents and caregivers on care, support and parenting skills of children with disabilities	x	x	x	x	x	MACOHA (lead) PODCAM, FEDOMA, Disability Service Providers

### Priority Area 3: Access to Means of Livelihoods

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
Persons with disabilities are able to earn income and to access social protection services, contribute to family incomes and national economic growth and lead dignified lives.	Increased gainful and decent employment for persons with disabilities	Promoting equity in selection, training and employment processes and procedures for persons with disabilities	Review the Small and Medium Enterprise Policy and the TEVET Policy to better focus on persons with disability as a specific area for intervention	x	x				SMEDI and TEVETA (Lead), MLSYMD, MGCDEA, MACOHA, FEDOMA
			Review Employment Act (2000), Labour Relations Act (1996), Workers' Compensation Act (2000) and Occupational Safety, Health and Welfare Act (1997) in light of domestication of the UN CRPD; Enactment of the Disability Act of 2012; and passage of the National Policy on Equalisation of Opportunities for Persons with Disabilities of 2006.	x	x	x	x	x	MSYMD (Lead), MGCSW, FEDOMA, MACOHA, MCTU, ECAM, MJCA
			Ring fence financial resources to support training of youths and adults with disabilities	x	x	x	x	x	TEVET(Lead), MLSYMD, MoFEFD, MGCDSW
			Adopt a quota system for enrolment of youth, women and men with disabilities in public training facility	x	x				MSYMD(Lead), MGCDSW, TEVETA, MACOHA
			Adapt physical and learning environment in public and private technical colleges to facilitate access by persons with disabilities	x	x	x	x	x	MTPW(Lead), MLSYMD, MGCDSW
			Introduce a range of financial incentive such as tax rebates for employers that employ persons with disabilities as well as those that provide funding to facilitate reasonable accommodation for persons with disabilities and non-financial incentives/recognition through awards like trophies	x	x				MGCDSW(Lead) TEVETA, MACOHA, FEDOMA

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
		Reducing all forms of discrimination in the labour market by removing barriers to access to financial resources and social protection arrangements	Implement practices that promote employment of persons with disabilities including job retention by employees who acquire a disability while in employment	x	x	x	x	x	MLSYMD (Lead), MGCDSW, MACOHA, FEDOMA, EPD
			Review legislation on employment to provide for a quota system of employment of 1% of the workforce in any organisation to comprise persons with disabilities, to provide for a tax incentive for institutions that meet the quota as well as those that make concerted effort to provide physical access to work environment for persons with disabilities.	x	x	x	x	x	FEDOMA (Lead), MGCDSW, MACOHA, MHRC
			Develop guidelines for mainstreaming deserving persons with disabilities in existing cash transfer and other social protection programmes run by the Government	x	x	x	x	x	MGCDSW (Lead), MoFEPD, Development partners.
			Facilitate the establishment of more self-help groups as a strategy for promoting social protection through village savings.	x	x				MGCDSW (Lead), MACOHA, FEDOMA
			Develop and monitor implementation of measures for reasonable accommodation standards in all training and employment processes.	x	x	x	x	x	MLSYMD (Lead), MGCDSW, TEVET, FEDOMA, MBS, MACOHA
			Build capacity of agriculture extension workers to actively support people with disability in farming activities	x	x	x	x		MAIWD (Lead), MACOHA, MGCDSW
			Lobby for inclusion of disability issues in the curriculum for agriculture extension workers to actively support people with disability in farming activities	x	x	x	x	x	FEDOMA(Lead), MACOHA, MGCDSW

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Orient CBR workers as well as Social Welfare and Agriculture Departments on the guidelines for identification of people with disabilities to be targeted by the cash transfer and Farm Input Subsidy Programmes	x	x	x	x	x	MGCDWSW (Lead), FEDOMA, MACOHA, MAIWD, Traditional leaders
	Improved and disaggregated labour statistics	Establishing an effective and efficient labour market information system (LMIS)	Develop and implement an integrated labour information management system to among other things capture and analyse statistics on employment and retention of persons with disabilities in the open labour market	x					MLSYMD (Lead), NSO, MGDSW, MACOHA
			Develop and maintain a database of profiles, job prospects and job matching of persons with disabilities seeking employment	x	x	x	x	x	MCDSW (Lead), MLSYMD, MACOHA
			Develop an integrated reporting system that provides Government with annual progress reports (against indicators) on access to livelihood for persons with disabilities	x					MLSYMD (Lead), NSO, MGCSW, FEDOMA, MACOHA
		Promoting occupational safety and health in workplaces	Monitor adherence to safety standards in workplaces so that they are inclusive of persons with disabilities	x	x	x	x	x	MLSYMD (Lead), MGCSW, FEDOMA, MACOHA, MoH
			Orient employee organisations to advocate for occupational safety and health in workplaces for employees with disabilities	x	x	x	x	x	FEDOMA (Lead), MACOHA, MCTU
			Develop and implement a range of financial incentives, such as tax rebates for employers that employ persons with disabilities as well as those that provide funding to facilitate reasonable accommodation for persons with disabilities and non-financial incentives/recognition through awards like trophies.	x					MoFEPD (Lead), MGCDWSW, MLSYMD, MACOHA, FEDOMA.
			Run awareness programmes for employers on the right to employment for persons with disabilities	x					FEDOMA (Lead), MGCDWSW, MACOHA, MCTU, MHRC

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Use role modelling to demonstrate the potential of persons with disabilities	x	x	x	x	x	MACOHA (Lead), MGCDSW, FEDOMA, TEVETA
			Develop and adopt national accessibility standards and enforce compliance	x					MBS and Department of Building (Lead), MGCDSW, FEDOMA, MACOHA
			Carry out access audits in partnership with DPOs to identify physical and information barriers that may exclude persons with disabilities.	x	x	x	x	x	MBS and Department of Building (Lead), MGCDSW, FEDOMA, MACOHA
	Improved access to land and food security for persons with disabilities	Promoting access to land tenure and use by persons with disabilities	Conduct public awareness of land and inheritance laws	x	x	x	x	x	MLHUD (Lead), NSO, MGCDSW, FEDOMA, MACOHA
			Integrate a module on disability rights in basic training curriculum for agriculture extension workers		x				MAIWD (Lead), MGCDSW
		Focusing on diverse needs and interests of persons with disabilities to ensure appropriate placement in skills development	Provide work attachments for qualified persons with disabilities	x	x	x	x	x	MLSYMD (Lead), TEVETA, MACOHA
			Provide advisory and support services to employees with disability through job support programmes undertaken in collaboration with both the public and private sector	x	x	x	x	x	MACOHA (Lead), MGCDSW, TEVETA, MLSYMD
			Integrate a module on disability rights and access to employment in training programmes of labour officers,	x	x				MLSYMD (Lead), MGCDSW, MHR, MACOHA, FEDOMA
			Reintroduce Career Guidance in schools		x				MoEST (Lead), MGCDSW
			Appoint persons with disabilities on Government board of public vocational training and microfinance institutions	x		x		x	Department of Statutory Corporations (Lead), OPC, MGCDSW

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
		Increasing vocational rehabilitation centres to train persons with disabilities according to their interest and diversity of disability	Modify one vocational skills training centre in each region to establish an inclusive Public Vocational Skill Training (model)		x	x	x	x	MLSYMD (Lead), TEVETA, MGCDSW, MoFEPD
	Increased number of persons with disabilities accessing social protection services.	Promoting access to social safety nets by persons with disabilities	Design a mechanism for identifying needy persons with disabilities to benefit from social safety nets		x				MGCDSW (Lead), FEDOMA, MACOHA
			Develop and implement an integrated labour information management system to among other things capture and analyse statistics on employment and retention of persons with disabilities in the open labour	x					MLSYMD (Lead), DDEA, FEDOMA
			Develop and maintain a database on profiles of persons with disabilities seeking employment, job prospects and job matching		x				MLSYMD (Lead), DDEA, FEDOMA
			Develop an integrated reporting system that provides Government with annual progress reports (against indicators) on access to livelihood for persons with disabilities			x			MLSYMD (Lead), DDEA, FEDOMA
		Promoting entrepreneurship and involvement of women with disabilities in business groups	Train women with disabilities in basic business skills		x	x			MGCDSW (Lead), MACOHA, FEDOMA
			Promote inclusion of women with disabilities in cooperatives		x	x	x	x	MGCDSW (Lead), FEDOMA, MACOHA
			Facilitate provision of micro-finance, loans and savings schemes to women with disabilities	x	x	x	x	x	MITTD (Lead), MGCDSW, MARDEF, SMEs, MACOHA, FEDOMA

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
	Increased acquisition of skills, technology and innovations by the youth with disabilities	Improving access to credit facilities for entrepreneurship among youth with disabilities	Train youth with disabilities in technical, vocational, entrepreneurial and life skills		x	x	x	x	MLSYMD (Lead), MACOHA, TEVETA, FEDOMA, MGCDSW
			Form and train youth with disabilities cooperatives		x	x	x	x	(Lead), MACOHA, TEVETA, FEDOMA, MITT, MGCDSW
			Link youth entrepreneurs to markets		x	x	x	x	MLSYMD (Lead), MGCDSW, TEVETA, MACOHA

### Priority Area 4: Empowerment

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies	
				1	2	3	4	5		
Involve persons with disabilities, their families and their representative organisations in decision-making processes especially on issues that directly affect their lives	Improved participation in disability inclusive, policy and programme development by persons with disabilities	Strengthening participation of men, women, boys and girls with disabilities at all levels in decision making and development	Review policies	x		x			x	MGCDSW (Lead) and all MDAs, FEDOMA, MACOHA, MHRC
			Lobby Government to develop and implement a policy, including (Local Government Act) on the mandatory appointment of suitably qualified and experienced persons with disabilities in governance structures in the public sector	x	x	x	x		x	FEDOMA (Lead), Department of Statutory Corporations, MHRC
			Engage public and civil society organisations working in community development to actively mainstream disability in their respective organisational mandates.	x	x	x				FEDOMA (Lead), MHRC, MACOHA
			Conduct lobbying and advocacy meetings with duty bearers at national and district level to promote representation of boys, girls, men and women with disabilities	x	x	x				FEDOMA
			Form DPOs and DDF at the district level and strengthening existing ones	x	x	x	x		x	FEDOMA
			Monitor the implementation of international and local human rights instruments (UNCPRD, UNCRC, SDGS)	x	x	x	x		x	FEDOMA (Lead), MHRC
			Review policy and voting procedures of the Malawi Electoral Commission to ensure full and active participation in electoral processes by all persons with disabilities	x	x	x				FEDOMA (Lead), MHRC

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies	
				1	2	3	4	5		
		Mobilising Resources for empowerment Programmes for persons with disabilities	Lobby bilateral and multilateral development agencies to include disability as one of the conditionality's for disbursement of their financial and technical support in line with provisions of Article 32 of UN CRPD	x		x			x	FEDOMA (Lead), MHRG, MACOHA
			Establish a Disability Trust Fund in line with Section 28 and 29 of the Disability Act.	x						MGCDWS (Lead), MJCA, FEDOMA
			Build partnerships and networks	x	x	x				MGCDWS
			Develop proposals for resource mobilization	x	x	x				FEDOMA
		Promoting provision of information in accessible formats to persons with disabilities	Develop and Disseminate documentation (policies, pieces of legislation, etc.) and other public information in accessible formats	x	x	x	x		x	MGCDWS (Lead), MACOHA, MoICT
			Train a pool of sign language interpreters	x		x			x	MGCDWS and MANAD (Lead), MoEST
			Publish sign language dictionary	x	x	x	x			DDEA (Lead), MANAD
			Develop accessibility standards	x	x	x				FEDOMA
			Mainstream disability in community resources centres e.g. MACRA telecentres, NICE, National Library	x	x	x	x		x	MoICT, MACRA
	Empowered DPO branches at district and community level	Strengthening capacity of DPOs and Self Help Groups (SHGs) in self-advocacy	Facilitate formation and training of SHGs	x	x	x	x		x	MACOHA (Lead), FEDOMA, MGCDWS
			Promote self-confidence through formal and non-formal training for persons with disabilities through peer educators and modelling	x	x	x	x		x	FEDOMA (Lead), CSOs, MACOHA
			Train national level DPOs and 20 DDFs on advocacy and inclusive development	x	x	x	x		x	FEDOMA

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Train men, women, boys and girls with disabilities in advocacy and human rights (CRPD, Disability Act)	x	x	x	x		FEDOMA
	Disability responsive policies programmes and services at all levels	Mobilising communities for inclusive development	Orient leadership of development structures at the community level on issues of disability rights and inclusive development	x		x		x	MACOHA (Lead), MGCDSW, FEDOMA
			Strengthen and orient public complaints handling institutions on how to deal with violations of disability rights	x	x				MHRC (Lead), MGCDSW, FEDOMA
			Sensitise all members of Parliament on disability and inclusive development	x	x	x	x	x	FEDOMA (Lead), MACOHA, MHRC, Office of the Speaker of Parliament, Parliamentary Committee for Social and Community Affairs
	Increased visibility of men, women, boys and girls with disabilities in all aspects of life	Increasing the visibility of men, women, boys and girls with disabilities at all levels of the society	Produce and disseminate video documentaries and other success stories for persons with disabilities	x	x				FEDOMA (Lead), MACOHA, MGCDSW
			Role model/ mentor	x	x	x	x		FEDOMA and its affiliates
			Train media personnel on positive disability reporting	x		x		x	FEDOMA
	Increased participation of women, men, boys and girls with disabilities in socio-economic development activities	Improving knowledge and skills in socio-economic development activities	Conduct disability access audit and modify facilities in existing Government and private community colleges.	x	x	x	x	x	FEDOMA (Lead), DDEA, MACOHA, TEVETA
			Train vocational training staff in disability inclusive vocational training and management	x		x			FEDOMA (Lead), MACOHA, TEVETA
			Train persons with disabilities in business management.	x		x			SMEDI (Lead), FEDOMA, MACOHA

