

Disability Inclusive Development Good Practices: Level of Commitment to Core Concepts of Human Rights

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ABSTRACT

Purpose: Good practices have been documented by International Non-Governmental Organisations (INGOs) to promote disability inclusive development and encourage the replication or scaling up of good practices that use rights based approaches. This study aimed to investigate the extent to which Core Concepts of human rights are illustrated in disability inclusive development good practices related to health.

Method: This study analysed case studies of disability inclusive development good practices focusing on health that are available in the public domain using EquiFrame, an established content analysis framework in benchmarking health and social policies.

Results: A total of 42 health related good practices were identified from 3 different INGOs working in the field of disability inclusive development. The highest occurring human rights Core Concepts were; access 55%, individualised services 48%, capacity building 45% and participation 38%. The Core Concepts with the lowest levels of commitment were; autonomy 3%, cultural responsiveness 3%, accountability 3%, and efficiency 3%. Privacy and autonomy were not mentioned at all. The quality of reporting of the core concepts of human rights was low as they did not state specific programme actions or intentions to monitor Core Concepts.

Conclusion: Level of commitment to Core Concept coverage and quality of reporting was low. EquiFrame was successfully extended to analyse disability inclusive development good practices focusing on health. Its use in further analysis of inclusive good practice is advised.

Implications: These results can be used for advocacy in disability inclusive

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development and to guide programme staff training and documentation of disability inclusive development good practices.

Keywords: *UN CRPD, advocacy, human rights, inclusive development, good practice, best practice.*

INTRODUCTION

Disability Inclusive Development good practices are examples of programmes implemented successfully which are published to encourage replication or scaling-up (Handicap International, 2009; UN DESA, 2011). International Non-Governmental Organisations (INGOs) working in disability inclusive development express commitments to a rights-based approach to their work (CBM, 2016; Handicap International, 2009; Light for the World, 2016; UN DESA, 2011).

Good practices are case studies focusing on positive elements of programmes that worked with the aim of providing practical, constructive recommendations for decision makers (CBM, 2016; Handicap International, 2009; Light for the World, 2016). The focus of good practice examples is on the positive, or on what innovations, actions or strategies have proved beneficial within programmes. These good practice examples are often snapshots of a development programme and rarely capture all aspects of a programme or the full impact it has had on an individual or community. However it is possible to assess good practices collectively, by analysing performance against a human rights framework as a whole, and identifying common themes.

The distinction between best practice and good practice should be acknowledged. The United Nations published a guide in 2011 titled *Best practices for including persons with disabilities in development efforts* (UN DESA, 2011). Best practice was defined as being based on the United Nations Convention of the Rights of Persons with Disability (UN CRPD) and adopting a right-based approach (UN ENABLE, 2007). This guide to best practice stated that disability inclusive development should demonstrate; non-discrimination, recognition in the interaction between gender and disability, promotion of accessibility, meaningful partnership of people with disabilities, accountability mechanisms, awareness-raising of disability, utilization of effective partnerships, initiatives that are results-based, demonstrate measurable change and are appropriately resourced, replicable and sustainable (UN DESA, 2011). In order to be called a best practice it must fulfill

the above criteria. In order to be called a good practice example it does not have to fulfill set criteria as in the case of best practice.

Use of EquiFrame for Analysing Good Practices

Development programmes and policies have the potential to protect or violate human rights through the nature of their design or implementation. Development efforts which help fulfill human rights pay attention to issues which often contribute to the marginalisation of people with disability such as; health, poverty, social disadvantage, vulnerability and discrimination (Braveman & Gruskin, 2003; Mann et al., 1994). Many disability-inclusive development INGOs state that they use a human rights based approach to development, which further supports the use of a human rights framework such as EquiFrame for content analysis.

