

# A NATIONAL ACTION PLAN FOR THE INCLUSION OF PERSONS WITH DISABILITIES IN LIBERIA 2018-2022



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## Foreword

**F**or the first time in Liberia’s history, a National Action Plan for the Inclusion of Persons with Disabilities is bringing together all levels of government in a unified, nation-wide approach to improving the lives of people with disabilities. At the very heart of the plan is the belief that people with disabilities should be fully included in society, and that to achieve that, there is a need for a national shift in attitudes and policies.

The purpose of the UN Convention on the Rights of Persons with Disabilities (CRPD) is to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”. Persons with disabilities often face unique challenges when it comes to participating in everyday life activities. Many of the difficulties stem from the way society is organized, and a limited awareness of exclusionary practices. It is therefore important to consider to what extent society supports or restricts the independence and choices of individuals with disabilities as well as access to education, income, community living, and inclusion in society as a whole.

Ratified in 2012 by the Government of Liberia, the CRPD provides overarching guidance on the achievement of inclusive practices across all aspects of society. To promote this work, the United Nations Development Programme (UNDP) has supported the development of a National Action Plan for the Inclusion of Persons with Disabilities, with the express purpose of outlining a strategy of inclusion across key social indicators. The plan includes concrete objectives which are realistic and achievable over a five-year timeline, with cost and oversight recommendations. The plan will be implemented, monitored, and evaluated in close collaboration with organizations of persons with disabilities and support service organizations.

The National Action Plan for the Inclusion of Persons with Disabilities has as its aim the promotion of an inclusive society where people with disabilities can reach their full potential and participate in the everyday life of the community.

In supporting this aim, the National Action Plan recognises that:

- Disability is an issue impacting all aspects of Liberian society;
- The Government Liberia values all its citizens, and is committed to promoting the inclusion of persons with disabilities in government, public services, and private enterprise;
- New policy directions aimed at supporting independence and inclusion of people with disabilities in society will have a positive impact on public services delivery across government departments.

With the National Action Plan to Implement the UN Convention on the Rights of Persons with Disabilities, the Government of Liberia is setting a process in motion which will exert a major influence throughout the next five years, not only on the lives of persons with disabilities, but on all citizens of Liberia. Under its pro-poor agenda, the government has committed to prioritize, among others, persons with disabilities and older adults. The intent of inclusion is to shape the mindset and culture of all people in order to build a stronger, more diverse society.

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H.E. Dr. George M. Weah, President  
Republic of Liberia

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## Abbreviations and Acronyms

ADL	Activities of Daily Living
ADD	Action for Disability & Development
ACHPR	African Convention on Human and People's Rights
AT	Assistive Technology
BCR	Bureau of Corrections and Rehabilitation
CRPD	UN Convention on the Rights of Persons with Disabilities
CRC	UN Convention on the Rights of the Child
DALYS	Disability-Adjusted Life Years
DESA	UN Department of Economic and Social Affairs
DPOs	Disabled Persons' Organisation
GPDD	Global Partnership for Disability and Development
HI	Humanity & Inclusion (formerly Handicap International)
ICF	International Classification of Functioning (World Health Organisation)
ICT	ICT Information and Communication Technology
ILO	International Labour Organization
LNAD	Liberia National Association of the Deaf Incorporated
MSPs	Multi-Stakeholder Partnerships
NAP	National Action Plan
NGO	Non-Governmental Organisation
NRRAP	Liberian National Human Rights Action Plan
NUOD	National Union of the Disabled
SIDA	Swedish International Development Cooperation Agency
SDGs	Sustainable Development Goals
UD	Universal Design
UDL	Universal Design for Learning
UNDP	United Nations Development Programme
UPR	Universal Periodic Review
WHO	World Health Organisation