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Provide financial literacy training for persons with disabilities	x	x	x	x	x	SMEDI (Lead), FEDOMA, MACOHA
	Negative myths and harmful cultural practices against persons with disabilities eradicated	Improving knowledge to address attitudes and harmful cultural practices affecting men, women, girls and boys with disabilities	Train Traditional leaders in disability rights	x		x		x	MGCDSW (Lead), DoDEA, MACOHA, FEDOMA
			Investigate and resolve complaints related to violation of rights of women and girls with disabilities and persons with albinism	x	x	x	x	x	MHRC (Lead), FEDOMA, MPS
			Conduct media campaigns on radio, TV programmes etc.	x	x	x	x	x	FEDOMA
			Develop IEC materials	x	x	x			FEDOMA
			Train the media in disability rights with emphasis on minority disabilities like mental health disabilities, intellectual disabilities and albinism	x		x		x	DoDEA (Lead), FEDOMA

### Priority Area 5: Social inclusion

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
Promote full and active participation of persons with disabilities in family and community life.	Increased number of persons with disabilities participating in family and community life.	<ul style="list-style-type: none"> <li>Promoting public awareness of human rights for persons with disabilities</li> </ul>	Develop easy to read public awareness materials in accessible formats including easy to read versions of the Disability Act and UNCRPD	x	x	x	x	x	MoICT (Lead), DDEA, MACOHA, FEDOMA.
			Disseminate easy to read materials to persons with disabilities, their families and local leaders	x	x	x	x	x	MoICT (Lead), DDEA, MACOHA, FEDOMA.
			Develop a Malawi Sign Language Dictionary	x					MoEST (Lead), MANAD, DDEA, CUNIMA
			Train more sign language interpreters	x	x				MoEST (Lead), MANAD, DoDEA, CUNIMA
		Increasing coverage of issues concerning women, girls and children with disabilities in the Media.	Conduct Media campaigns to advance the rights of persons with disabilities and their inclusion in society	x	x	x			FEDOMA (Lead), MACOHA, MGCDSW, MoICT, MHRC, NGO GCN, Media
			Orient journalists on disability responsive reporting	x	x	x	x	x	FEDOMA (Lead), MACOHA, MGCDSW, MoICT, MHRC
			Disseminate guidelines on disability etiquette and appropriate language/terminology for use by the Media and the general public	x		x			FEDOMA (Lead), MACOHA, DoDEA, MoICT.
		Making existing community services and facilities accessible	<ul style="list-style-type: none"> <li>Undertake disability access audits of all community services and facilities</li> </ul>	x	x	x	x	x	DoDEA (Lead), FEDOMA, MACOHA, MHRC, Local Councils
			Develop and implement laws, policies, regulations and guidelines that require the provision of community services and facilities to adhere to universal design principles	x	x	x	x	x	MoGCDSW (Lead), FEDOMA, MACOHA, MHRC, Local Councils,

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Build capacity of service providers on how to mainstream disability in specific interventions	x	x	x	x	x	MGCDSW (Lead), FEDOMA, MACOHA, CBM
			Train parents/guardians on how to support and care for children with various disabilities	x	x	x	x	x	MACOHA (Lead), PODCAM, DDEA
			Lobby for increased provision of community support services	x	x	x	x	x	FEDOMA (Lead), MACOHA
			Train and provide personal assistants including guide pets	x	x	x	x	x	FEDOMA (Lead), DDEA, MACOHA
			Provide assistive devices, aids and other support services	x	x	x	x	x	DDEA (Lead), MACOHA, MAP
			Conduct public awareness on forms of alternative care for children with disabilities	x	x	x	x	x	DDEA (Lead), PODCAM
			Train service providers, community leaders, parents, guardians and caregivers on the rights of children with disabilities in need of care and protection	x	x	x	x	x	DDEA (Lead), MACOHA, PODCAM
			Develop and implement laws, policies, regulations and guidelines that require the provision of family/community type alternative	x	x	x	x	x	MJCA (Lead), Law Commission, DDEA, MHRC, FEDOMA,
			Conduct discussions about sex and sexuality among persons with disabilities	x	x	x	x	x	MoH (Lead), MGCDSW, FEDOMA, MACOHA.
			Orient persons with disabilities on safer sexual and reproductive health practices	x	x	x	x	x	MACRO (Lead), MoH

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Conduct awareness meetings with families of persons with disabilities and chiefs on the need for male and female persons with disabilities to participate in relationships and marriage.	x	x	x	x		MoH (Lead), BLM, MACRO
			Orient and provide counselling to males and females with disabilities on sex, reproductive health and family planning	x	x	x	x	x	MoH (Lead), BLM, FEDOMA, MACOHA.
	Improved and increased participation of persons with disabilities in recreation and sporting activities	Promoting equity in accessing social, sports, arts and crafts for participants with disabilities	Orient community leaders on the need to include persons with disabilities in sporting and recreation activities and other social activities	x	x	x			MLSYMD (Lead), Malawi Paralympic Association, FEDOMA, MACOHA
			Train adequate numbers of competent teachers and trainers in sports, arts and craft for participants with disabilities	x	x				MLSYMD (Lead), NSC, Malawi Paralympic Association, FEDOMA
			Adapt public sports, entertainment and arts facilities to facilitate access by persons with disabilities	x	x				MLHUD (Lead), MLSYMD, Malawi Paralympic Association
			Procure and distribute more appropriate sporting and leisure equipment to district youth and sports departments for use by persons with disabilities	x	x	x			MLSYMD (Lead), NSC, Malawi Paralympic Association
			Lobby for the inclusion of persons with intellectual disabilities in sporting activities	x	x				PODCAM (Lead), FEDOMA, MACOHA, DDEA
	Reduced incidence of atrocities committed against persons with albinism	Intensifying awareness on the rights of persons with albinism in order to change mindsets and foster behaviour change among affected communities and throughout the country.	Disseminate facts on the current situation, and the rights of persons with albinism	x		x		x	APAM (Lead), DDEA, FEDOMA, MHRC
			Sensitize persons with albinism at family and community levels on their protection and security through the dissemination of CBM security guidelines	x		x	x		APAM (Lead) DDEA, FEDOMA, CBMI

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies
				1	2	3	4	5	
			Multiply existing posters and booklets on albinism produced by APAM for the community training and education sessions.		x	x	x		APAM (Lead), MoICT, MoEST
			Train the Media (in collaboration with the Ministry of Information) to disseminate information through print, radio and television on rights of persons with albinism.	x	x	x			APAM (Lead), MoICT, DDEA, Media Houses
			Build the capacity of already existing disability desk officers or focal persons on albinism	x				x	DDEA (Lead), FEDOMA, APAM
			Develop a communication guide on albinism		x				APAM(Lead), UN WOMEN, FEDOMA
			Sensitize and train the Judiciary on human rights, including the Disability Rights instruments, together with relevant criminal laws		x	x			APAM(Lead), UN WOMEN, FEDOMA, DDEA
Promote access to justice	Improved access to justice and an entrenched rule of law for persons with disabilities.	Building capacity of law enforcement agencies to manage disability issues.	Review curricula for the training of police officers, magistrates and prison staff to include disability rights and issues	x	x	x			MJCA (Lead), MHAIS, MPS, Malawi Prison Service, DDEA, FEDOMA.
			Orient police officers, magistrates and prison staff on the administration of justice for persons with disabilities.		x	x			MJCA (Lead), MHAIS
			Provide complaints handling institutions with expertise and knowledge on disability rights		x	x	x		MJCA (Lead), DDEA, MACOHA, FEDOMA
			Review Police and Prison operational manuals to include disability rights issues.		x				MHAIS, DDEA, MACOHA and FEDOMA.
			Orient primary justice structures (such as traditional courts, community tribunals, community policing forums) on disability rights and access to justice		x	x	x		MJCA (Lead), MPS, DDEA, FEDOMA

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies	
				1	2	3	4	5		
			Collect data regularly about crimes against/by persons with disabilities by the criminal justice agencies		x	x	x	x		MJCA (Lead), MHRC, MPS, FEDOMA.
		Providing reasonable accommodation in the justice system for persons with disabilities	Provide legal information to persons with disabilities in accessible formats			x	x	x		MJCA (Lead), DDEA, MACOHA, FEDOMA
			Publicize the UN CRPD, Disability Act (2012), criminal law and related legislation to DPOs and persons with disabilities.	x	x	x	x	x		FEDOMA (Lead), MJCA, DDEA, MACOHA
			Provide free and/ or affordable legal representation for persons with disabilities.			x	x	x		MJCA (Lead), DDEA, FEDOMA, School of Law – Chancellor College.
	Reduced violence and abuse against men, women, boys and girls with disabilities at all levels	Protecting men and women with disabilities from any form of discrimination through laws and administrative structures	Review gender-related laws to include issues of women with disabilities	x	x					MGCDSW (Lead), Law Commission, FEDOMA, MACOHA, MPS
			Train traditional leaders, MPS on the legal provision on disability rights		x	x	x			MGCDSW (Lead), FEDOMA, DDEA, MACOHA, MJCA
			Investigate and resolve complaints related to violation of rights of women and men with disabilities		x	x	x	x		MPS (Lead), FEDOMA, DDEA, MJCA
		Protecting children and youth with disabilities against abuse, exploitation, neglect and violence	Design and implement programmes to address street begging using children with disabilities	x	x					MGCDSW (Lead), FEDOMA, MHRC, MACOHA, MILSYMD, Town and District Councils, Development partners
			Raise awareness to the general public on rights of children and youth with disabilities		x	x	x			MGCDSW (Lead), FEDOMA, MHRC, MACOHA, MoEST, MoICT District Councils

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies	
				1	2	3	4	5		
			Form parents support groups in all communities		x	x	x	x		MGCDWSW (Lead), MACOHA, FEDOMA, District Councils, MHRC
			Train caregivers, community committees, parents and field workers in disability issues		x	x	x			MGCDWSW (Lead), MoEST, FEDOMA, MACOHA, MHRC
	Reduced misconceptions and abuses associated with HIV and AIDS among persons with disabilities	Promoting disability, HIV and AIDS advocacy and awareness campaigns	Conduct advocacy and community mobilization for community support and increased involvement of persons with disabilities	x	x	x	x			FEDOMA (Lead), MACOHA, MGCDWSW, MoH, MoEST, MHRC, DNHA, NAC
			Produce IEC materials on rights of persons with disabilities living with HIV targeting the general population		x					FEDOMA (Lead), MACOHA, MoH, MHRC, DNHA, NAC
			Train various Disabled Peoples Organisations (DPOs) in the development and effective dissemination of HIV prevention messages		x					MGCDWSW (Lead), MACOHA, MoH, MHRC, DNHA, NAC
Promote the exercise of the equal legal capacity of persons with disabilities.	Increased number of persons with disabilities exercising equal legal capacity	Improving access to support services and facilities for persons with disabilities in the exercise of their legal capacity	Train service providers to engage persons with disabilities in supported decision-making.		x	x				FEDOMA, DDEA, MACOHA, MHRC
			Train persons with intellectual and psychosocial disabilities, their carers, parents and guardians about human rights.		x	x	x			FEDOMA, DDEA, MACOHA, MHRC

## Priority Area 6: Crosscutting Issues

### 6.1 HIV and AIDS

Strategic Goal	Medium Term Expected outcome	Strategies	Key actions/activities	Year of implementation					Key implementing agencies	
				1	2	3	4	5		
To enhance disability mainstreaming into crosscutting issues for an inclusive society	Reduced vulnerability to HIV and AIDS among persons with disabilities,	Promoting safer sexual and reproductive health practices among persons with disabilities	Establish and scale up life skills training programmes including sex and sexuality education for school and out of school youths with disabilities				x	x		MGCDWSW (Lead), MACOHA, MoH, MoEST, FEDOMA, MHRC, TEVETA, DNHA
	Improved quality of lives of persons with disabilities living with HIV	Promoting equal access to HIV and AIDS services	Engage HIV and AIDS service providers to provide inclusive services	x	x	x	x	x		FEDOMA (Lead), MACOHA, MoH, MoICT, MGCDWSW, MHRC, DNHA, NAC
			Train health workers and HTC service providers in disability issues			x				MGCDWSW (Lead), MACOHA, FEDOMA, MHRC, MoH
			Develop and implement guidelines on the provision of disability-friendly and accessible HIV and AIDS services including prevention and reproductive health services				x	x		MoH (Lead), DNHA, MACRO, BLM, MANET+ and all HIV and AIDS service providers
			Establish linkage between HTC services and community-based rehabilitation (CBR) programmes				x			MGCDWSW (Lead), MACOHA, FEDOMA, MoH
			Advocate for funding for HIV and AIDS programmes targeting persons with disabilities in the budget at national and local levels	x	x	x	x	x		FEDOMA (Lead), NAC, MoH, MoFEPPD, MGCDWSW, DNHA,
			Train district HIV and AIDS coordinators in disability mainstreaming	x						MGCDWSW (Lead), MACOHA, MHRC, FEDOMA

## 6.2 Children and Youth with Disabilities in Development

Strategic Goal	Medium Term Expected Outcome	Strategies	Key Actions/ Activities	Year of Implementation					Key Implementing Agencies
				1	2	3	4	5	
To enhance disability mainstreaming into crosscutting issues for an inclusive society	Improved and expanded delivery of services to children and youth with disabilities	Promoting mainstreaming of issues of children and youth with disabilities in sectoral policies and strategies	Develop and implement a plan of action for children with disabilities	x	x	x	x	x	MGCDWSW (Lead), FEDOMA, MACOHA, MHRC, UNICEF, ChildAid, Feed the Children
			Train community child protection workers on issues of children with disabilities		x	x	x		MGCDWSW (Lead), MHRC, MACOHA, FEDOMA
			Review the school bursary system to cater for children and youth with disabilities	x	x	x	x	x	MGCDWSW (Lead), MACOHA, MoFEPD, MoEST, District Councils