EquiFrame is an established content analysis framework for benchmarking health and social policies from a human rights perspective (Mannan et al., 2011). It has been used to analyse health, rehabilitation, disability, nutrition, sexual and reproductive health and mental health policies as well as instruments such as the UN CRPD (Andersen & Mannan, 2012; Bedri et al., 2013; Eide, Amin, MacLachlan, Mannan, & Schneider, 2012; Ivanova, Dräbel, & Tellier, 2015; MacLachlan et al., 2012; Mannan et al., 2013; Mannan, McVeigh, et al., 2012; Meral & Turnbull, 2016; O'Dowd, Mannan, & McVeigh, 2013; Schneider, Eide, Amin, MacLachlan, & Mannan, 2013; Van Rooy et al., 2012). Policy analysis using EquiFrame can provide a platform for evaluating policy revision and development, identifying a policy's strengths and weaknesses in terms of the protection of human rights (MacLachlan et al., 2012). In addition to its use in policy analysis, it has also been put forward that EquiFrame can be applied to other types of guiding and planning documents such as in practice settings. (Mannan et al., 2013).

AIM AND OBJECTIVES

The aim of this study was to investigate the extent to which Core Concepts of human rights (Stowe & Turnbull, 2001) are illustrated in disability inclusive development good practices. This study extended the use of EquiFrame, (a content analysis framework) originally developed for benchmarking health and social policies from a human rights perspective, examining the extent to which the Core Concepts are used in practice (Mannan, Amin, MacLachlan, & The EquiAble Consortium, 2011), thus extending its use from policy to practice examples.

The purpose of this research was not to highlight any one agency with positive or negative findings. It is hoped through highlighting strengths and weaknesses it can lead to increased consideration and reporting of Core Concepts of human rights in disability inclusive development good practices.

The objectives were

1. To establish the extent to which Core Concepts of human rights are illustrated in disability inclusive development good practices.
2. To identify ways to improve documentation of good practices and suggest how can these be addressed.
3. To extend the application of EquiFrame from a content analysis tool of policies 'on the books' to policies 'on the streets' (i.e. policy in practice).

METHOD

Selection of Good Practice Documents

This study examined good practice documents from INGOs focused on disability inclusive development using a human rights approach. The INGOs selected were the major organisations focusing on disability inclusive development CBM, Light for The World and Handicap International. CBM has been in existence over 100 years and is now working across 63 countries focusing on people affected by extreme poverty and disability with an emphasis on social inclusion and realization of human rights (CBM, 2016). Light for The World has programmes across 15 countries focusing on human rights and disability with an emphasis on eye health, inclusive education and Community Based Rehabilitation (CBR) (Light for the World, 2016). Handicap International was founded in 1982, and is working across 60 countries with vulnerable persons and persons with disabilities aiming to ensure respect for their fundamental rights (Handicap International, 2016). Handicap International set up the "Making it Work" database which pulls together good practice examples which have been successful in implementing the UN CRPD. Examples in this database are from Handicap International and 30 partners including Disabled Persons Organisations (DPOs) over the last 30 years (Handicap International, 2009).

The websites of these three INGOs were searched and all documents and good practice databases available in English were downloaded from the publication

sections on the INGOs websites and scanned for healthrelated examples of disability inclusive good practice. These included both individual case studies and good practices at the project or programme level. All good practices available online relating to health as of 31st August 2014 were selected. Appendix 1 provides the list of good practice documents identified and chosen for analysis.

Inclusion Criteria

All health examples of disability inclusive development good practice were included for analysis. In this analysis, good practices in the field of health were defined as medical, rehabilitation or disability prevention activities. This definition of health is reflected in Article 25 of the UN CRPD and the right to health for people with disabilities (UN ENABLE, 2007).

Exclusion Criteria

Case studies capturing aspects of marginalisation and disadvantage for people with disabilities without offering examples of disability inclusive development good practice were not included for analysis. If a good practice was repeated in multiple publications (i.e. more than one occurrence of same case study) the extended and more detailed version of the good practice was chosen for analysis.

Ethical Considerations

This study was an analysis of secondary data from documents available publicly on the Internet, which have been put forward as examples of good practice in disability inclusive development. There was no ethical clearance required for completion of this study.

Analysis of good practices

The sample of good practices were analysed using EquiFrame. The Core Concepts of human rights in EquiFrame were developed through extensive literature searching. The EquiFrame research identified 37 core concepts, which were further refined through consultations with stakeholder groups to 21 core concepts covering human rights relating to equity in health, delivery health services as a human right and relating to healthcare more generally. Further information is available in Table 1 and in the EquiFrame manual (Mannan et al., 2011).