## Glossary of Disability-Specific Terminology

Accessible formats	Print, audio or visual information that persons with disabilities easily access and understand.
Braille	A writing system comprised of raised dots, used by some individuals who are blind or have low vision.
Assistive Device/ Assistive Technology	Tools or technologies whose primary purpose is to maintain or improve an individual's functioning and independence, to facilitate participation in society, and to enhance overall well-being. They can also help prevent impairments and secondary health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication capacities.
Disability	Definitions vary, but in broad terms refers to individuals who have long-term physical, mental, intellectual or sensory impairments; which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. The CRPD recognises that: 'disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others'.
Disability-Adjusted Life Years	World Health Organisation term used to estimate the sum of years of life lost due to premature mortality and years of healthy life lost due to disability. The term is factored into statistics of the Global Burden of Disease, a comprehensive global research programme that assesses mortality and disability from major diseases, injuries, and risk factors.
Disability Discrimination	'Any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field'. (CRPD, Article 2)
Disabled Persons' Organisation	An organisation run by and for persons with disabilities.
Easy-to-Read	Simplified language and pictures for people who are non-native speakers of a language or have an intellectual/learning disability.
Inclusion	A human rights-based philosophy that promotes including people with disabilities in everyday activities and allowing for them to have roles in all aspects of society that are similar to their peers who do not have a disability.
Inclusive Education	An educational model that promotes children with and without disabilities participating and learning together in the same classes. Where special supports cannot be

	accommodated in a mainstreamed environment, children with special needs will receive those services/supports elsewhere but spend the majority of their time in class with non-disabled peers.
Mainstreaming	An aspect of the broader concept of 'inclusion', which refers to persons with and without disabilities interacting in the same environment without segregation.
Person-First Language	The preferred linguistic description of a person with a disability. It aims to avoid perceived dehumanization by placing the person first and the disability or medical condition second. For example, "a person who is blind" is preferred over "a blind person"
Reasonable accommodation	'Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.' (CRPD, Article 2)
Tactile Communication	A system of raised letters or images used by persons with visual disabilities based on the Braille system or tactile symbols.
Universal Design	The design of products, environments, programmes and services that can be accessed by all people to the greatest extent possible, without the need for adaptation or specialized design.
Universal Design for Learning (UDL)	An educational framework based on research in the learning sciences, that guides the development of flexible learning environments that can accommodate individual learning differences and permits customizable options, which allow all learners to progress from their own, individual starting points.



## Introduction

The aim of this document is to support Liberia in the realization of a National Action Plan (NAP) on Persons with Disabilities to align goals and affirm its commitment to the UN Convention on the Rights of Persons living with Disability (CRPD). The purpose of the CRPD is to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (Article 1). It defines persons with disabilities as including “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article 1). The CRPD was ratified by the Government of Liberia (GOL) in 2012, however progress on implementation has not yet been fully realised. Subsequent analyses, including the five-year National Human Rights Action (2013-2018) and the Agenda for Transformation 2013-2017, acknowledged that persons with disabilities continue to face discrimination and lack access to the full rights and participation of other citizens. Progress has been further hampered by a lack of adequate data on prevalence, needs, service gaps, and inclusion practices at the local and national levels

A new Government was elected in 2018 and has expressed a renewed interest in its commitment to prioritizing disability. The GOL has agreed to strengthening support and protection measures for persons with disabilities, and to submit a progress report to the CRPD, which was due in 2014 under the prior administration. Support and protection must not only include implementation of the CRPD Articles, but also adoption of the Optional Protocol, which will allow for greater oversight and opportunity for remedies when agreed government actions are not met.

## Background

Globally, more than one billion persons - approximately 15% of the world’s population, live with some form of disability. However, The World Report on Disability has estimated that 80% of all persons with disabilities live in developing countries<sup>1</sup>. Lack of protection and exclusion from education, employment, and civic participation increases the level of stigmatization and exacerbates the already high rates of poverty. Women and children with disabilities and other persons of concern often experience multiple forms of discrimination, increasing their vulnerabilities and reducing opportunities to exercise their rights to political, social and economic inclusion. This is worsened when disability is experienced in combination with other aspects of known identity discrimination, such as age, ethnicity, race, indigenous or minority status, or refugee status. In

addition, heightened levels of exclusion are often experienced by individuals with specific types

of disabilities, especially those with intellectual, mental health, or psychosocial disabilities.