### 6.3 Accessibility

Strategic Goal	Medium Term Expected Outcome	Strategies	Key Actions/ Activities	Year of Implementation					Key Implementing Agencies
				1	2	3	4	5	
To enhance disability mainstreaming into crosscutting issues for an inclusive society	Increased access to information and communication, and public infrastructure by persons with disabilities	Developing and enforcing national accessibility standards	Develop, adopt and enforce compliance of national accessibility standards	x	x	x	x	x	MTPW (Lead), NCIC, MACOHA, FEDOMA, MBS, Local Councils, MHRC
		Promoting access to infrastructure and transport	Undertake public sensitization on accessibility issues	x	x	x	x	x	MGCDWSW (Lead), MTPW, NCIC, MACOHA, FEDOMA, MBS, Local Councils, MHRC, Minibus Owners Association of Malawi, Malawi Road Traffic Directorate
			Rehabilitate infrastructure and transport facilities for easy access to persons with different types of disabilities			x	x	x	MTPW (Lead), MLHUD, owners of public infrastructure
			Undertake accessibility auditing of infrastructure and transport facilities	x	x	x	x	x	MGCDWSW (Lead), MTPW, NCIC, MACOHA, FEDOMA, MBS, Local Councils, MHRC
			Implement universal accessibility standards	x	x	x	x	x	MGCDWSW (Lead), MTPW, NCIC, MACOHA, FEDOMA, MBS, Local Councils, MHRC, OPC
	Increased knowledge among persons with disabilities about information on different national issues	Promoting access to information and communication	Produce and disseminate Information, Education and Communication (IEC) materials on different issues in accessible formats	x	x	x	x	x	MGCDWSW (Lead), MoICT, MACOHA, FEDOMA, Media, MHRC,
			Sensitize the print and publication institutions on information and communication needs of persons with disabilities	x	x	x	x	x	MGCDWSW (Lead), MoICT, MACOHA, FEDOMA, Media, MHRC
			Advocate for review of sectoral policies and laws on information and communication to mainstream disability issues	x	x	x	x	x	FEDOMA (Lead)
			Research and develop alternative communication systems	x	x				Chancellor College, FEDOMA, Montfort Special Education College

## 6.4 Gender

Strategic Goal	Medium Term Expected Outcome	Strategies	Key Actions/ Activities	Year of Implementation					Key Implementing Agencies
				1	2	3	4	5	
To enhance disability mainstreaming into crosscutting issues for an inclusive society	Gender equality, influence, empowerment, dignity and opportunities for men, women, boys and girls with disabilities in all spheres of the society	Building capacity of DPOs to mainstream gender in their respective programmes	Train leadership of DPOs on gender, disability and human rights	x	x				MGCDWSW (Lead), MHRC, MACOHA, NGO GCN, FEDOMA, UN Women
			Review disability policies, plans, programmes and activities to include the gender perspective	x	x	x			DDEA (Lead), MGCDWSW, MACOHA, FEDOMA, MHRC, NGO GCN
		Strengthening participation of men, women, boys and girls with disabilities at both community and national levels	Advocate for improved representation of women with disabilities in the National Assembly and on the boards and leadership of DPOs, Government ministries, departments and agencies	x	x	x	x	x	FEDOMA (Lead), NGO GCN, MGCDWSW, UN Women
	Disability responsive gender policies and programmes at the district and national levels	Mainstreaming disability and gender perspective in the process of law review and policy and programme assessments	Review Government policies and programmes at all levels to reflect the disability and gender perspective	x	x	x	x	x	OPC (Lead), Line ministries, MHRC
			Train the Media on issues of disability and gender in development	x	x	x	x	x	MGCDWSW (Lead), MoICT, MACOHA, FEDOMA, MHRC
			Monitor and evaluate the implementation of gender policies and programmes at local and national levels	x	x	x	x	x	MGCDWSW (Lead), Local Councils, (EPD, OPC, MHRC
	Reduced sexual and gender based violence against persons with disabilities	Protecting persons with disabilities from any form of sexual abuse and gender based violence	Publicise and enforce the Gender Equality Act (2013), Prevention and Domestic Violence Act (2006) and related legislation	x	x	x	x	x	MGCDWSW (Lead), MoICT, NGO GCN, MHRC

## 6.5 Research

Strategic Goal	Medium Term Expected Outcome	Strategies	Key Actions/ Activities	Year of Implementation					Key Implementing Agencies
				1	2	3	4	5	
To enhance disability mainstreaming into crosscutting issues for an inclusive society	Strengthened and improved disability-related research in Malawi	Facilitating availability of financial and technical assistance to key stakeholders, universities and other research institutions to conduct disability-related research	Increase financial resources for the undertaking of disability-related research and surveys	x	x	x	x	x	EPD (Lead) MoFEPD, MoGCDSW, Development partners, NSO
.			Conduct action and other research studies and surveys on identified areas and disseminate findings to planners and key stakeholders	x		x		x	MoGCDSW (Lead), research and academic institutions, MACOHA, MHRM, FEDOMA, NSO
			Conduct action research to establish the extent to which persons with disabilities, including those with visual and hearing impairments, are benefitting/ have benefitted from social safety nets		x				EPD (Lead) MAIWD, NSO, MoGCDSW, CSR
			Conduct a study to establish the extent to which the allocation of land to poor households largely through the Community-Based Rural Land Development Project (CBRLDP) benefitted persons with disabilities	x	x				EPD (Lead) MAIWD, NSO, MoGCDSW, CSR
			Conduct action research to identify challenges and barriers that persons with disabilities face in accessing quality health services	x					NSO (Lead), CSR
			Conduct action research to establish a level of implementation of inclusive education practices, challenges, and recommend possible solutions		x		x		UNIMA (Lead), CUNIMA, Montfort Special Education College, MIE, DSNE

Strategic Goal	Medium Term Expected Outcome	Strategies	Key Actions/ Activities	Year of Implementation					Key Implementing Agencies	
				1	2	3	4	5		
			Undertake a comparative study to establish transition rate from pre-school to primary level for children with disabilities in a CBR and non-district CBR and implement recommendations	x					x	UNIMA (Lead), CUNIMA, MoEST
			Undertake a baseline study to establish accessibility of existing non-formal education opportunities for persons with disabilities who live far from formal education institutions		x					CUNIMA (Lead), MACOHA, DDEA, DSNE
	Increased participation of persons with disabilities in carrying out disability related research	Promoting participation of persons with disabilities in research from planning/ designing, implementation and dissemination	Lobby and involve persons with disabilities in the carrying out of research and surveys that will have an impact on their lives	x	x	x	x		x	Research and academic institutions (Lead), NSO, MGCDSW, MACOHA, FEDOMA
	Comprehensive disability data generated	Promoting inclusion of gender-disaggregated disability data collection in research, and national census, household surveys and other relevant studies	Establish a national disability user-friendly information management system			x				MGCDSW (Lead), MACOHA, FEDOMA, NSO, EPD
			Review data collection tools/ instruments for national censuses, household surveys etc. to mainstream disability.	x	x	x	x		x	NSO (Lead), MoEPD, MGCDSW, research and academic institutions, Development partners, MACOHA, FEDOMA
			Monitor the utilisation of research findings in disability mainstreaming programmes at both local and national levels	x	x	x	x		x	MGCDSW (Lead), MACOHA, MHRM, FEDOMA, Local councils

## 6.6 Climate Change and Disaster Risk Management

Strategic Goal	Medium Term Expected Outcome	Strategies	Key Actions/ Activities	Year of Implementation					Key Implementing Agencies
				1	2	3	4	5	
To enhance disability mainstreaming into crosscutting issues for an inclusive society	Established disability-inclusive legal and policy framework for climate change and disaster risk management and preparedness	Lobbying for a disability responsive climate change and disaster management legislation	Review climate change and disaster risk management policies, guidelines and programmes and all other relevant policies and programmes to include a disability dimension				X		DoDMA (Lead), EAD, DCCMS,, MGCDSW, MHRM, FEDOMA, MACOHA, OPC
			Review the Disaster Preparedness and Relief Act of 1991 and all other relevant laws				X		MLC (Lead), EAD, MJCA, MGCDSW, MHRM,
	Disability inclusive climate change and disaster risk management and preparedness programmes at both local and national levels	Involving persons with disabilities at every phase of climate change and disaster risk reduction initiatives	Appoint persons with disabilities in disaster preparedness and climate change structures at all levels	X	X	X	X	X	DoDMA (Lead), EAD, MGCDSW, MACOHA, FEDOMA, DCCMS,
		Conducting disability risk assessments during disaster preparedness and adaptation activities	Conduct disability-based risk and resource mapping during disaster preparedness and adaptation planning	X	X	X	X	X	DoDMA (Lead), EAD, DCCMS, MHRM, MGCDSW, MACOHA, FEDOMA
		Developing disability friendly early warning systems using multi-modal warning means	Provide persons with disabilities with support and services that meet their needs during the occurrence of disasters	X	X	X	X	X	DoDMA (Lead), DCCMS, MGCDSW, MACOHA, FEDOMA
			Develop and use disability appropriate technologies in response to climate change and disasters	X	X	X	X	X	DoDMA (Lead), EAD, DCCMS, MGCDSW, MACOHA, FEDOMA
		Carrying out research on climate change, disasters and disability	Undertake disability specific research on climate change and disaster risk management			X			DoDMA (Lead), EAD, DCCMS, MGCDSW, MACOHA, FEDOMA, MHRM, research and academic institutions

Strategic Goal	Medium Term Expected Outcome	Strategies	Key Actions/ Activities	Year of Implementation					Key Implementing Agencies
				1	2	3	4	5	
	Capacitated societies to support persons with disabilities to effectively deal with the impact of climate change	Raising awareness on the impact of climate change on persons with disabilities	Conduct community sensitisation and awareness campaigns on the impact of climate change on persons with disabilities	x	x	x	x	x	DoDMA (Lead), EAD, MGCDWS, MoICT, MACOHA, FEDOMA, MHRC
	Improved coordination of disability responsive climate change and disaster risk management efforts	Including disability in disaster contingency plans and adaptation planning processes	Coordinate stakeholders in climate change and disaster risk management	x	x	x	x	x	DoDMA (Lead), EAD, MGCDWS
			Orient climate change and disaster risk management technical staff in disability mainstreaming	x	x	x			MGCDWS (Lead), EAD, DCCMS, MHRC, MACOHA, FEDOMA
			Conduct disability needs assessments on climate change and disaster risk management	x	x				DoDMA (Lead), EAD, MHRC, MGCDWS, MACOHA, FEDOMA
			Advocate for disability mainstreaming in all institutions dealing with climate change and disaster risk management	x	x	x	x	x	FEDOMA (Lead), MHRC, MACOHA, MGCDWS, DoDMA, EAD
		Creating linkages between Community Based Rehabilitation (CBR) and disaster risk and climate change management programmes and initiatives	Train and sensitise community-level disaster management committees and volunteers on disability issues	x	x	x			MGCDWS (Lead), MACOHA, MHRC, Local Councils, FEDOMA, DoDMA
			Train DPOs on climate change and disability	x	x				MNREM (Lead), FEDOMA, DCCMS, EAD, MGCDWS, MACOHA, MHRC, Local Councils

## ANNEX 2: MONITORING AND EVALUATION FRAMEWORK

### PRIORITY AREA 1: ACCESS TO HEALTH

No.	Medium Term Expected Outcomes	Key Output/Outcome Indicator	Baseline 2017 <sup>68</sup>	Target 2021	Main Responsible party	Frequency of data collection/	Means of verification
	Increased Access to health services by persons with disabilities	Inclusive health policy and implementation framework developed	0	1	MoH	Annually	Annual report
		Inclusive Health Management Information System (HMIS) to provide analytical data on access to health services by persons with disability developed.	0	1	MoH	Annually	Activity report
		Number and % of health posts, centres district hospitals and tertiary (referral facilities) complying with universal accessible standards	TBD <sup>70</sup>	50% increase	MoH	Annually	Annual reports
		Number and % of persons accessing sunscreen lotion for persons with albinism	TBD	90% increase	MoH	Bi-annually	Biannual reports
		Number and % of persons accessing essential drugs such as for treatment of trachoma	12,500	18,750 (50% increase)	MoH	Annually	Annual reports
		Number and % of persons accessing drugs for the treatment of epilepsy in health facilities	15,000	22,500 (50% increase)	MoH	Annually	Annual reports
		No of public health facilities at secondary levels engaged in production and distribution of mobility and other assistive devices	1	5 (80% increase)	MoH	Bi-Annually	Annual reports
		Number and % of people accessing assistive devices	1,778	3,378 (90% increase)	MoH	Annually/	Annual reports

<sup>68</sup> Baseline as at 2017 unless otherwise indicated

<sup>69</sup> TBD- To be done; baseline not available

No.	Medium Term Expected Outcomes	Key Output/Outcome Indicator	Baseline 2017 <sup>69</sup>	Target 2021	Main Responsible party	Frequency of data collection/	Means of verification
		Budgetary allocation to essential health services for persons with disabilities	TBD	Baseline +50%	MoH	Bi-annually	Budget and expenditure estimate document
		Curriculum for health personnel at primary, secondary and tertiary levels include a module on disability studies	0	3	MoH(Lead agency) MoEST CHAM	Annually	Activity reports
		Number of physiotherapists trained	24	41	MoH	Annually	Training reports
		Number of psychosocial counsellors	18	50% increase	St. John of God Mental Health Facility	Annually	Training reports
		Number of rehabilitation technicians	35	100	MAP	Annually	Training reports
		Number of BSc. Social workers (upgraders)	77 (upgrading) Training in progress.		CUMA	Annually	Training reports
		Number of BSc. Social workers	50	15% increase	CUMA	Annually	Training reports
	Improved Awareness of disability and its implication on health	Number of households with a person (s) with disabilities that access clean water	TBD	50%	NSO	Annually	Integrated Health Survey report
		No. of people accessing health-related information in accessible formats	0	5000	MoH	Annually	Annual report
		Number of billboards, posters and other health information channels that depict persons with disabilities as champions on health awareness issues	0	20	MoH	Biannual	Project reports
		No. leaflets on Health-related information transcribed in braille, large print, simple diagrams, flash cards and in accessible in audio formats	0	10000	MoH	Annually	Leaflets and health related information/ reports

No.	Medium Term Expected Outcomes	Key Output/Outcome Indicator	Baseline 2017 <sup>69</sup>	Target 2021	Main Responsible party	Frequency of data collection/	Means of verification
	Enhanced Participation and active involvement of persons with disabilities in the health delivery system	Number of PWD actively participating in health advisory committees at district level	1	2 per district	FEDOMA	Once every 2 years	Annual reports
		Number of disability health related research studies, and surveys conducted	30	60% increase	FEDOMA	Annually	Research and survey reports
		Number/percentage of persons with disabilities trained as health promotion educators	0	100	MoH	Annually	Annual report
		No of training curricular including sign language and disability studies for health personnel at all levels	0	6	MoH	Annually	Annual Report