Table 1. EquiFrame Core Concepts, Key Questions and Key Language adapted from Mannan et al for use in good practice document analysis (Mannan et al., 2011)

No.	Core Concept	Key Question	Key Language
1.	Non-discrimination	Does the good practice support the rights of vulnerable groups with equal opportunity in receiving health care?	Vulnerable groups are not discriminated against on the basis of their distinguishing characteristics (i.e. Living away from services; Persons with disabilities; Ethnic minority or Aged).
2.	Individualised services	Does the good practice support the rights of vulnerable groups with individually tailored services to meet their needs and choices?	Vulnerable groups receive appropriate, effective, and understandable services.
3.	Entitlement	Does the good practice indicate how vulnerable groups may qualify for specific benefits relevant to them?	People with limited resources are entitled to some services free of charge or persons with disabilities may be entitled to respite grant
4.	Capability-based services	Does the good practice recognize the capabilities existing within vulnerable groups?	For instance, peer-to-peer support among women headed households or shared cultural values among ethnic minorities.
5.	Participation	Does the good practice support the right of vulnerable groups to participate in the decisions that affect their lives and enhance their empowerment?	Vulnerable groups can exercise choices and influence decisions affecting their life. Such consultation may include planning, development, implementation, and evaluation.
6.	Coordination of services	Does the good practice support assistance of vulnerable groups in accessing services from within a single provider system (interagency) or more than one provider system (intra-agency) or more than one sector (intersectoral)?	Vulnerable groups know how services should interact where inter-agency, intra-agency, and intersectoral collaboration is required.
7.	Protection from harm	Vulnerable groups are protected from harm during their interaction with health and related systems	Vulnerable group are protected from harm during their interaction with health and related systems

8.	Liberty	Does the good practice support the right of vulnerable groups to be free from unwarranted physical or other confinement?	Vulnerable groups are protected from unwarranted physical or other confinement while in the custody of the service system/provider.
9.	Autonomy	Does the good practice support the right of vulnerable groups to consent, refuse to consent, withdraw consent, or otherwise control or exercise choice or control over what happens to him or her?	Vulnerable groups can express “independence” or “self-determination”. For instance, person with an intellectual disability will have recourse to an independent third party regarding issues of consent and choice.
10.	Privacy	Does the good practice address the need for information regarding vulnerable groups to be kept private and confidential?	Information regarding vulnerable groups need not be shared among others.
11.	Integration	Does the good practice promote the use of mainstream services by vulnerable groups?	Vulnerable group are not barred from participation in services that are provided for general population.
12.	Contribution	Does the good practice recognize that vulnerable groups can be productive contributors to society?	Vulnerable groups make a meaningful contribution to society.
13.	Family resource	Does the good practice recognize the value of the family members of vulnerable groups in addressing health needs?	The good practice recognizes the value of family members of vulnerable groups as a resource for addressing health needs.
14.	Family support	Does the good practice recognize individual members of vulnerable groups may have an impact on the family members requiring additional support from health services?	Persons with chronic illness may have mental health effects on other family members, such that these family members themselves require support.
15.	Cultural responsiveness	Does the good practice ensure that services respond to the beliefs, values, gender, interpersonal styles, attitudes, cultural, ethnic, or linguistic, aspects of the person?	i) Vulnerable groups are consulted on the acceptability of the service provided ii) Health facilities, goods and services must be respectful of ethical principles and culturally appropriate, i.e. respectful of the culture of vulnerable groups

16.	Accountability	Does the good practice specify to whom, and for what, services providers are accountable?	Vulnerable groups have access to internal and independent professional evaluation or procedural safeguard.
17.	Prevention	Does the good practice support vulnerable groups in seeking primary, secondary, and tertiary prevention of health conditions?	
18.	Capacity building	Does the good practice support the capacity building of health workers and of the system that they work in addressing health needs of vulnerable groups?	
19.	Access	Does the good practice support vulnerable groups – physical, economic, and information access to health services?	Vulnerable groups have accessible health facilities (i.e., transportation; physical structure of the facilities; affordability and understandable information in appropriate format).
20.	Quality	Does the good practice support efficiency by providing a structured way of matching health system resources with service demands in addressing health needs of vulnerable groups?	Vulnerable groups are assured of the quality of the clinically appropriate services.
21.	Efficiency	Does the good practice support efficiency by providing a structured way of matching health system resources with service demands in addressing health needs of vulnerable groups?	