Disability is discussed amongst development issue because of the strong bidirectional link between poverty and disability<sup>2</sup>. The concomitants of disability often lead to poverty as a result of widespread exclusion in education, economic equality, health care, and social participation. Likewise, poverty may also cause disability through malnutrition, poor healthcare, and inadequate or dangerous living and working conditions.

### A Human Rights-Based Approach to Disability Inclusion

“We cannot keep doing things the same way and expect a different outcome.”

- Her Excellency Madam Jewel Howard Taylor, Vice President of Liberia

<sup>1</sup> World Health Organization and World Bank, 2011

<sup>2</sup> WHO, 2011

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Disability also occurs at many stages in people’s lives including through accident, illness and through the aging process. For this reason, it is important to recognize that needs can change particularly as a person with a disability ages.

The World Health Organization’s International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Disability is described as the interaction between individuals with a health condition and personal and environmental factors, such as negative attitudes, inaccessible

transportation and public buildings, and limited social supports<sup>3</sup>. The ability of

persons with disabilities in Liberia to participate in society is often obstructed because physical environments, transportation and information and communications systems are not accessible and there exists widespread social and cultural exclusionary beliefs. Outdated models of disability have been repeatedly shown to increase stigmatization and discrimination against persons with disabilities<sup>4</sup>.

Despite the recognition of restrictive nature of the Charity Model and Medical Model of Disability, such paradigms continue to be reflected in the laws and policies in Liberia and across Africa. Legal and policy frameworks based on these older models contribute to the ongoing marginalization of persons with disabilities by allowing segregated education, promoting long-term care institutions rather than community-based living options, restricting full access to livelihoods development and economic independence, and

excluding them from decision-making and policy development processes. The CRPD has rejected traditional models of disability based on their isolationist outcomes, and instead encourages disability to be viewed as a human rights issue, emphasizing the full participation of persons with disabilities in asserting their rights and development. This philosophy is a key foundation of the Social Model of Disability, which identifies systemic barriers, negative attitudes and exclusion by society (purposely or inadvertently) as the main contributory factor in disabling people. While physical, sensory, intellectual, or psychological variations may cause individual functional limitation or impairments, these do not necessarily lead to disability unless society fails to take account of and include people regardless of their individual differences.

The **Human Rights Model of Disability** builds on the Social Model, placing it within a framework of rights and

responsibilities. As such, persons with disabilities are viewed as recipients of human rights law in the same manner as all other persons. A person’s disability is recognized and respected as an element of natural human diversity on the same basis as race or gender. The Human Rights Model addresses disability-specific prejudices, attitudes, and other barriers to the enjoyment of human rights and places the responsibility for ensuring equality and non-discrimination on the government and society at large.

### UN Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities (CRPD) is an international doctrine which describes and details the fundamental rights of persons with disabilities and sets out the obligations of States to ensure such human rights are protected. Through its 50

*The Human Rights Model places the responsibility on governments and society for ensuring that the political, legal, social, and physical environments support the human rights and full inclusion and participation of persons with disabilities. (UN CRPD Toolkit for Africa, 2016)*

<sup>3</sup> WHO, 2018

<sup>4</sup> International Disability Alliance, 2016

articles, the CRPD establishes a comprehensive framework to protect and promote the rights of persons with disabilities. The Convention is complemented by an Optional Protocol that establishes procedures that strengthen the implementation and monitoring of the Convention, by recognizing the competence of the CRPD's Committee on the Rights of Persons with Disabilities to review complaints from individuals or groups who claim their rights under the Convention have been violated. The Optional Protocol draws upon the expertise of the Committee to investigate, report on and make recommendations on "grave or systematic violations" of the CRPD.

The CRPD does not aim to create new rights; rather, it seeks to apply the existing human rights law framework to the context of disability. In this sense, it provides guidance to States on how human rights law should apply to the lives of persons with disabilities.

Liberia signed and ratified the UN Convention on the Rights of Persons with Disabilities in 2012, signalling its commitment to equality and inclusion of all persons with disabilities, regardless of age or ability. However, Liberia has not yet signed the Optional Protocol, Countries that have ratified the CRPD are required to have a structured, planned approach towards progressively achieving the social, cultural, and economic rights set out in the Convention.