<sup>70</sup> Baseline as at 2017 unless otherwise indicated

**PRIORITY AREA 2: ACCESS TO EDUCATION**

	<b>Medium Term Expected Outcome</b>	<b>Key Output/Outcome Indicator</b>	<b>Baseline 2017<sup>n</sup></b>	<b>Target 2021</b>	<b>Main Responsible party</b>	<b>Frequency of data collection</b>	<b>Means of verification</b>
1.	Increased enrollment, retention and progression of learners with disabilities at all levels of education	No. (%) of learners enrolled (EMIS 2014)	103,042 (2014)	Baseline + 50%	DSNE ( Lead) FEDOMA	Annually	Education management Information system(EMIS)
Retention rate (No / % ) (NESP 2017-2020)		38% (2014)	Baseline + 50%	DSNE ( Lead) Directorate of Basic Education Secondary Education	Annually	EMIS	
Progression rate (No/ % ) (NESP 2017-2020)		4, 298 (4.2%)(2014)	Baseline +10%	DSNE ( Lead) Directorate of Basic Education Secondary Education	Annually	EMIS	
		No. of learning institutions using inclusive education guidelines at primary, secondary and tertiary levels	TBD	Baseline + 50%	DSNE	Annually	Report
		Policy guide developed on limiting enrolment of learners with albinism to schools with boarding facilities			DSNE ( Lead) APAM	Annually	Report
		No. of model inclusive primary and secondary school	0	7	DSNE	Annually	Report
		No. of inclusive preschool play groups in each region	0	50	AECDM	Annually	Report
		No. of school with physical access and user friendly water and sanitation facilities	TBD	Baseline + 25%	DSNE	Annually	Report

	Medium Term Expected Outcome	Key Output/Outcome Indicator	Baseline 2017 <sup>71</sup>	Target 2021	Main Responsible party	Frequency of data collection	Means of verification
2.	Improved quality and relevance of education for learners with disabilities	No. of children with special educational needs identified and assessed	103,042 (identified and assessed)	125,000	DSNE (Lead) Ministry of Health	Bi annually	
		No. of regular and specialist teachers trained (NESP 2017-2020)	5,000	20,000	DSNE (Lead) DTED	Once every 3 years	Annual reports
		No. of learners benefiting from specialized teaching, learning and assessment resources EMIS 2014	103,042 (2014)	125,000	DSNE (Lead) Basic Education Secondary Education	Annually	Report from DSNE
3.	Improved management and governance of the education system	Number of schools with learning centres for learners with SEN visited	150 schools	250 schools	DSNE (Lead) DIAS	Bi annually	Report from DSNE
		No. of teachers sensitized on the inclusive education strategy and SNE Implementation guidelines (NESP 2017-2020)	0	15000 teachers and stakeholders	DSNE	Annually	Annual report
		Regular TTC curriculum reviewed (NESP 2017-2020)			DTED (Lead) DSNE	Annually	Report from DTED
		No. of learners benefiting from SNE grants (NESP 2017-2020)	103,042	125,000	Education Planning (Lead) Local Government Finance Committee DEMs	Monthly	Reports from DEMs
		No. of motorcycles provided to itinerant teaching Programme	0	100	Education Planning (Lead) DSNE	Annually	Report from DSNE
		Number of districts and divisions with inclusive education coordinators	0	28 districts/7 divisions	DSNE	Annually	Report

<sup>71</sup> Baseline as at 2017 unless otherwise indicated

**PRIORITY AREA 3: ACCESS TO MEANS OF LIVELIHOODS**

No.	Medium Term Expected Outcomes	Key Output/Outcome Indicator	Baseline 2017 <sup>2</sup>	Target 2022	Main Responsible party	Frequency of data collection	Means of Verification
1	Increased gainful and decent employment for persons with disabilities	No. of persons with disabilities in gainful and decent employment	1043	2500	MLSYMD	Quarterly and Annually	Quarterly and Annual reports
		No. of persons with disabilities accessing financial resources	2369	3700	Malawi Microfinance Network	Quarterly and Annually	Quarterly and Annual Reports
		No. of legal and policy instruments reviewed in order to incorporate disability issues relating to work and employment as per provisions of the Disability Act of 2012	1(National Employment and Labour)	5	MLSYMD (Lead) MGCDWSW MACOHA MHRC	Quarterly and Annually	Quarterly and Annual Reports
		(Reduced) No. of persons with disabilities involved in industrial/work related accidents	TBD	Baseline less 60%	MLSYMD (Lead) ECAM MCTU MBS MACOHA	Quarterly and Annually	Quarterly and Annual Reports
		No. of vocational Training centers with accessible infrastructure facilities and disability friendly training arrangements	1	7	MLSYMD (Lead) MGCDWSW MACOHA TEVET	Quarterly and Annually	Quarterly and Annual Reports
		No. of employers receiving tax incentives for meeting 1% quota re employment of persons with disabilities	0	10	MoFEPD(Lead), MLSYMD	Quarterly and Annually	Quarterly and Annual Reports
		No. of research studies on the broad subject of access to means of livelihoods by persons with disabilities	0	1	Centre for Social Research	Once	Study Report
2	Improved and disaggregated labour statistics	No. of persons with disabilities graduating from Public Vocational Training Institutions	TBD	Baseline +750	MLSYMD (Lead) TEVET MACOHA	Quarterly and Annually	Quarterly and Annual Reports

No.	Medium Term Expected Outcomes	Key Output/Outcome Indicator	Baseline 2017 <sup>2</sup>	Target 2022	Main Responsible party	Frequency of data collection	Means of Verification
3	Improved access to land and food security for persons with disabilities	No. of persons with disabilities having access to land tenure and use it for food and economic production	TBD	Baseline + 30%	MLHUD (Lead), MAIWD, MGDCSW, FEDOMA, MACOHA	Annually	Annual Reports
4	Increased number of persons with disabilities accessing social protection services.	No. of persons with disabilities accessing social protection services.	896	(5500)	MGDCSW	Bi-annually	Bi Annual Reports
5	Increased participation of women with disabilities in socio-economic development activities	No. of women with disabilities involved in socio-economic activities	157,733	250,000	MGDCSW (Lead) MACOHA MITT NSO,	Annually	Annual Reports
		Proportion of women with disabilities engaged in socio-economic activities	TBD	Baseline +70%	MGDCSW (Lead) MACOHA MITT NSO	Bi Annually and Annually	Bi Annual and Annual Reports
		Percentage of women with disabilities out of all women engaged in socio-economic activities	TBD	Baseline +10%	MGDCSW (Lead) MACOHA MITT NSO	Annually	Annual Reports

**PRIORITY AREA 4: EMPOWERMENT**

No.	Medium Term Expected Outcomes	Key Output/Outcome Indicator	Baseline 2017 <sup>73</sup>	Target 2022	Main Responsible party	Frequency of data collection	Means of verification
1.	Improved participation in disability inclusive, policy and program development by persons with disabilities	No. of policies and pieces of legislation that mainstream disability	10(2016)	15	DDEA	Annually	Reports
		No. Persons with disabilities represented in local, political and development structures	129	500	FEDOMA	Annually	Annual report
		No. of Districts with representation in Local Development Structures	7(2015)	28	FEDOMA	Annually	Reports
		No. of local councils with representation by persons with disabilities	21(2016)	33	FEDOMA	Annually	Reports
		No. of persons with Disabilities appointed in governance structures at national level	150 (2016)	215	FEDOMA	Biannually	Reports
		No. of consultations made by the Government with the DPOs in a year	5	40	DDEA	Annually	Reports
		No. of disability inclusive public programmes and services funded by development	5(2016)	25	DDEA	Annually	Reports
2.	Empowered DPO branches at district level	No. of DPOs at District and community level	3 at district level (2015)	10	FEDOMA	Annual/	Reports
		No. of district disability for a effective in advocacy	10 (2016)	20	FEDOMA	Annually	Reports
		No. of women with disabilities active in the disability movement	10 (2015)	50	FEDOMA	Annually	Reports

<sup>73</sup> Baseline as at 2017 unless otherwise indicated

No.	Medium Term Expected Outcomes	Key Output/Outcome Indicator	Baseline 2017 <sup>73</sup>	Target 2022	Main Responsible party	Frequency of data collection	Means of verification
3.	Disability responsive, policies, programs and services at all levels	Disability inclusive programs in place	Low levels of inclusiveness (2015)	Inclusive programs at all levels	DDEA	Annually	Reports
		No. of services fully accessed by persons with disabilities at all levels	0	10 services accessed by persons with disabilities	MHRC	Annually	Reports
4	Increased visibility of men, women, boys and girls with disabilities in all aspects of life	No. of youths with disabilities in decision making positions	30(2016)	60	FEDOMA	Annually	Reports
		No. of media institutions effectively covering disability issues	8 (2016)	20	FEDOMA	Annually	Reports
55.	Increased participation of women, men, girls and boys with disabilities in socio economic development activities	No. of women, men, girls and boys trained in business management skills	400	2000	MACOHA (Lead) FEDOMA	Annually	Reports
		No. of persons with disabilities effectively running their businesses	TBD	Baseline +100	MACOHA (Lead) FEDOMA	Annually	Reports
56	Negative Myths and harmful cultural practices against persons with disabilities eradicated	No. of reported cases involving violation of rights for persons with disabilities in relation to myths	80 per year (2016)	150 per year	MGCDWSW (Planning department)	Annually	Reports

<sup>73</sup> Baseline as at 2017 unless otherwise indicated

**PRIORITY AREA 5: SOCIAL INCLUSION**

No.	Medium Term Expected Outcomes	Key Outcome Indicator	Baseline 2017 <sup>74</sup>	Target 2021	Main Responsible party	Frequency of data collection	Means of verification
	Increased number of persons with disabilities participating in family and community life, social and cultural activities	No. of persons with disabilities included in family and community activities	TBD	Baseline +5000	MACOHA	Quarterly	Quarterly reports
		Reduced incidence of atrocities committed against persons with albinism	122	0	MJCA, MPS (Lead) APAM DDEA FEDOMA	Monthly	Police reports
	Increased number of persons with disabilities participating in relationship and marriage and accessing sexual and reproductive health and family planning services	Proportion of persons with disabilities accessing sexual and reproductive health services	TBD	Baseline + Plus 25%	MACOHA	Quarterly	Annual reports
		% of persons with disabilities who make decisions about their own sexual and reproductive health and reproductive rights	TBD	Baseline +20%	MACOHA (Lead) MoH	Quarterly	Annual reports
	Improved and increased participation of persons with disabilities in recreation and sporting activities	Proportion of accessible sporting facilities and appropriate equipment	0	1:3	NSC,	Annually	Annual reports
		No. of persons with disabilities taking part in sport and recreation activities	TBD	Baseline +20%	NSC		Annual reports
	Improved access to justice and an entrenched rule of law for persons with disabilities.	No. of human rights violation cases reported	50 (Need verified data)	300	FEDOMA,	Bi-annually	Annual reports
		No. of cases referred to court and adjudicated	30	150	Judiciary	Bi annually	Annual reports
	Reduced violence and abuse against men, women, boys and girls with disabilities at all levels	Percent decrease of reported gender-based violence cases against persons with disabilities out of all reported cases of gender-based violence	TBD	10%	MPS	Quarterly	Bi annual reports

No.	Medium Term Expected Outcomes	Key Outcome Indicator	Baseline 2017 <sup>4</sup>	Target 2021	Main Responsible party	Frequency of data collection	Means of verification
	Reduced misconceptions and abuses associated with HIV and AIDS among persons with disabilities	No. of reported cases of deliberate infection of HIV and AIDS to persons with disabilities	TBD	Baseline +1000	MPS	Quarterly	Annual reports
	Increased number of persons with disabilities participating in social, cultural, recreation, and sporting activities.	No. of cultural, recreation, and sporting facilities accessible to persons with disabilities	TBD	Baseline + 70%	MITT (Lead), MoI DDEA NCIC MHRC	Bi-annually	Access audit reports
	Abolished laws and practices that exclude persons with disabilities from the marriage institution including recognizing disability as a ground of divorce.	Number of laws and practices abolished	0	100% (all)	MJCA Law Commission (Lead) MHRC DDEA	Yearly	Law Commission report
	Increased number of persons with disabilities, including parents, caregivers and guardians accessing appropriate assistance and support in the Performance of their child-rearing responsibilities.	No. of persons with disabilities, including parents, caregivers and guardians accessing appropriate assistance and support in the Performance of their child-rearing responsibilities.	TBD	Baseline +70%	DDEA, MACOHA, DPOs, EPD, Dept. of social welfare	Quarterly	Reports
	Increased number of children with disabilities who are in need of care and protection accessing family/ community type alternative care	No. of children with disabilities accessing appropriate alternative care	TBD	Baseline +40%	DDEA (Lead) MHRC	Quarterly	Monitoring reports
	Increased number of persons with disabilities accessing community services and facilities and the support they require	No. of community facilities accessible by persons with disabilities	TBD	Baseline + 70%	DDEA NCIC	Yearly	Monitoring reports
	Increased number of persons with disabilities exercising equal legal capacity	No. of persons involved in decision making in the exercise of legal capacity	TBD	Baseline +70%	DDEA MJCA (Lead) Judiciary	Quarterly	Annual reports

PRIORITY AREA 6: CROSS-CUTTING ISSUES							
No.	Expected Outcome	Output/	Baseline 2017 <sup>74</sup>	Target 2021	Main Responsible party	Frequency of data collection	Means of Verification
6.1 HIV and AIDS							
1	Reduced vulnerability to HIV and AIDS among persons with disabilities	Proportion of persons with disabilities accessing health services on HIV and AIDS	0	0.5	MoH (Lead), NSO, NAC, DNHA	Quarterly, Annually, 5years	DHS, Reports
		Proportion of persons with disabilities aware of existing HIV and AIDS support services and information	0.9	1.0	MACOHA (Lead), FEDOMA, NAC, DNHA	Quarterly	Reports