The documents were analysed under the following according to EquiFrame indices (Mannan et al., 2011).

(i) Core Concept Coverage – Whether the concept was mentioned in the document. When one statement met multiple Core Concepts the good practice example was scored as expressing both or more Core Concepts.

(ii) Core Concept Quality – Each Core Concept appearing was then scored for the level of commitment to that Core Concept. This was scored from 1-4, with level

1 indicating that the concept was mentioned, to level 4 where the concept was explained and an intention to monitor expressed. Table 2 provides information on scoring and examples of narrative data extracted. When several references to a particular Core Concept were found the highest score received was recorded for this Core Concept. When the scoring for a particular item was not clear a discussion was held with a second assessor to reach a consensus.

Table 2. Level of Commitment: Scoring and Examples of Narrative Language

Level of Commitment	Core Concept	Example from Analysis
Level 1 = concept mentioned	Coordination of services	"The Commission now directs the child and their parents towards the appropriate services in the education, rehabilitation and health areas."
Level 2 = concept mentioned and explained	Capability-based services	"Peer support activities implemented by people with disability themselves significantly contributed to raising disability awareness as well as profiling people with disabilities as productive members of society."
Level 3 = specific policy actions identified to address concept	Participation	"Outcomes included training programmes for project staff and community health volunteers, with a focus on awareness-raising, addressing stigma, early identification and referral to disability services in the region ... Training cluster programme leaders and appointed disability coordinators from each of the programmes to facilitate, lead and review the implementation of disability-inclusion activities across the 40 health programmes."
Level 4 = intention to monitor concept was expressed	Participation	"People with disabilities were also members in Core Coordination Committees (Public Health project planning & monitoring committees at the district level) to plan and implement activities. Being members, they contributed in planning and monitoring, by sharing the issues of persons with disabilities at the village level."

(iii) Vulnerable Group Coverage – The documents were analysed for each of the 12 vulnerable groups mentioned. It has been reported that disability disproportionately affects vulnerable groups, for example the aged, those suffering with chronic illness and women (World Health Organisation & World Bank, 2011). Incorporating the needs of vulnerable groups in programming is an essential part of these groups achieving their human rights and so the inclusion of this in the study was deemed of importance (Amin et al., 2011).

(iv) Overall Summary Ranking in terms the level of commitment to Core Concepts being high, moderate or low standing according to the following criteria:

High = if the policy achieved $\geq 50\%$ on all of the three scores above.

Moderate = if the policy achieved $\geq 50\%$ on two of the three scores above.

Low = if the policy achieved $< 50\%$ on two or three of the three scores above.

The number of Core Concepts mentioned out of 21 Core Concepts was calculated for each good practice example. The number of Core Concepts that scored a level of commitment of 3 – 4 was calculated for each good practice example. The averages of these scores were then calculated for all good practices included in the analysis. This ensured that no one single documents or organisations became singled out as the aim was not to highlight any one agency or practice example.

Each good practice example was also given a score out of 12 for the number of Vulnerable Groups documented in the good practice example. When Core Concepts or Vulnerable Groups were negatively expressed, the Core Concept or Vulnerable Group was still scored as appearing in the narrative. When an intention to address a human rights Core Concept or Vulnerable Group was stated, this was also scored as appearing in the narrative.

Taxonomy of Core Concepts

The taxonomy of the Core Concepts of human rights found in EquiFrame can be further categorized as being founded in underlying constitutional, ethical or administrative principles or a combination of same (Mannan, MacLachlan, & McVeigh, 2012; Stowe & Turnbull, 2001). The Core Concepts involved have a strong background in national and international legislative documents, providing some Core Concepts with a more constitutional background. Other Core Concepts have a clear ethical grounding in their purpose being to improve quality of life for the person and/or families. Other Core Concepts may be more related to

administrative principles, for example concepts relating to the implementation and action of policies. The Core Concepts mentioned in good practice documents were classified according to which principles they represented. This was then compared to the taxonomy of Core Concepts mentioned in policy documents which had been previously been analysed with EquiFrame in order to compare any differences between policy and practice (Andersen & Mannan, 2012; Bedri et al., 2013; Ivanova et al., 2015; Mannan, MacLachlan, et al., 2012; Mannan, McVeigh, et al., 2012; O'Dowd et al., 2013; Van Rooy et al., 2012).