The National Action Plan for the Inclusion of Persons with Disabilities in Liberia has been designed to provide a strategic framework to advance those rights, giving due consideration to the obligations contained within its various articles. It is important to recognize that this document sets forth the *initial* steps of inclusion. The full scope of the CRPD is broader than the current National Action Plan and considers the concept of "progressive realization" in relation to economic, social and cultural rights. This acknowledges that States have different economic capacities and, accordingly, varying levels of ability to implement economic, social and cultural rights fully within a given time-frame. Such measures do not abdicate the responsibilities of the government to protect and promote the rights of persons with disabilities; rather they acknowledge a realistic timeline for reasonable achievement of goals.

Implementation of the National Action Plan for the Inclusion of Persons with Disabilities in Liberia will be monitored in line with the provisions set out in Article 33 of the CRPD.

## Context and Situation Analysis

Individuals with disabilities are among the most discriminated and marginalised populations in Liberia, despite the country's ratification of the CRPD in 2012 and inclusive policies embedded in related human rights-based legislation. Current statistics on the number of people living with disabilities in Liberia are not readily available. However, estimates of prevalence are between 16-20% of the general population, based on available sources. Specific numbers are difficult to determine as data on disability are not presently included in the national census, nor are they routinely captured in educational or employment statistics. Prevalence is also confounded by disabilities that have been acquired by the aging process, civil war, and the recent Ebola epidemic.

A baseline review on mainstreaming the rights of persons with disabilities conducted by the UN Department of Economic and Social Affairs noted that Liberia lacked adequate government policy or standards to promote the rights of persons with disabilities, had limited provision of relevant services and inadequate allocation of financial resources, and that persons with disabilities lacked access to or were excluded from public services<sup>5</sup>. This final point can be further expanded to note that exclusion occurs in terms of inaccessibility of the built environment (both public and private), lack of access to livelihoods, and limited social acceptance of persons with disabilities.

## Disability and Poverty

Liberian Disabled People's Organisations (DPOs) estimate that 99% of persons with disabilities live in extreme poverty, mainly due to exclusion from education, skills training, work and income generation

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<sup>5</sup> DESA, 2010

opportunities<sup>6</sup>, twice as high as the average rate (48%) for Liberians without a disability. This was further described in the recent research report "Understanding the Political and Institutional Conditions for Effective Poverty Reduction for Persons with Disabilities in Liberia" conducted by Leonard Cheshire Disability<sup>7</sup>. A comprehensive three-year study on the conditions and rights of persons with disabilities in Liberia was conducted to investigate how multidimensional poverty affects wellbeing among individuals with disabilities and their families in Liberia and to examine the effects that existing policies have on the lives of persons with disabilities. Several key findings emerged from the study:

1. There is a lack of expectation around state support, particularly regarding the rights and responsibilities of the state towards older adults and women.
2. Persons with disabilities – particularly women with disabilities – and their families are at increased risk of multidimensional poverty and have limited or no capacity to withstand any kind of situational 'shock'.
3. Adults and children with disabilities are not well supported by the current education system, and experience higher levels of exclusion.
4. Healthcare workers at all levels need training on disability.
5. Persons with disabilities are often politically disengaged, perpetuating marginalization and exclusion.
6. Persons with disabilities experience higher risk of crime and insecurity.

A key outcome of the Leonard Cheshire Disability study was to provide an evidence base to support the policy environment, including decision making processes such as the development of a national plan on disability or a 'disability roadmap'. This has served as the impetus for the development of a National Action Plan for the Inclusion of Persons with Disabilities in Liberia.

Liberia's Agenda for Transformation 2012-2017 noted that that "There are cultural biases against persons with

disabilities, as well as many physical and logistical barriers to their accessing economic, social, cultural, medical, and educational facilities and opportunities". Such observations suggest a tacit acceptance of the need to embrace the Human Rights Model of Disability and establish a National Action Plan that is inclusive of environmental and social factors that can enhance the full participation of Liberian citizens with disabilities.