<sup>74</sup> Baseline as at 2017 unless otherwise indicated

No.	Expected Outcome	Output/	Baseline 2017 <sup>5</sup>	Target 2021	Main Responsible party	Frequency of data collection	Means of Verification
2	Improved quality of lives of persons with disabilities living with HIV	Proportion of persons with disabilities living with HIV accessing health services on HIV and AIDS	TBD	0.84	MoH (Lead), MACOHA, FEDOMA, DNHA, NSO	Quarterly	Reports
		Percentage of reported HIV and AIDS related death cases among persons with disabilities	TBD	Baseline less 8%	MoH	Annually	Reports
		Life expectancy among persons with disabilities living with HIV	TBD	54 years	MoH (Lead), NSO	Annually, 5 years	Reports
		Percentage of resource allocation towards HIV and AIDS programmes targeting persons with disabilities	TBD	Baseline +2%	MoH (Lead) NAC, DNHA, NSO	Annually	DHS, Reports
<b>6.2 Children and Youth with Disabilities in Development</b>							
3	Improved and expanded delivery of services to children and youth with disabilities	No. of programmes and services provided	2	10	MGCDSW (Lead), NSO, MACOHA, FEDOMA	Quarterly, Annually	Reports
		Coverage of services	21 districts	28 districts	MGCDSW (Lead), MACOHA, FEDOMA	Quarterly, Annually	Reports
		Number of children and youth beneficiaries	100,000	200,000	MGCDSW (Lead), MACOHA, FEDOMA	Quarterly, Annually	Reports
<b>6.3 Accessibility</b>							
4	Increased access to information and communication, and public infrastructure by persons with disabilities	Proportion of persons with disabilities to the general population accessing the information they require in accessible formats	0.4	0.8	MGCDSW (Lead), MHRC, MACOHA, FEDOMA	Quarterly, Annually	Reports
		No. of newly constructed public buildings equipped with accessible facilities	0	30	NCIC (Lead), MTPW, MGCDSW, District and City Councils, MACOHA, FEDOMA	Annually	Access audit reports
		Public compliance with National Accessibility Standards	Low	Moderate	MBS (Lead), NCIC, District and City Councils, MACOHA, FEDOMA	Annually	Reports
5	Increased knowledge among persons with disabilities about information on different national issues	Proportion of persons with disabilities aware of national development policies	0.6	0.85	MACOHA (Lead), FEDOMA, MHRC	Quarterly, Annually	Survey reports
		No. of media houses presenting information in accessible formats	1	10	MGCDSW (Lead), MACOHA, FEDOMA, MHRC	Quarterly, Annually	Reports

No.	Expected Outcome	Output/	Baseline 2017 <sup>15</sup>	Target 2021	Main Responsible party	Frequency of data collection	Means of Verification
6.4 Gender							
6	Gender equality, influence, empowerment, dignity and opportunities for men, women, boys and girls with disabilities in all spheres of the society	Proportion of men, women, boys and girls taking part in socio-economic activities	2:3	1:1	MGCDSW (Lead), MACOHA, FEDOMA	Quarterly	Reports
7	Disability responsive gender policies and programmes at the district and national levels	Disability responsive gender policy	0	1	MGCDSW (Lead), MACOHA, FEDOMA	5 years	Policy document
		No. of gender programmes mainstreaming disability at all levels	TBD	Baseline + 10	MGCDSW (Lead), MACOHA, FEDOMA	Annually	Reports
8	Reduced sexual and gender based violence against persons with disabilities	No. of reported cases	20 per annum	10 per annum	NSO, MGCDSW (Lead), MACOHA, FEDOMA, MHRM, Police	Quarterly, Annually, 5 years	Reports
		Proportion of reported cases of abuse against persons with disabilities	1:9	2:3	MPS, MGCDSW (Lead), NSO, MACOHA, FEDOMA, MHRM,	Quarterly, Annually, 5 years	Reports
6.5 Research							
9	Strengthened and improved disability-related research in Malawi	No. of disability and related researches undertaken and disseminated	10	15	NSO, MGCDSW	1 per annum	Research reports
10	Increased participation of persons with disabilities in carrying out disability related research	No. of research studies in which persons with disabilities actively participate	10	20	MACOHA, FEDOMA	2 per annum	Study reports
9	Comprehensive disability data generated	No. of disability and related studies in which people with disabilities undertaken	10	20	NSO, FEDOMA, CSR	2 per annum	Research reports
		National Disability Integrated Information Management System	1	2	MACOHA (Lead), NSO, MGCDSW	Once every 3 years	Activity reports
6.6 Climate Change and Disaster Risk Management							
10	Established disability-inclusive legal and policy framework for climate change and disaster risk management and preparedness	Number of disability-inclusive legal and policy frameworks for climate change and disaster risk management, preparedness and adaptation	0, 0	1, 1	MGCDSW, DoDMA	Once every 2 years	Activity reports, Policy and legal documents

No.	Expected Outcome	Output/	Baseline 2017 <sup>5</sup>	Target 2021	Main Responsible party	Frequency of data collection	Means of Verification
		Number of climate change and disaster risk management projects implemented by persons with disabilities	1	5			
11	Disability inclusive climate change and disaster risk management and preparedness programmes at both local and national levels	Number of climate change and disaster risk management and preparedness programmes mainstreaming disability at all levels	0	5	MGCDSW, DoDMA	1 per annum	Annual reports
12	Capacitated societies to support persons with disabilities to effectively deal with the impact of climate change	Level of participation of persons with disabilities in climate change and related programmes and structures	TBD	50% of the baseline	MGCDSW, FEDOMA	Annually	Activity reports
13	Improved coordination of disability responsive climate change and disaster risk management efforts	Level of participation of persons with disabilities and/or representative organisations in climate change and disaster risk management structures	TBD	50% of baseline	MGCDSW, FEDOMA	Annually	Activity reports
		Level of disability mainstreaming and consultations within the disaster response clusters	TBD	60% of the baseline	MGCDSW, DoDMA	Annually	Activity reports

**ANNEX 3: BUDGET ESTIMATES****PRIORITY AREA 1: ACCESS TO HEALTH**

Strategies and Key actions/activities	Budget estimates in MK millions					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Strategy 1: Developing sectoral policy and legislation on health in line with national policy and legal frameworks on disability</b>						
1.1 Advocate for the development of a health policy and legal framework that takes into account relevant guidelines of the national disability policy, Disability Act and other legal frameworks on disability and health	20	20				40
1.2. Mainstream disability within broader harmonized health policies, strategies, programs and monitoring mechanisms in line with the Disability Act of 2012 and the UN CRPD.	15	15				30
<b>Sub totals</b>	<b>35</b>	<b>35</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>
<b>Strategy 2. Promoting and strengthening implementation of targeted interventions to increase access to promotive, preventive, medical and rehabilitative services for persons with disabilities</b>						
2.1 Ring fence funding for the delivery of essential health package including for treatment of epilepsy, mental health and trachoma, and for procurement of sunscreen lotion and assistive devices for persons with disabilities						0
2.2 Lobby for Ministry of health to institute a local sunscreen production unit meant for persons with albinism	15	15	15			45
2.3 Lobby meetings on the availability of sunscreen in district and health centers.	20	20	20			60
2.4 Provide on-going training for medical rehabilitation professionals e.g. Physiotherapist, orthopedic, Dermatologist and ophthalmologist	50	50	50	50	20	220
2.5 Develop and implement a system for provision of free basic health services at CHAM health facilities to resource constrained households including households with persons with disabilities.	6	7	8	10	10	41
2.6 Disseminate and Monitor the Implementation of standards on universal designs to promote access to health infrastructures by persons with disability	15	15	15	15	15	75
2.7 Strengthen linkages between health and disability stakeholders through regular consultative meetings	15	15	15			45
<b>Sub totals</b>	<b>121</b>	<b>122</b>	<b>123</b>	<b>75</b>	<b>45</b>	<b>486</b>

Strategies and Key actions/activities	Budget estimates in MK millions					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Strategy 3. Building Human capacity to respond to the needs of people with disabilities at all levels</b>						
3.1 Provide ongoing orientation of health personnel to meet the basic health requirements of early identification of diagnosis of impairments with appropriate referrals to specialist medical and disability services.	30	30	30	30	30	150.00
3.2 Integrate disability studies (including sign language) in curricular of health personnel to build capacity at primary, secondary and tertiary levels on causes of disabilities, early identification, assessment, early intervention and referral services for persons with disability	30	30				60.00
<b>Sub totals</b>	<b>60</b>	<b>60</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>210</b>
<b>Strategy 4. Promoting equal access to HIV and AIDS services</b>						
4.1 Provide disability friendly HIV and AIDS prevention and reproductive health services	20	20	20	20	20	100
4.2 Conduct awareness campaigns	20	20	20	20		80
4.3 Develop and disseminate IEC materials in accessible formats on the promotion of HIV and AIDS preventive measures	20		20		20	60
4.4 Develop specific communication interventions to increase advocacy activities targeting particularly women and girls with disabilities	15	15	15			45
<b>Sub totals</b>	<b>75</b>	<b>55</b>	<b>75</b>	<b>40</b>	<b>40</b>	<b>285</b>
<b>Strategy 5. Include disability in the Health Information System</b>						
5.1 Integrate disability indicators /parameters in the health Information Management System at all levels	25	25				
5.2 Produce all health awareness materials in disability friendly formats including Braille	18	18	15			51
5.3 Disseminate information regarding disability to health professionals to ensure there is up-to-date knowledge on prevalence and impact of disability	15	15	15	15	15	75
<b>Sub totals</b>	<b>58</b>	<b>58</b>	<b>30</b>	<b>15</b>	<b>15</b>	<b>126</b>
<b>Strategy 6. Promoting participation of persons with disabilities during the observance of Commemoration days.</b>						
6.1 Incorporate representation of persons with disabilities in District Health Management Teams	15	15	15	15	15	75
6.2 Identify and train persons with disabilities to become health educators	40	40	40	40	40	200

Strategies and Key actions/activities	Budget estimates in MK millions					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Sub totals</b>	55	55	55	55	55	275
<b>Strategy 7. Promoting safer sexual and reproductive health practices among persons with disabilities;</b>						
7.1 Establish and scale up life skills training programs for school and out of school youths with disabilities	50	50	50	50	50	250
<b>Sub totals</b>	50	50	50	50	50	250
<b>Strategy 8. Improving nutritional status of persons with disabilities living with HIV;</b>						
8.1. Provide nutritional supplements to less privileged households of persons with disabilities living with HIV	40	40	40	40	40	200
8.1 Conduct health talks campaigns on appropriate local foodstuffs for persons with disabilities living with HIV	35	35	35	35	35	175
<b>Sub totals</b>	75	75	75	75	75	375
<b>Overall totals for Priority Area on Access to Health</b>	529	510	438	340	310	2,077

**PRIORITY AREA 2: ACCESS TO EDUCATION**

Strategies and Key actions/activities	Budget estimates in MK million					Total
	Year 1	Year 2	Year 3	Year 4	Year 5	
<b>Strategy 1: Enforcing compliance with Education Act, other pieces of legislation and sectoral policies on education</b>						
1.1 Develop inclusive education guidelines for educational institutions at all levels to include a provision for protective clothing for persons with albinism	9					9
1.2 Establish model inclusive pre-school play groups, primary and secondary schools in all education divisions	120	150	180	210	250	910
1.3 Orient heads of education institutions on inclusive education guidelines	10	15				25
1.4 Produce school based inclusive education action plans	15	15				30
1.5 Lobby and advocate for allocation of 10% of total budget to the payment of school fees for needy and deserving learners with disabilities at the district level	7.5					7.5
1.6 Disseminate National Education Standards and National Strategy on Inclusive Education at all education levels	60	55	50	45	40	250
<b>Sub totals</b>	<b>222</b>	<b>235</b>	<b>230</b>	<b>255</b>	<b>290</b>	<b>1,232</b>
<b>Strategy 2: Ensuring children with disabilities are enrolled in schools</b>						
2.1 Conduct awareness campaigns on SNE for SMC, PTA, village heads and other relevant stakeholders	15	12	11	10		48
<b>Sub totals</b>	<b>15</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>0</b>	<b>48</b>
<b>Strategy 3: Improving retention of learners with disabilities</b>						
3.1 Scale up school feeding programs and cash transfer schemes in schools	20	19	18	20	19	76
3.2 Conduct awareness campaigns for SMCs, PTAs, village heads and other relevant stakeholders on learner retention in schools	30	25	20	15		90
3.3 Advocate for a policy guideline to limit enrolment of learners with albinism to schools with boarding facilities for security reasons	7.5	8.0	7.5			15.5
<b>Sub totals</b>	<b>58</b>	<b>52</b>	<b>46</b>	<b>35</b>	<b>19</b>	<b>182</b>

Strategies and Key actions/activities	Budget estimates in MK million					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Strategy 4: Carry out routine identification and assessment exercise for early identification of learners with disabilities/SEN</b>						
4.1 Conduct screening exercise in schools	12	11	10	9	8	50
4.2 Collect data on learners with SEN						0
<b>Sub totals</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>8</b>	<b>50</b>
<b>Strategy 5: Developing the capacity of directorates, technical staff and education planners within MoEST on disability mainstreaming and inclusive education</b>						
5.1 Train heads of directorates, technical staff and education planners on disability mainstreaming and inclusive education	12		8			20
5.2 Train mainstream teachers in inclusive education through pre-service and in-service training	36	30	24	18	12	120
<b>Sub totals</b>	<b>48</b>	<b>30</b>	<b>32</b>	<b>18</b>	<b>12</b>	<b>140</b>
<b>Strategy 6: Strengthening the capacity of line ministries for Early Childhood Development and Education and preprimary education</b>						
6.1 Review ECD curriculum to include strategies for mainstreaming disability in early children development programs	13	10				23
6.2 Train Early Childhood Education Coordinators, care givers and teachers in disability and inclusive preschool education	17	19				36
6.3 Establish model inclusive pre-schools one in each administrative region	17	19	21	23	25	105
6.4 Develop transitional arrangements for children with disabilities from preschool/primary school to primary/secondary school/secondary school to tertiary, respectively	15	15				30
<b>Sub totals</b>	<b>62</b>	<b>63</b>	<b>21</b>	<b>23</b>	<b>25</b>	<b>194</b>
<b>Strategy 7: Ensuring that national curricular responds to the needs of all learners at all education levels</b>						
7.1 Develop a handbook on curriculum adaption/differentiation strategies for all subjects taught at all level	16	18	20	20	20	94
7.2 Provide extra training through continuous professional development (CPD) to specialist teachers and mainstream teachers on problematic curriculum areas e.g. math and Science	25		15		5	45
<b>Sub totals</b>	<b>41</b>	<b>18</b>	<b>35</b>	<b>20</b>	<b>25</b>	<b>139</b>