Adaptations Needed for Use of EquiFrame in Analysing Good Practices

The wording of Key Questions and Key Language for human rights Core Concepts in the EquiFrame is tailored for policy analysis. For the purpose of this analysis the word 'policy' was substituted with 'good practice', which included programmes, policies as well as case studies of individuals (Table 1).

For the level of commitment scoring, level 3 was interpreted as specific programme actions identified to address the concept. This could include addressing the Core Concept in programme objectives, programme structure or action plan. For scoring level of commitment 4, 2 and 1, the wording of the criteria did not require adaptation to carry out the analysis.

It was also acknowledged that good practice examples are less detailed than a policy document. Therefore it was acknowledged that while using EquiFrame for analysis not all Core Concepts would be expected to be present in each good practice document. As a consequence the good practice documents were analysed collectively to gain patterns of which Core Concepts were highlighted most frequently and to what extent.

RESULTS

A total of 42 disability inclusive good practices in the field of health were identified and included. These examples covered a wide geographical spread including; Bangladesh, Bosnia, Burkina Faso, Cambodia, China, Ethiopia, Haiti, Herzegovina, India, Kenya, Kosovo, Lebanon, Macedonia, Mali, Nigeria, Palestine, Paraguay, Philippines, Serbia, South Africa, Tibet, Uganda, and Vietnam. A range of programme types were covered by these documents from Community-Based Rehabilitation (CBR), to eye health and post-conflict services.

Core Concept Coverage and Quality

Level of commitment to Core Concepts was low at 18% on average across all 42 good practice examples. Level of commitment to Core Concept quality was also low with only 2% on average reporting specific programme objectives, actions or structures or an intention to monitor the Core Concept (a score of 3-4).

Highest occurring Core Concepts included; access 55%, individualized services 48%, capacity building 45%, and participation 38%. Those mentioned in less than 30% of examples included; non-discrimination, integration and entitlement. Core Concepts mentioned in less than 20% included; capacity-based services, family support, prevention, quality, coordination of services and family resource. Those mentioned with less frequency again in less than 10% of examples included; autonomy, cultural responsiveness, accountability, efficiency, protection from harm and contribution. The Core Concepts of liberty and privacy were not mentioned at all. One good practice example did not mention any Core Concepts.

Table 3. Core Concepts Coverage

Core Concept Coverage	Core Concepts
Mentioned most frequently (≥ 25% of examples)	Access Individualized services Capacity building Participation Entitlement
Mentioned with lower frequency (>15% of examples)	Family Resource Non-discrimination Integration Capability-based services Coordination of services
Mentioned with minimal frequency (≤15% of examples)	Family Support Prevention Quality Contribution Protection from harm Efficiency Accountability Cultural Responsiveness Autonomy
Not Mentioned	Liberty Privacy

Vulnerable Groups Coverage

Unsurprisingly, the highest occurring vulnerable group was persons with a disability mentioned in 100% of examples followed by children with special needs at 31%. All other vulnerable groups were mentioned with low frequency in 3 examples or fewer; women headed households, those with limited resources and living away from services were mentioned in only 8% of examples. The aged, youth and ethnic minorities were mentioned in 5% of examples. Those suffering from chronic illness and mother child mortality were mentioned in only 3% of examples. The Vulnerable Groups of those with increased relative risk for morbidity and displaced populations were not mentioned at all.

All good practice examples were categorized as having low levels of commitment for overall summary ranking. This was as a result of Core Concept quality and vulnerable group coverage being low across all samples.

Table 4. Overall Rankings (Concept Coverage, Quality and Vulnerable Group Coverage)

	Low Good Practice achieved <50% on 2 or more scores		
	≤ 10%	11-30%	31-50%
Number of Individual Good Practices	29	12	1
Total Number of Individual Good Practices	42		

*Based on Core Concept coverage, Core Concept quality or Vulnerable Group Coverage.