## Gender Disparity

All individuals with disabilities are considered marginalised within Liberian society, and in need of greater supports and protection. However, additional vulnerabilities are experienced on the basis of both gender and disability, with multidimensional discrimination placing women and girls in a significantly worse position than their male peers.

The CRPD highlights this point throughout the Convention, noting in its preamble that women and girls with disabilities are often at greater risk of violence, abuse, neglect, or exploitation. One of the underlying principles of the CRPD is the recognition of "equality between men and women with disabilities"<sup>8</sup>. Girls and women with disabilities, and mothers of children with disabilities, are subjected to multiple forms of discrimination on the basis of gender and disability, the latter often being blamed for giving birth to a child with a disability as punishment for their personal wrong doing, which, in the eyes of the community, justifies the departure of their spouse and the withdrawal of family support<sup>9</sup>. This has often been the case in Liberia, as well as increased reports of physical, sexual, and psychological violence among women and girls with disabilities<sup>10</sup>. In a recent report on the need to address Sexual and Gender-Based Violence (SGBV) in Liberia, the Office of the High Commissioner for Human Rights (OHCHR) has recommended that UN agencies "ensure that any efforts undertaken to address sexual violence are founded on a human rights-based approach, with the active participation of all relevant stakeholders,

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<sup>8</sup> UNCRPD, Article 3, 2006

<sup>9</sup> International Disability Alliance (IDA), 2011

<sup>10</sup> SGDV Report, Liberia, 2016

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<sup>6</sup> SIDA, 2014

<sup>7</sup> Kett, Cole, & Carew, 2017

especially women, children and persons with disabilities.”<sup>11</sup>

To capture better data on the multidimensional impact of disability and gender, the United Nation's Committee on the Elimination of Discrimination against Women (CEDAW) has specifically requested States to report on "measures they have taken to ensure that disabled women have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life."<sup>12</sup>

## Methodology

### Stakeholder Input

Persons with disabilities and representative DPOs were consulted throughout the development of the National Action Plan, including discussion with DPOs via the National Consultant during the inception phase (January-March 2018), open consultation meetings/listening sessions with the National and International Consultants and a representative of the National Commission on Disability (March-May 2018), review and feedback on a written draft of the plan (April-June 2018), and a two-day validation session with stakeholder groups (June 2018). A list of representative stakeholder organizations who participated in the consultation and validation process is included in Appendix 2.

Stakeholder consultations included 20 DPOs, three schools for children with disabilities (two private; one public), three universities, four government ministries/agencies (Public Works; Gender, Children and Social Protection; Education and National Commission on Disability); and the Vice President of Liberia. In-person consultations were held in Montserrado, Bomi, Grand Bassa and Margibi Counties. In addition, telephone consultations were held with DPO representatives from 10 counties in other areas of

Liberia that could not be accessed in person due to poor weather/road conditions and time restrictions.

Consultants made reasonable efforts to ensure that there was representation across disability impairments, including persons with physical, sensory, cognitive/intellectual and mental health disabilities and their representatives. UNDP national and international consultants engaged in a collaborative approach to developing indicators that capture issues Liberian stakeholders view as authentic and relevant areas of discrimination and social exclusion.

A draft Plan was shared with all stakeholder groups for review and consideration prior to engagement in a two-day public validation session. The session brought together representatives from key stakeholder groups (including DPOs and government ministries). Participants were divided into working groups, each tasked with inspecting and clarifying one of the six Social Indicators. In addition to refining proposed language in the Action Plan, the working groups were asked to prioritize indicators, identify additional activities which will serve as a measure of achievement, and to estimate costs for a five-year implementation plan. The working groups presented their recommendations to the plenary, and the remaining stakeholders were given an opportunity for clarification and comment.

Every effort was made to accommodate persons with disabilities during the validation process, including personal assistants for individuals needing mobility support, scribes for persons who are blind or visually impaired, or in need of writing support, and sign language interpreters for persons who are deaf.

The outcomes of the validations session informed and refined the final draft of the National Action Plan, which was submitted to the Government of Liberia by UNDP.

## High-Level Goals and Objectives

The following High-Level Goals have been identified in discussion with persons with disabilities and DPOs in Liberia.