Strategies and Key actions/activities	Budget estimates in MK million					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Strategy 8: Promoting early identification, intervention and inclusion of children with disabilities in early child development centers</b>						
8.1 Train ECD Coordinators and Community based rehabilitation (CBR) workers, HSAs, DPOs and CDAs on early identification, assessment, intervention and referral of children with disabilities	7	8	8	9	9	40
8.2 Establish assessment resource centers/teams in all education divisions	60	30	30	30	30	180
8.3 Conduct screening to identify and assess learners with special needs in schools	9	9.3	9.5	9.8	9.9	47.5
<b>Sub totals</b>	<b>76</b>	<b>47</b>	<b>48</b>	<b>48</b>	<b>49</b>	<b>267</b>
<b>Strategy 9: Building capacity of regular and specialist teachers</b>						
Conduct regular Continuous Professional Development (CPD) training for regular and specialist teachers	100	95	90	80	75	440
<b>Sub totals</b>	<b>100</b>	<b>95</b>	<b>90</b>	<b>80</b>	<b>75</b>	<b>440</b>
<b>Strategy 10: Monitoring and supervising schools with learning centers for learners with SEN</b>						
Conduct advisory and inspection visits to schools with SEN	50	55	50	50	35	240
Disseminate national education standards	75					75
<b>Sub totals</b>	<b>125</b>	<b>55</b>	<b>50</b>	<b>50</b>	<b>35</b>	<b>315</b>
<b>Strategy 11: Fostering conducive learning environment for learners with disabilities</b>						
11.1 Procure and distribute specialized teaching, learning and assessment resources	300	250	225	220	200	1,195
11.2 Produce and disseminate public awareness materials on disability mainstreaming and inclusive education	13	12	10	9	7	51
11.3 Rehabilitate existing classrooms and sanitation facilities to promote access and use by all learners	120	115	110	100	90	535
11.4 Ring fence resources earmarked for education of learners with disabilities in the districts						0
<b>Sub total</b>	<b>433</b>	<b>377</b>	<b>345</b>	<b>329</b>	<b>297</b>	<b>1,781</b>
<b>Strategy 12: Building capacity of the special needs education sector</b>						
12.1 Avail scholarships for training of specialist teachers to upgrade qualification.						
12.2 Review incentive system for specialist teachers						
12.3 Develop curricular for sign language and integrate it into the teacher training curriculum		15	10	5		30

Strategies and Key actions/activities	Budget estimates in MK million						Total
	Year 1	Year 2	Year 3	Year 4	Year 5		
12.4 Purchase motorcycles for itinerant teachers per district annually	50	55	60	65	70		300
12.5 Review primary school curriculum to address issues of albinism	35	40					75
<b>Sub total</b>	<b>85</b>	<b>110</b>	<b>70</b>	<b>70</b>	<b>70</b>		<b>405</b>
<b>Strategy 13: Promoting action research to inform the design and delivery of quality and relevant education outcomes for learners with disabilities</b>							
13.1 Conduct action research to establish level of implementation of inclusive education, practices, challenges and recommend possible solutions	9						9
13.2 Undertake a comparative study to establish transition rate from pre-school to primary level for children with disabilities in a CBR and non-district and implement recommendations	16				17		33
Implement recommendations made on comparative study		10	10	10	10		40
13.3 Undertake a baseline study to establish accessibility of existing non formal education opportunities(home based learning, community schools focusing on literacy, adult learning and vocational training) for persons with disabilities who live far from formal education institutions.		17					17
<b>Sub Total</b>	<b>25</b>	<b>27</b>	<b>10</b>	<b>10</b>	<b>27</b>		<b>99</b>
<b>Strategy 14: Strengthening line ministry's capacity to plan, monitor and coordinate inclusive education</b>							
14.1 Establish education support systems for learners with disabilities at preschool, primary, secondary and tertiary levels	60	70					130
14.2 Develop an Information Management System for Students with Disabilities at all levels of education	50	50	50	50	50		250
14.3 Review national examination system to respond to the needs of learners with disabilities		45					45
14.4 Review information management system on learners with disabilities at all levels of education to include learners with albinism, epilepsy and deaf-blind	25	25					50
<b>Sub total</b>	<b>135</b>	<b>190</b>	<b>50</b>	<b>50</b>	<b>50</b>		<b>475</b>
<b>Strategy 15: Promoting community participation in the education of learners with disabilities</b>							
15.1 Advocate for establishment of parent/teacher associations across pre and primary schools	18	12	6	0	0		36
15.2 Orient parents and caregivers on care, support and parenting skills of children with disabilities	7	9	10	11	12		49

Strategies and Key actions/activities	Budget estimates in MK million					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Sub total	25	21	16	11	12	85
Overall totals for Priority Area on Education	1,461	1,343	1,063	1,018	994	5,851

PRIORITY AREA 3: ACCESS TO MEANS OF LIVELIHOODS						
Strategies and key actions/activities	Budget estimates in MK Millions					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Strategy 1: Promoting equity in selection, training and employment processes and procedures for persons with disabilities.</b>						
1.1 Review the Small and Medium Enterprise Policy and the TEVET Policy to better focus on persons with disability as a specific area for intervention	5	7				12
1.2 Review of the Employment Act (2000), Labour Relations Act (1996), Workers' Compensation Act (2000) and Occupational Safety, Health and Welfare Act (1997) in light of domestication of the UN CRPD, Enactment of the Disability Bill of 2012 and passage of the National Policy on Equalization of Opportunities for Persons with Disabilities of 2006.	8	1	12	14	16	51
1.3 Ring fence resources to support training of youths and adults with disabilities( Primary, secondary and Tertiary level)	10	12	14	16	18	70
1.4 Adopt a quota system for enrolment of youth, women and men with disabilities to be enrolled at each public training facility(by TEVETA and NCHE)						-
1.5 Implement a quota system on remission of school fees by TEVETA and Malawi Education Loans Board similar funding institutions.						-
1.6 Adapt physical and learning environment in public and private technical colleges to facilitate access by persons with disabilities	20	25	30	35	40	150
1.7 Introduce a range of financial incentives, such as tax rebates for employers that employ persons with disabilities as well as those that provide funding to facilitate reasonable accommodation for persons with disabilities and non-financial incentives/recognition through awards like trophies.	4	6				10
<b>Sub totals</b>	<b>47</b>	<b>51</b>	<b>56</b>	<b>65</b>	<b>74</b>	<b>293</b>
<b>Strategy 2. Reducing all forms of discrimination in the labour market by removing barriers to access to financial resources and social protection arrangements</b>						-
2.1 Implement practices that promote employment of persons with disabilities including job retention by employees who acquire a disability while in employment	5	6	7	8	9	35
2.2 Review legislation on employment to provide for a quota system of employment of 1% of the workforce in any organization to comprise persons with disabilities; to provide for a tax incentive for institutions that meet the quota as well as those that make concerted effort to provide physical access to work environment for persons with disabilities.	20	15				

Strategies and key actions/activities	Budget estimates in MK Millions						Total
	Year 1	Year 2	Year 3	Year 4	Year 5		
2.3 Develop guidelines for mainstreaming deserving persons with disabilities in existing cash transfer and other social protection programs run by Government	5	6	7	8	9		35
2.4 Facilitate the establishment of more self-help groups as a strategy for promoting social protection through village savings	2	2	2	2	2		10
2.5 Develop and monitor implementation of measures for reasonable accommodation standards in all training and employment processes.	5	3	2	2	2		14
2.6 Build capacity of agriculture extension workers to actively support people with disability in farming activities	8	10	12	14	-		44
2.6.1 Lobby for inclusion of disability issues in the curriculum for agriculture extension workers to actively support people with disability in farming activities	3	4	5	6	7		25
2.7 Orient CBR workers as well as Social Welfare and Agriculture Departments on the guidelines for identification of people with disabilities targeted by the cash transfer and Farm Input Subsidy Programs	5	5	5	5	5		25
<b>Sub-totals</b>	<b>53</b>	<b>51</b>	<b>40</b>	<b>45</b>	<b>34</b>		<b>188</b>
<b>Strategy 3. Promoting occupational safety and health in work places</b>							
3.1 Monitor adherence to safety standards in work places so that they are inclusive of persons with disabilities	3	4	5	6	7		25
3.2 Orient employee organisations to advocate for occupational safety and health in work places for employees with disabilities	6	7	7	8	8		35
3.3 Develop and implement a range of financial incentives, such as tax rebates for employers that employ persons with disabilities as well as those that provide funding to facilitate reasonable accommodation for persons with disabilities and non-financial incentives/recognition through awards like trophies.	5	3	3	3	3		3
3.4 Run awareness programs for employers on the right to employment for persons with disabilities	6	6	6	6	6		30
3.5 In liaison with DPOs and department for disability and elderly affairs and TEVETA use role modeling to demonstrate the potential of persons with disabilities	2	3	4	5	6		20
3.6 Develop and adopt national accessibility standards and enforce compliance	6						6
3.7 Carry out access audits in partnership with DPOs to identify physical and information barriers that may exclude persons with disabilities.	4	5	6	7	8		30
<b>Sub-totals</b>	<b>32</b>	<b>28</b>	<b>31</b>	<b>35</b>	<b>38</b>		<b>149</b>

Strategies and key actions/activities	Budget estimates in MK Millions						Total
	Year 1	Year 2	Year 3	Year 4	Year 5		
<b>Strategy 4. Increasing vocational training centers to train people with disabilities according to their interest and diversity of disability</b>							-
4.1 Modify One vocational skills training centre in each region to establish an inclusive public Vocational Skill Training (model)	3	1	1	1	1		6.5
4.2 Develop and implement an integrated labour information management system to among other things capture and analyze statistics on employment and retention of persons with disabilities in the open labour market	6						6
4.3 Develop and maintain a data base on profiles of persons with disabilities seeking employment, job prospects and job matching		6					6
4.5 Develop an integrated reporting system that provides Government with annual progress reports (against indicators) on access to livelihood for persons with disabilities		-	6				6
<b>Sub totals</b>	<b>9</b>	<b>6.5</b>	<b>7</b>	<b>1</b>	<b>1</b>		<b>24.5</b>
<b>Strategy 5. Focusing on diverse needs and interests of persons with disabilities to ensure appropriate placement in skills development</b>							-
5.1 Provide work attachment for qualified persons with disabilities	15	16	17	18	19		85
5.2 Provide advisory and support services to employees with disability through job support programs undertaken in collaboration with both the public and private sector	5	5	6	7	8		31
5.3 Integrate a module of disability rights and access to employment in training programs of labour officers;	12	12					24
5.4 Re introduce Career Guidance in schools		8	10				18
5.5 Appoint persons with disabilities on Government board of public vocational training and micro finance institutions	1		1.5		2		4.5
<b>Sub totals</b>	<b>33</b>	<b>41</b>	<b>34.5</b>	<b>25</b>	<b>29</b>		<b>162.5</b>
<b>Strategy 6. Promoting access to land tenure and use by persons with disabilities</b>							-
6.1 Conduct public awareness of land and inheritance laws	6	8	10	12	14		50
6.2 Integrate a module on disability rights in basic training curriculum for agriculture extension workers		12					12
<b>Sub totals</b>	<b>6</b>	<b>20</b>	<b>10</b>	<b>12</b>	<b>14</b>		<b>62</b>

Strategies and key actions/activities	Budget estimates in MK Millions						Total
	Year 1	Year 2	Year 3	Year 4	Year 5		
<b>Strategy 7: Promoting access to social safety nets by persons with disabilities.</b>							-
7.1 Design a mechanism for identifying needy persons with disabilities to benefit from safety nets		3					3
7.2 Develop and implement an integrated labour information management system to among other things capture and analyze statistics on employment and retention of persons with disabilities in the open labour	15						15
7.3 Develop and maintain a data base on profiles of persons with disabilities seeking employment, job prospects and job matching		15					15
<b>Sub totals</b>	<b>15</b>	<b>18</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>33</b>
<b>Strategy 8: Promoting entrepreneurship and involvement of women with disabilities in business groups</b>							-
8.1 Train women with disabilities in basic business skills		9	9				18
8.2 Include women with disabilities in socio economic activities		4.5	5				9.5
8.3 Facilitate provision of micro-finance loans and savings schemes to women with disabilities	50	50	50	50	50		250
<b>Sub totals</b>	<b>50</b>	<b>63.5</b>	<b>64</b>	<b>50</b>	<b>50</b>	<b>50</b>	<b>277.5</b>
<b>Strategy 9: Improving access to credit facilities for entrepreneurship among youth with disabilities</b>							
9.1 Train youth with disabilities in technical, vocational, entrepreneurial and life skills		5	5.5	6	6.5		23
9.2 Form and train youth with disabilities cooperatives		3	3.5	4	5		15.5
9.3 Link youth entrepreneurs to markets	1	2	3	4	5		38.5
<b>Sub totals</b>	<b>1</b>	<b>10</b>	<b>12</b>	<b>14</b>	<b>16.5</b>	<b>14</b>	<b>77</b>

Strategies and key actions/activities	Budget estimates in MK Millions						Total
	Year 1	Year 2	Year 3	Year 4	Year 5		
<b>Strategy 10. Establishing an effective and efficient Labour Market Information System (LMIS)</b>							
10.1 Develop and implement an integrated labour information system to among other things capture and analyze statistics on employment and retention of persons with disabilities in the open labour market	3.6	4.2	3.6	3.6	3.6	18.6	
10.2 Develop and maintain a data base of profiles, job prospects and job matching of persons with disabilities seeking employment	3	2	2	2	2	11	
10.3 Develop an integrated reporting system that provides Government with annual progress reports (against Indicators) on access to livelihood for persons with disabilities access to employment in training programs of labour officers;	5.2	4	4	2	2	17.2	
<b>Sub-totals</b>	<b>11.8</b>	<b>10.2</b>	<b>9.6</b>	<b>7.6</b>	<b>7.6</b>	<b>46.8</b>	
<b>Overall totals for Priority Area on Livelihoods</b>	<b>257.8</b>	<b>597.4</b>	<b>528.2</b>	<b>508.2</b>	<b>528.2</b>	<b>1,313.3</b>	