Taxonomy of Core Concepts

When the Core Concepts were categorized by their underlying principles of administrative, constitutional and ethical there was little difference between the three. The findings of previous studies that analysed 17 policy documents with EquiFrame (Andersen & Mannan, 2012; Bedri et al., 2013; Mannan, MacLachlan, et al., 2012; Mannan, McVeigh, et al., 2012; O'Dowd et al., 2013; Van Rooy et al., 2012) were categorized relating to the relevant taxonomies. The Core Concepts relating to administrative were mentioned 72% of the time, ethical 71% of the time and constitutional 68% of the time. Although the Core Concepts were mentioned less often in good practice documents and thus the percentages were lower, a similar trend was seen with administrative mentioned at 20%, ethical at 15% and constitutional at 12% of the time.

Table 5. Taxonomy of Core Concepts – Good Practice Document and Policy Comparison

	Administrative % Coverage of Core Concepts	Constitutional % Coverage of Core Concepts	Ethical % Coverage of Core Concepts
Good Practice Documents	20%	12%	15%
Policy Documents	72%	68%	71%

DISCUSSION

Strengths of Good Practices

The analysis demonstrated that some human rights Core Concepts are better represented in health disability inclusive development good practices than others. This includes; access, individualised services, participation and capacity building. Some of the highest occurring themes reflect findings of a previous study which analysed the UN CRPD using EquiFrame, where access was also the highest occurring theme and where participation and individualised services also scored relatively highly (Mannan, MacLachlan, et al., 2012). The majority of publications included in this analysis were published after the development of the UN CRPD in 2007 and after the United Nations issued the document Best practices for including persons with disabilities in all aspects of development efforts in 2011 which states best practice should be based on the UN CRPD (Handicap International, 2009; UN DESA, 2011; UN ENABLE, 2007). It not surprising therefore that there is considerable overlap between highest occurring human rights Core Concepts in good practice examples and the Core Concepts represented by the guiding principles' of the UN CRPD. Collectively the good practices analysed in this project covered 84% of all Vulnerable Groups, which is higher than the 75% Vulnerable Group coverage in the CRPD.

The potential influence of the UN CRPD on practice is an important finding. The UNCRPD covers nearly all of the Core Concepts. However, while there is high coverage some Core Concepts are mentioned minimally such as quality, coordination of services, cultural responsiveness and privacy, and for the Core Concept of efficiency not at all. For example the Core Concept of quality was found to be mentioned only once in the UN CRPD in Article 25 exclusively relating to

health and was not mentioned in reference to other sectors such as education and social protection (Mannan, MacLachlan, et al., 2012). The UN CRPD can be seen as an aspirational guide of practice and has been found to be congruent to many Core Concepts also found in both US and Turkish disability policy (Meral & Turnbull, 2016). While the potential influence of the UN CRPD on good practice is a welcome finding, programmes should be mindful that all Core Concepts are considered and given relevant importance to their programming including those less prevalent and not mentioned in the UN CRPD.

Gaps identified

The benefit of analysing good practice examples through a human rights framework lens is that we can identify areas for improvement for future programmes and reporting. There were Core Concepts not mentioned in the sample such as liberty and privacy. Other Core Concepts were mentioned only once in the sample for example autonomy, cultural responsiveness, accountability and efficiency. However, it could be possible that some of the unmentioned Core Concepts were integrated into programme practice but went unreported, for example, the Core Concept of privacy, which includes the rights for an individuals' information to be kept private. It could be inferred that this was likely happening throughout these good practice programmes however was not documented. It would be beneficial for programmes to report on all Core Concepts in future good practice examples to show the extent to which individuals' rights were considered. In addition, the level of commitment to quality of reporting of Core Concepts was low with minimal examples demonstrating specific programme actions or intentions to monitor Core Concept elements.

Not all Core Concepts need to be addressed in each good practice document, however if all Core Concepts being practiced are documented it would provide a greater detail to guide others adopting disability inclusive good practice in their specific context. When addressed it needs to be of high quality with a specific programme action and/or monitoring discussed. Overall the good practice examples were of low quality in commitment to reporting the Core Concepts mentioned. Specific programme actions or monitoring were not mentioned in the majority of documents, which makes practice of the Core Concepts difficult to replicate or scale up in other programmes. With replication and scaling up of good practices being the intention of these good practice examples, the lack of reporting of specific programme actions and monitoring can be seen as a major

area for improvement. Future good practice examples need to express the level of commitment to each Core Concept mentioned noting specific programme actions and ideally how it was or will be monitored.