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<sup>11</sup> OHCHR, 2016.

<sup>12</sup> CEDAW, 1981 (General Recommendation 18).

- Equality and Respect
- Independence and Choice
- Participation and Representation

The National Action Plan's High-Level Goals are organised around important rights for citizens and residents with disabilities, rather than being arranged around departmental responsibilities. This gives the National Action Plan an important citizen focus and a framework for ensuring collaboration and cooperation across departments.

These three High-Level Goals are broken into six Social Indicators that align with articles of the UN CRPD and the Sustainable Development Goals 2030. Each Indicator is further subdivided into seven concrete objectives that allow for measurable attainment of those goals. Although recommendations are made for leadership and oversight of each objective, this is only offered as a guideline. The key government departments and state agencies must identify actions within their remit which are achievable over the period 2018-2022 towards achieving these objectives. The actions are expected to be delivered within stated timeframes and in line with agreed key performance indicators.

Social Indicators are based on key areas of inclusion as outlined in the CRPD and the Sustainable Development Goals (SDG) 2030 Framework. These provide structure for the current National Action Plan as a method of organising objectives into thematic areas, and to envisage a scaffolding approach to the inclusion process. The Plan provides a framework for delivering the following key actions:

- Recognition of the need for increased advocacy and the protection of human rights of all persons with disabilities;
- Delivering on designated actions through active collaboration across government ministries and departments;
- Ensuring mainstream services are accessible to persons with disabilities;

- Enactment and implementation of legislation to support legal capacity for persons with disabilities on the same basis as others;
- Provision of a greater voice in political decision-making, including direct representation of persons with disabilities in the National Legislature.

## Social Indicators (SI)

Six key social indicators have been identified by stakeholders as the areas of greatest need in Liberia.

1. Public Accessibility
2. Inclusive Education
3. Employment and Livelihood Access
4. Health Care
5. Independent Living and Self-Determination
6. Access to Justice and Social Protection

It is important to note that these indicators do not represent all the goals outlined in the CRPD, nor do they reflect all needs within each sector. Rather, they are the most pressing issues which stakeholders have collectively identified as those of highest priority.

### SI 1: Public Accessibility

The CRPD recognizes that access to the physical environment is essential to enable persons with disabilities to live independently and fully participate in all aspects of life. As described in Article 9, this includes a broad range of public access, including areas such as physical access to public buildings, accessible and reliable transportation, alternative formats for information and communication technologies and systems. The availability of sign language interpreters, Braille printed information, and adaptive technologies (such as speech-to-text software and screen reading tools) are considered important mechanisms of public access.

### SI 2: Inclusive Education

Article 24 of the CRPD requires States Parties to develop an inclusive education system at all levels, to provide for reasonable accommodation of the individual's needs

and ensure that persons with disabilities are provided with “effective individualized support measures” to maximize their academic and social development. Adoption of inclusive education assumes the students have access to quality teachers trained in special needs education, attend classes in a mainstreamed environment to the extent it is reasonable, and are provided with accommodations (such as adaptive aids, support service providers, and alternative learning/assessment formats) at no additional expense to the individual.

The Marrakesh VIP Treaty<sup>13</sup> on facilitating access to published works by persons who are blind or visually impaired is a Human Right Instrument of the United Nations ratified by the government of Liberia in 2015. The Treaty is the legal framework for addressing access to books and other intellectual materials in alternative formats and requires strengthening to support inclusive education and mainstreamed nonformal training programs.

### SI 3: Employment and Livelihood Access

Employment affords people with disabilities a way out of poverty. Barriers to employment include not only lack of physical access to jobs, but widespread discrimination based on functional limitations without consideration of reasonable accommodations. Article 27 of the CRPD describes a range of markers for livelihood development and employment. These include access to technical and vocational education and training (TVET), promotion of employment opportunities (including for self-employment and entrepreneurship), assistance in finding, obtaining and maintaining employment, and job retention and return-to-work programmes.