**PRIORITY AREA 4: EMPOWERMENT**

Strategies and Key actions/activities	Budget estimates in MK millions						Total
	Year 1	Year 2	Year 3	Year 4	Year 5		
<b>Strategy 1: Strengthening capacity of DPOs and self -help groups(SHG) in self advocacy</b>							
1.1 Train national level DPOs and 20 DDFs on advocacy and inclusive development	10.0	5.5	9	7	3.5		22.5
1.3 Train men, women, boys and girls with disabilities in advocacy and human rights (UN CRPD, Disability Act)	5	5.5	6	6.5			23
1.5 Facilitate formation and training of SHGs	3.5	4.5	5.5	6.5	7.5		<b>27.5</b>
1.6 Promote self-confidence through formal and non-formal training for persons with disabilities through peer educators and modelling	2	2.5	3.5	4.5	5.5		<b>18</b>
<b>Sub totals</b>	<b>20.5</b>	<b>18</b>	<b>24</b>	<b>24.5</b>	<b>16.5</b>		<b>91</b>
<b>Strategy 2. Strengthening participation of men, women, boys and girls with disabilities at all levels in decision making and development</b>							
2.1 Form DPOs and DDF at the district level and strengthening existing ones	3.0	3.5	3.8	4.0	4.3		18.6
2.2 Monitor the implementation of international and local human rights instruments (UN CRPD, UN CRC, SDGs)	10.0	15.0	17.0	22.0	25		89
2.3 Review policies	3.0	4.0	4.5	5.0			16.5
2.4 Conduct lobbying and advocacy meetings with duty bearers at national and district level to promote representation of boys, girls, men and women with disabilities	3	4	5				12
2.5 Lobby Government to develop and implement a policy(Including local Government Act) on the mandatory appointment of suitably qualified and experienced persons with disabilities in governance structures in the public sector	3	4	4	4.5	5		20
2.6 Review policy and voting procedures of the Malawi Electoral Commission to ensure full and active participation in electoral processes by all persons with disabilities	7	6	7				20
2.7. Engage public and civil society organisations working in community development to actively mainstream disability in their respective organisational mandates.	3	4	5				<b>12</b>
<b>Sub totals</b>	<b>32.0</b>	<b>40.0</b>	<b>46.3</b>	<b>35.5</b>	<b>34.3</b>		<b>188.1</b>

Strategies and Key actions/activities	Budget estimates in MK millions						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total	
<b>Strategy 3: Promoting provision of information in accessible formats to persons with disabilities</b>							
3.1 Train a pool of Sign language interpreters	7.5		8.5		9.5	25.5	
3.1 Publish sign language dictionary	6	6	6	6	6	30	
3.4 Develop accessibility standards	3	3	4			6.5	
3.5 Develop and Disseminate documentation (policies, pieces of legislation, etc.) and other public information in accessible formats	5	5.5	6	6.5	7	30	
3.6 Mainstream disability in community resources centres E.g. Macra telecentres, Nice, National Library	6	6.5	7	7.5	8	35	
<b>Sub totals</b>	<b>27</b>	<b>21</b>	<b>31</b>	<b>20</b>	<b>31</b>	<b>127</b>	
<b>Strategy 4: Mobilising resources for empowerment programs for persons with disabilities</b>							
4.1 Establish a Disability Trust Fund in line with Section 28 and 29 of the Disability Act 2012.	5					5	
4.2 Develop proposals for resource mobilization	2	3	4			9	
4.3 Build Partnerships and networks	2	3	4			9	
4.4 Lobby bilateral and multilateral development agencies to include disability as one of the conditionalities for disbursement of their financial and technical support in line with provisions of Article 32 of UN CRPD	3		3.5		4	10.5	
<b>Sub totals</b>	<b>12</b>	<b>6</b>	<b>11.5</b>	<b>-</b>	<b>4</b>	<b>33.5</b>	
<b>Strategy 5: Improving knowledge to address attitudes and harmful practices affecting men women and boys, girls with disabilities;</b>							
5.1 Conduct media campaigns on Radio, TV programs etc.	5	5.5	6	6.5	7	30	
5.2 Develop IEC materials	5.5	6.5	7.5			19.5	
5.6 Train the media in disability rights with emphasis on minority disabilities like mental health disabilities, intellectual disabilities and albinism	5		6		7	18	
5.6 Train Traditional leaders in disability rights	4.5		5.5		6.5	16.5	
5.7 Investigate and resolve complaints related to violation of rights of women and girls with disabilities and persons with albinism	6	7	8	9	10	40	
<b>Sub totals</b>	<b>26</b>	<b>19</b>	<b>33</b>	<b>15.5</b>	<b>30.5</b>	<b>124</b>	

Strategies and Key actions/activities	Budget estimates in MK millions					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Strategy 6: Increasing the visibility of men, women boys and girls with disabilities at all levels of society</b>						
6.1 Role model/mentor	3	4	4.5	5	5.5	22
6.2 Produce and disseminate video documentaries and other success stories for persons with disabilities	5	5.5	6	6.5	7	30
6.3 Train media personnel on disability responsive reporting	3		4		5	12
<b>Sub totals</b>	<b>11</b>	<b>9.5</b>	<b>14.5</b>	<b>11.5</b>	<b>17.5</b>	<b>64</b>
<b>Strategy 7: Improving knowledge and skills in social economic development activities</b>						
7.1 Train vocational training staff in disability inclusive vocational training and management	4.0		5.0		6	15
7.2 Conduct disability access audit and modify facilities in existing Government and private community colleges.	7.5	8	10	12	15	53
7.3 Provide financial literacy training for persons with disabilities	3	3.5	4	4.5	6	21
7.4 Train persons with disabilities in business management.	5		6		7	18
<b>Sub totals</b>	<b>19.5</b>	<b>11.5</b>	<b>25</b>	<b>16.5</b>	<b>34</b>	<b>106.5</b>
<b>Strategy 8: Mobilising communities for inclusive development</b>						
8.1 Orient leadership of development structures at the community level on issues of disability rights and inclusive development	10		15		12	37
8.2 Strengthen and orient public complaints handling institutions on how to deal with violations of disability rights	10	7.5	54		12	83.5
8.3 Sensitise all members of Parliamentary on disability and inclusive development	10	15	12.5	10	12	59.5
<b>Sub totals</b>	<b>30</b>	<b>22.5</b>	<b>81.5</b>	<b>10</b>	<b>36</b>	<b>180</b>
<b>Overall Totals for Priority Area on Empowerment</b>	<b>178.0</b>	<b>147.5</b>	<b>266.8</b>	<b>133.5</b>	<b>203.3</b>	<b>914.1</b>

PRIORITY AREA 5: SOCIAL INCLUSION						
Strategies and Key actions/activities	Budget estimate in MK millions					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Strategy 1: Promoting public awareness of human rights for persons with disabilities</b>						
1.1 Develop easy to read public awareness materials in accessible formats including easy to read versions of the Disability Act and UNCRPD	7.5	7.5	8	7.5	8	38.5
1.2 Disseminate easy to read materials to persons with disabilities, their families and local leaders.	3.5	2.5	1	1.5	1	9.5
1.3 Develop a Malawi Sign Language Dictionary	5					5
1.4 Train more Sign Language interpreters	2.5		3			
<b>Sub totals</b>	<b>18.5</b>	<b>10</b>	<b>12</b>	<b>9</b>	<b>9</b>	<b>53</b>
<b>Strategy 2: Increasing coverage of issues concerning women, girls and children with disabilities in the Media</b>						
2.1 Orient journalists on disability reporting	2.8	2.5	2.5	2	1.75	11.55
2.2 Conduct media campaigns to advance the rights of persons with disabilities and their inclusion in society	3	3	2.8			8.8
2.3 Disseminate guidelines on disability etiquette and appropriate language/terminology for use by the Media and the general public	2.5		2.7			5.2
<b>Sub totals</b>	<b>8.3</b>	<b>5.5</b>	<b>8</b>	<b>2</b>	<b>1.75</b>	<b>25.55</b>
<b>Strategy 3: Making reproductive health information and services available and accessible to persons with disabilities</b>						
3.1 Conduct awareness meetings with families of persons with disabilities and chiefs on the need for male and female persons with disabilities to participate in relationships and marriage			4	4.2	3	11.2
3.2 Conduct discussions about sex and sexuality among persons with disabilities.	8	3	2	2.4	2.8	18.2
3.3 Orient and provide counseling to individual males and females with disabilities on sex, reproductive health and family planning.	5	3	2	2	2	14
3.4. Orient persons with disabilities on safer sexual and reproductive health practices	6	6.5	5	5.5	4	27
<b>Sub totals</b>	<b>19</b>	<b>12.5</b>	<b>9</b>	<b>9.9</b>	<b>8.8</b>	<b>59.2</b>

Strategies and Key actions/activities	Budget estimate in MK millions					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Strategy 4: Making existing community services and facilities accessible</b>						
4.1 Undertake disability access audit of all community services and facilities	10	12.5	15	15.5	17	70
4.2 Develop and implement laws, policies, regulations and guidelines that require the provision of community services and facilities to adhere to universal design principles	5	5.5	6	6.5	7	30
4.3 Build capacity of service providers on how to mainstream disability in specific interventions	10	11	11.5	12.5	15	60
4.4 Train parents/guardians on how to manage children with various disabilities	7	7.5	8	8.5	9	40
4.5 Train and provide personal assistants including guide pets	5	5.5	7	7.5	9	34
4.6 Lobby for increased provision of community support services	3	3	3	3	3	15
4.7 Provide assistive devices, aids and other support services	10	10.5	11	11.5	12	55
4.8 Conduct public awareness on forms of alternative care for children with disabilities	10	10.5	11	11.5	12	55
4.9 Train service providers, community leaders, parents, guardians and caregivers on the rights of children with disabilities in need of care and protection	7	7.5	8.5	9	9.5	41.5
<b>Sub totals</b>	<b>67</b>	<b>73.5</b>	<b>81</b>	<b>85.5</b>	<b>93.5</b>	<b>400.5</b>
<b>Strategy 5: Promoting equity in accessing social, sports, arts and crafts for participants with disabilities</b>						
5.1 Orient community leaders on the need to include persons with disabilities in sporting, recreation and other social activities	6	4	4			14
5.2 Train adequate numbers of competent teachers and trainers in sports, arts and craft for participants with disabilities		6.5	8			14.5
5.3 Adapt public sports, entertainment and arts facilities to facilitate access by persons with disabilities.		20	40			60
5.4 Procure and distribute more appropriate sports and leisure equipment to distribute to youth and sports departments for use by persons with disabilities		8	11.5	6.5		26
5.5 Lobby for the inclusion of persons with disabilities with intellectual disabilities in sporting activities.		2.5	3			5.5
<b>Sub totals</b>	<b>6</b>	<b>41</b>	<b>66.5</b>	<b>6.5</b>	<b>0</b>	<b>120</b>

Strategies and Key actions/activities	Budget estimate in MK millions					Total
	Year 1	Year 2	Year 3	Year 4	Year 5	
<b>Strategy 6: Building capacity of law enforcement agencies to manage disability issues</b>						
6.1 Review curricula for the training of police officers, magistrates and prison staff to include disability rights and issues	2.5	4.5	2.35			9.35
6.2 Orient police officers, magistrates and prison staff on the administration of justice for persons with disabilities		4.5	4.8			9.3
6.3 Provide complaints handling institutions with expertise and knowledge on disability rights		2.45	2.95	2.6		8
6.4 Review Police and Prison operational manuals to include disability rights issues		3.5				3.5
6.5 Orient primary justice structures (such as traditional courts, community tribunals, community policing forums) on disability rights and access to justice		4.5	3.5	3.65		11.65
6.6 Collect data regularly about crimes against/by persons with disabilities by the criminal justice agencies		1.8	1.5	1		5.3
<b>Sub totals</b>	<b>2.5</b>	<b>21.25</b>	<b>15.1</b>	<b>7.25</b>	<b>1</b>	<b>47.1</b>
<b>Strategy 7: Providing reasonable accommodation in the justice system for persons with disabilities</b>						
7.1 Provide legal information to persons with disabilities in accessible formats			5	4.8	3.5	13.3
7.2 Publicize the UNCRPD, Disability Act (2012), criminal law and related legislation to Disabled People's Organisations (DPOs) and persons with disabilities	2	2	2	2	1.6	9.6
7.3 Provide free and/or affordable legal representation for persons with disabilities			2.8	2.5	2.5	7.8
<b>Sub totals</b>	<b>2</b>	<b>2</b>	<b>9.8</b>	<b>9.3</b>	<b>7.6</b>	<b>30.7</b>
<b>Strategy 8: Protecting men and women with disabilities from any form of discrimination through laws and administration structures</b>						
8.1 Review gender related laws to include issues of men and women with disabilities	3	3.45				6.45
8.2 Train traditional leaders and MPS on the legal provision on disability rights		2.5	3	3.2		8.7
8.3 Investigate and resolve complaints related to violation of rights of men and women with disabilities		1.8	1.8	1.65	1.5	6.75
<b>Sub totals</b>	<b>3</b>	<b>7.75</b>	<b>4.8</b>	<b>4.85</b>	<b>1.5</b>	<b>21.9</b>
<b>Strategy 9: Protecting children and youth with disabilities against abuse, exploitation, neglect and violence</b>						
9.1 Design and implement programs to address street begging using children with disabilities	3.5	4				7.5
9.2 Raise awareness to the general public on the rights of children and youth with disabilities		2.5	2.5	2.2		7.2

Strategies and Key actions/activities	Budget estimate in MK millions						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total	
9.3 Form parent support groups in all communities		1	1.25	1	1		4.25
9.4 Train caregivers, community committees, parents and field workers in disability rights		2.5	2.8	3.2			8.5
<b>Sub totals</b>	<b>3.5</b>	<b>10</b>	<b>6.55</b>	<b>6.4</b>	<b>1</b>		<b>27.45</b>
<b>Strategy 10: Promoting disability, HIV and AIDS advocacy and awareness campaigns</b>							
10.1 Conduct advocacy and community mobilization for community support and increased involvement of persons with disabilities	3.5	2.5	2.35	2.5			10.85
10.2 Produce IEC materials on rights of persons with disabilities living with HIV targeting the general population		2.5					2.5
10.3 Train various DPOs in the development of effective dissemination of HIV and AIDS prevention messages		3.5					3.5
<b>Sub total</b>	<b>3.5</b>	<b>2.5</b>	<b>2.35</b>	<b>2.5</b>	<b>0</b>		<b>10.85</b>
<b>Strategy 11: Intensifying awareness on the rights of persons with albinism in order to change mindsets and foster behavior change among affected communities and throughout the country.</b>							
11.1 Disseminate facts on the current situation, and the rights of persons with albinism	50		50		30		130
11.2 Sensitize persons with albinism at family and community levels on their protection and security through the dissemination of CBM security guidelines		15	15	15			45
11.3 Multiply existing posters and booklets on albinism produced by APAM for the community training and education sessions.		10	10	10			30
11.4 Train the media (in collaboration with the Ministry of Information) to disseminate information through print, radio and television on rights of persons with albinism.	15	15	15				45
11.5 Build the capacity of already existing disability desk officers or focal persons on albinism	18				18		36
11.6 Sensitize and train the Judiciary on human rights, including the Disability Rights instruments, together with relevant criminal laws		20	25				45
11.7 Develop a communication guide on albinism		15					15
<b>Sub total</b>	<b>83</b>	<b>75</b>	<b>115</b>	<b>25</b>	<b>48</b>		<b>346</b>
<b>Strategy 12: Improving access to support services and facilities for persons with intellectual and psychosocial disabilities in the exercise of their legal capacity</b>							
12.1 Train service providers to engage persons with disabilities in supported decision making	45	30					75