As mentioned it is important to note that it may not be necessary for each good practice example to encompass all the Core Concepts as they may not all be relevant in every case. For example the Core Concept of individualized services may not be as relevant to community wide programmes to address stigma and disability. This was one of the key differences in using EquiFrame for non-policy related analysis as not all Core Concepts were expected to be present in each document as a good practice examples are more of a snapshot than a complete report on a programme. The collective analysis allowed for another application of EquiFrame and for identification of trends of Core Concepts that were present across good practice documentation. However, it would be important to consider each Core Concept of human rights in good practice documentation.

With the exception of persons with disabilities and children with special needs, all other Vulnerable Groups had low coverage in the sample. It was surprising to see that only three good practice examples mentioned women specifically, considering the evidence around the double burden of disability and gender, as well as that the United Nation's Best practices for including persons with disabilities in development efforts stating that a recognition in the interaction between gender and disability is necessary for disability inclusive development best practice (UN DESA, 2011).

Criteria for Disability Inclusive Development Good Practice

There is a great degree of variability in the processes used by INGOs when publishing disability inclusive development good practices, both with regards to their selection criteria and selection process. There was also variability between publications produced by the same agency. While some publications stated their selection processes and criteria for good practices, other publications did not, making it difficult to know how the agency defined good practice in that circumstance.

As well as differences in criteria for disability inclusive development good practices, selection processes varied between publications. For example, some good practices were submitted by project partners following a request from the INGO, while other publications stated disability inclusion trained field workers

were sent to certain programmes to document examples of good practice. Some publications described a multi-stage selection process with good practice examples being reviewed by a district panel, with final selections for publication then being made by a regional committee. Other publications did not state the process of how good practices were gathered or selected. More information on criteria for selection of good practice examples would be of benefit.

The Core Concepts underlying taxonomy regarding principles of administrative, ethical or constitutional were also considered, and while administrative had slightly higher frequency, all scored similar to each other in both policy and practice documents. A similar trend was seen between policy and good practice documents, which was an interesting finding. The influence of policy on practice could be a reason for this and the case is made for more comprehensive policies encompassing the Core Concepts of human rights which may in turn influence the principles in practice.

CONCLUSION

Good practice examples allow programmes to promote and share disability inclusive development for replication and scaling up. The use of a human rights framework EquiFrame for analysis of these examples can ensure they include all the necessary Core Concepts of human rights for each programme – highlighting strengths of programmes and identifying gaps. Knowledge of which Core Concepts and Vulnerable Groups have the lowest levels of commitment from this study can be used for advocacy in disability inclusive development and to guide programme staff training and documentation of good practices, targeting human rights Core Concepts and Vulnerable Groups including those who were not well represented in the analysis of good practices. This can allow for a more comprehensive disability inclusive development practice and full realisation of the rights of persons with disabilities.

Implications

Good practice examples of disability inclusive development put forward should:

- (i) Consider all Core Concepts of human rights relevant to their programme
- (ii) Consider all Vulnerable Groups relevant to their programme
- (iii) Report all Core Concepts and Vulnerable Groups considered within the good practice example

- (iv) Increase the quality of reporting by including specific programme actions and intentions to monitor Core Concepts.

EquiFrame has demonstrated the ability to identify strengths and gaps in policy and practice in terms of human rights Core Concepts, level of commitment to Core Concepts and the targeting of Vulnerable Groups. EquiFrame was easily administered in the analysis of health disability inclusive development good practices, requiring only minor adaptations as discussed in the methods section of this report. Further adaptations of Key Questions and Key Language may be useful for administering EquiFrame in guiding documents outside of the health sector.

Limitations

It was not expected that all Core Concepts should be present in each good practice example therefore the examples were analysed collectively. As the documents did not use EquiFrame in guiding reporting of the practice examples the ranking, while demonstrating low reporting of the Core Concepts, does not necessarily mean low commitment in practice. This analysis was limited to good practice examples from the INGO sector. Further study of available good practice examples of disability inclusive development from governmental organisations, in particular UN CRPD country reports, would be of benefit. This study was limited to health examples of disability inclusive development good practices. Analysis of further good practice inclusive development examples for the inclusion of the Core Concepts of human rights in areas not covered in this study, for example education, would be beneficial.

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Appendix 1

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