Strategies and Key actions/activities	Budget estimate in MK millions					Total
	Year 1	Year 2	Year 3	Year 4	Year 5	
12.2 Train persons with intellectual and psychosocial disabilities, their parents and guardians on their rights		30	12	32		62
<b>Sub total</b>	<b>45</b>	<b>60</b>	<b>12</b>	<b>32</b>	<b>0</b>	<b>137</b>
<b>Strategy 13: Abolishing laws and practices that discriminate against persons with disabilities in marriage and exclude them from the marriage institution.</b>						
13.1 Review, develop and implement laws, policies, regulations and guidelines that require the provision of family/community type alternative	14	15.5	16	16.5	16	78
<b>Sub total</b>	<b>14</b>	<b>15.5</b>	<b>16</b>	<b>16.5</b>	<b>16</b>	<b>78</b>
<b>Overall totals for Priority on Social Inclusion</b>	<b>275.3</b>	<b>336.5</b>	<b>358.1</b>	<b>216.7</b>	<b>188.15</b>	<b>1357.25</b>

**PRIORITY AREA 6: CROSSING CUTTING ISSUES**

Strategies and Key actions/activities	Budget estimates in MK millions					Total
	Year 1	Year 2	Year 3	Year 4	Year 5	
<b>6.1 HIV and AIDS</b>						
<b>Strategy 1: Promoting safer sexual and reproductive health practices among persons with disabilities</b>						
1.1 Establish and scale up life skills training programs including sex and sexuality education for school and out of school youths with disabilities			5	4		9
<b>Sub totals</b>	-	-	5	4		9
<b>Strategy 2: Promoting equal access to HIV and AIDS services</b>						
2.1 Engage HIV and AIDS service providers to provide inclusive services	3	0.5	0.5	0.4	0.3	4.7
2.2 Train health workers and HTC service providers in disability issues			7			7
2.3 Develop and implement guidelines on the provision of disability friendly HIV and AIDS services including prevention and reproductive health services				1	1	2
2.4 Establish linkage between HTC services and community-based rehabilitation (CBR) programs		3				3
2.5 Advocate for funding for HIV and AIDS programs targeting persons with disabilities in the budget at national and local levels	3	3	1.5	1.5	0.5	9.5
2.6 Train district HIV and AIDS coordinators in disability mainstreaming	7					7
<b>Sub totals</b>	13	6.5	9	2.9	1.8	33.2
<b>6.2 Children and Youth with Disabilities in Development</b>						
<b>Strategy 1: Promoting mainstreaming of issues of children and youth with disabilities in sectoral policies and strategies</b>						
1.1 Develop and implement a plan of action for children with disabilities	14	14	10	7	5	50
1.2 Train community child protection workers on issues of children with disabilities		6	6	6		18
1.3 Review the school bursary system to cater for children and youth with disabilities	12	12	12	12	12	60
<b>Sub totals</b>	26	32	28	25	17	128

Strategies and Key actions/activities	Budget estimates in MK millions						Total
	Year 1	Year 2	Year 3	Year 4	Year 5		
<b>6.3 Accessibility</b>							
<b>Strategy 1: Develop and enforce national accessibility standards</b>							
1.1 Develop, adopt and enforce compliance of national accessibility standards	12	3	3	3	3	24	
<b>Sub totals</b>	<b>12</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>24</b>	
<b>Strategy 2: Promoting access to infrastructure and transport</b>							
2.1 Undertake public sensitization on accessibility issues	7	7	7	3	3	27	
2.2 Rehabilitate infrastructure and transport facilities for easy access to persons with different types of disabilities			20	20	15	55	
2.3 Undertake accessibility auditing of infrastructure and transport facilities	5	5	5	5	5	25	
2.4 Implement universal accessibility standards	2	1	1	1	1	6	
<b>Sub totals</b>	<b>14</b>	<b>13</b>	<b>33</b>	<b>29</b>	<b>24</b>	<b>113</b>	
<b>Strategy 3: Promoting access to information and communication</b>							
3.1 Produce and disseminate Information, Education and Communication (IEC) materials on different issues in accessible formats	7	7	7	5	3	29	
3.2 Sensitize the print and publication institutions on information and communication needs of persons with disabilities	3	3	3	3	3	15	
3.3 Advocate for review of sectoral policies and laws on information and communication to mainstream disability issues	3	3	1	1	1	9	
3.4 Research and develop alternative communication systems	5	5.5				10.5	
<b>Sub totals</b>	<b>18</b>	<b>18.5</b>	<b>11</b>	<b>9</b>	<b>7</b>	<b>63.5</b>	
<b>6.4 Gender</b>							
<b>Strategy 1: Building capacity of DPOs to mainstream gender in their respective programs</b>							
1.1 Train leadership of DPOs on gender, disability and human rights	3.5	3.5				7	
1.2 Review disability policies, plans, programs and activities to include the gender perspective		10	10	10		30	
<b>Sub totals</b>	<b>3.5</b>	<b>13.5</b>	<b>10</b>	<b>10</b>	<b>-</b>	<b>37</b>	

Strategies and Key actions/activities	Budget estimates in MK millions						Total
	Year 1	Year 2	Year 3	Year 4	Year 5		
<b>Strategy 2: Strengthening participation of men, women, boys and girls with disabilities at both community and national levels</b>							
2.1 Advocate for improved representation of women with disabilities in the National Assembly and on the boards and leadership of DPOs, Government ministries, departments and agencies	7.5	7	6.5	6	6	33	
<b>Sub totals</b>	<b>7.5</b>	<b>7</b>	<b>6.5</b>	<b>6</b>	<b>6</b>	<b>33</b>	
<b>Strategy 3: Enhancing representation of persons with disabilities to higher levels of decision making at both local and national levels</b>							
3.1 Raise awareness on the nexus between gender and disability in development	9.5	9	8.5	8	8	43	
<b>Sub totals</b>	<b>9.5</b>	<b>9</b>	<b>8.5</b>	<b>8</b>	<b>8</b>	<b>43</b>	
<b>Strategy 4: Mainstreaming disability and gender perspective in the process of law review and policy and program assessments</b>							
4.1 Review Government policies and programs at all levels to reflect the disability and gender perspective	12	12	12	12	12	60	
4.2 Train the media on issues of disability and gender in development	3.5	3.5	3.5	3.5	3.5	17.5	
4.3 Monitor and evaluate the implementation of gender policies and programs at local and national levels	8.5	8.5	8.5	8	8	41.5	
<b>Sub totals</b>	<b>24</b>	<b>24</b>	<b>24</b>	<b>23.5</b>	<b>23.5</b>	<b>119</b>	
<b>Strategy 5: Protecting persons with disabilities from any form of sexual abuse and gender based violence</b>							
5.1 Publicize and enforce the Gender Equality Act (2013), Prevention and Domestic Violence Act (2006) and related legislation	9.5	9	8.5	8	8	43	
<b>Sub totals</b>	<b>9.5</b>	<b>9</b>	<b>8.5</b>	<b>8</b>	<b>8</b>	<b>43</b>	

Strategies and Key actions/activities	Budget estimates in MK millions							Total
	Year 1	Year 2	Year 3	Year 4	Year 5			
<b>6.5 Research</b>								
<b>Strategy 1: Facilitating availability of financial and technical assistance to key stakeholders, universities and other research institutions to conduct disability related research</b>								
1.1 Conduct action and other research studies and surveys on identified areas and disseminate findings to planners and key stakeholders	17.5	18	18.5	20	23			97
1.2 Conduct action research to establish the extent to which persons with disabilities, including those with visual and hearing impairments, are benefitting/ have benefitted from social safety nets		20						20
1.3 Conduct a study to establish the extent to which the allocation of land to poor households largely through the Community-Based Rural Land Development Project (CBRLDP) benefitted persons with disabilities	4	2						6
1.4 Conduct action research to establish level of implementation of inclusive education practices, challenges and recommend possible solutions		15		20				35
1.5 Conduct action research to identify challenges and barriers that persons with disabilities face in accessing quality health services	15							15
1.6 Undertake a comparative study to establish transition rate from pre-school to primary level for children with disabilities in a CBR and non-district CBR and implement recommendations	7.5				10			17.5
1.7 Undertake a baseline study to establish accessibility of existing non-formal education opportunities for persons with disabilities who live far from formal education institutions		7.5						7.5
1.8 Increase financial resources for the conducting of disability related research	12	12	12	12	12			60
<b>Sub totals</b>	<b>56</b>	<b>74.5</b>	<b>30.5</b>	<b>52</b>	<b>45</b>			<b>258</b>
<b>Strategy 2: Promoting participation of persons with disabilities in research from planning/ designing, implementation and dissemination</b>								
2.1 Lobby and involve persons with disabilities in the carrying out of research and surveys that will have an impact on their lives	7	7	7	7	7			35
<b>Sub totals</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>			<b>35</b>

Strategies and Key actions/activities	Budget estimates in MK millions					Total
	Year 1	Year 2	Year 3	Year 4	Year 5	
<b>Strategy 3: Promoting inclusion of gender disaggregated disability data collection in researches, and national census, household surveys and other relevant studies</b>						
3.1 Establish a national disability user-friendly information management system			15			15
3.2 Review data collection tools/ instruments for national censuses, household surveys etc. to mainstream disability	12	12	12	12	12	60
3.3 Monitor the utilization of research findings in disability mainstreaming programs at both local and national levels	8.5	8.5	8.5	8	8	41.5
<b>Sub totals</b>	<b>20.5</b>	<b>20.5</b>	<b>35.5</b>	<b>20</b>	<b>20</b>	<b>116.5</b>
<b>6.6 Climate Change and Disaster Risk Management</b>						
<b>Strategy 1: Lobbying for a disability responsive climate change and disaster management legislation</b>						
1.1 Review climate change and disaster risk management policies, guidelines and programs and all other relevant policies and programs to include a disability dimension				12		12
1.2 Review the Disaster Preparedness and Relief Act of 1991 and all other relevant laws				12		12
<b>Sub totals</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>24</b>	<b>-</b>	<b>24</b>
<b>Strategy 2: Involving persons with disabilities at every phase of climate change and disaster risk reduction initiatives</b>						
2.1 Appoint persons with disabilities in disaster preparedness and climate change structures at all levels	3.5	3.5	3.5	3.5	3.5	17.5
<b>Sub totals</b>	<b>3.5</b>	<b>3.5</b>	<b>3.5</b>	<b>3.5</b>	<b>3.5</b>	<b>17.5</b>
<b>Strategy 3: Conducting disability risk assessments during disaster preparedness and adaptation activities</b>						
3.1 Conduct disability-based risk and resource mapping during disaster preparedness and adaptation planning	8.5	8.5	8.5	8	8	41.5

Strategies and Key actions/activities	Budget estimates in MK millions						
	Year 1	Year 2	Year 3	Year 4	Year 5	Total	
<b>Sub totals</b>	8.5	8.5	8.5	8	8	41.5	
<b>Strategy 4: Developing early warning systems in a disability friendly manner using multi-modal warning means</b>							
4.1 Provide persons with disabilities with support and services that meet their needs during the occurrence of disasters	15	14	13	12	10	64	
4.2 Develop and use disability appropriate technologies in response to climate change and disasters	20	18	15	12	10	75	
<b>Sub totals</b>	<b>35</b>	<b>32</b>	<b>28</b>	<b>24</b>	<b>20</b>	<b>139</b>	
<b>Strategy 5: Carrying out research on climate change, disasters and disability</b>							
5.1 Undertake disability specific research on climate change and disaster risk management			15			15	
<b>Sub totals</b>	<b>-</b>	<b>-</b>	<b>15</b>	<b>-</b>	<b>-</b>	<b>15</b>	
<b>Strategy 6: Raising awareness on the impact of climate change on persons with disabilities</b>							
6.1 Conduct community sensitization and awareness campaigns on the impact of climate change on persons with disabilities	9.5	9	8.5	8	8	43	
<b>Sub total</b>	<b>9.5</b>	<b>9</b>	<b>8.5</b>	<b>8</b>	<b>8</b>	<b>43</b>	
<b>Strategy 7: Including disability in disaster contingency plans and adaptation planning processes</b>							
7.1 Coordinate stakeholders in climate change and disaster risk management	9.5	9	8.5	8	8	43	
7.2 Orient climate change and disaster risk management technical staff in disability mainstreaming	5	4.5	4			13.5	
7.3 Conduct disability needs assessments on climate change and disaster risk management	15	12				27	
7.4 Advocate for disability mainstreaming in all institutions dealing with climate change and disaster risk management	7.5	7	6.5	6	6	33	
<b>Sub totals</b>	<b>37</b>	<b>32.5</b>	<b>19</b>	<b>14</b>	<b>14</b>	<b>116.5</b>	

Strategies and Key actions/activities	Budget estimates in MK millions						Total
	Year 1	Year 2	Year 3	Year 4	Year 5		
<b>Strategy 8: Creating linkages between Community Based Rehabilitation (CBR) and disaster risk and climate change management programs and initiatives</b>							
8.1 Train and sensitize community level disaster management committees and volunteers on disability issues		9.5	9				18.5
8.2 Train DPOs on climate change and disability	3.5	3.5					7
<b>Sub totals</b>	<b>3.5</b>	<b>13</b>	<b>9</b>	<b>-</b>	<b>-</b>		<b>25.5</b>
<b>Overall totals for Priority Area on Cross Cutting Issues</b>	<b>317.5</b>	<b>336.0</b>	<b>306.0</b>	<b>289.9</b>	<b>227.8</b>		<b>1,477.2</b>
<b>OVERALL BUDGET ESTIMATE</b>	<b>3,019</b>	<b>3,270</b>	<b>2,960</b>	<b>2,507</b>	<b>2,451</b>		<b>12,990</b>