### SI 4: Health Care

Access to affordable health care is driven by universal rights to health and wellbeing as stated in the UN Sustainable Development Goals (SDGs) as well as Article 25 of the CRPD. Access to health services needs to be gender and age sensitive, including sexual and reproductive health. The CRPD makes it explicit that states must ensure that steps are taken to facilitate the enjoyment and exercise of the reproductive and sexual

rights of women and girls with disabilities, including by providing better support to families and carers by making available education programmes and information on sexual and reproductive health for persons with disabilities, developing inclusive public health and awareness raising campaigns about sexuality and parenthood.<sup>14</sup>

### SI 5: Independent Living and Self-Determination

Independent Living is a cross-cutting issue in the CRPD, with specific points outlined in Article 17 (Protecting the Integrity of the Person), Article 19 (Living Independently and Being Included in the Community), and Article 26 (Habilitation and Rehabilitation). This indicator is intentionally broad in its scope to allow for the determination of needs at the local level as well as to encourage a grassroots-level of involvement in shaping the actions needed to achieve full social inclusion. Such efforts are often organized through a central resource centre at the government level, or decentralized centres that are regionally-based.

### SI 6: Access to Justice and Social Protection

Access to justice is addressed throughout the CRPD Articles, promoting the full social, educational, and vocational inclusion of persons with disabilities.

The CRPD contains several Articles that address social protection. Article 12 provides general recognition of equal rights, including the right to protection and provision of safeguards to prevent abuse. Access to justice by persons with disabilities, in line with CRPD Article 13, requires the removal of barriers to social protections, such as ensuring that legal interactions are afforded reasonable accommodations, including the use of sign language interpreters in official meetings.

Specific attention to judicial access and social protection needs to be made for women and girls with disabilities, who are considered highly vulnerable and at even greater risk for discrimination.

<sup>13</sup> Marrakesh VIP Treaty, 2013.

<sup>14</sup> CRPD Preamble (x), Articles 8, 16(2), and 25 (a).

## Performance Indicators (PI)

Each Social Indicator (SI) is delineated by measurable actions known as Performance Indicators (PI), which are intended to be used as targets for progress over the five-year plan. While it is the purview of the Government of Liberia (in partnership with DPOs) to determine specific actions that denote achievement of Performance Indicators, a list of Indicative Activities (IA) is included to provide quantifiable benchmarks of success. The Indicative Activities were developed and refined through the validation process with key stakeholder groups.

It is important to note that attention to gender equality be a focus at each level of performance, including (but not limited to) data collection that is disaggregated by gender, examination of factors influencing gender disparity in education, training, and access to livelihoods, overt and covert forms of discrimination, decreased access to income, health care, and social protection, and the causes and impact of gender-based violence on women and girls with disabilities. Additional details of the actions, oversight, estimated costs, and timelines of Performance Indicators is included in Appendix 1.

### SI 1: Public Accessibility

- PI 1.1: Accessible public buildings, signage, and sign language interpreters. This includes ramps, elevators (where possible), bathrooms, seating, Braille signage, guided support for persons who are blind or visually impaired, and access to sign language interpreters. Persons with physical disabilities who cannot access high level floors of public buildings should be provided with alternative meeting places that are accessible.
- PI 1.2: Accessible formats /technologies of public Information and information required for official interactions provided in a timely manner, and without additional cost to persons with disabilities
- PI 1.3: Accessible public transportation
- PI 1.4: Accessible websites for government entities, public sector bodies, and publicly available services
- PI 1.5: National broadcasting service (ELBC and television station) accessible to persons with hearing impairments, through sign language interpretation or close captioning
- PI 1.6: Public written works accessible in other formats, including ICT technologies
- PI 1.7: Official data on accessibility and usability of public buildings, including medical facilities, schools and universities published at least every 5 years (disaggregated).

### SI 2: Inclusive Education

- PI 2.1: Provide affordable, appropriate inclusive education
- PI 2.2: Admission policies that promote access to mainstreamed education in the least-restrictive environment



- PI 2.3: Early childhood identification and intervention practices for children with disabilities
- PI 2.4: Provision of reasonable accommodations at no additional cost to the student, to allow full and fair access to quality mainstream education programs
- PI 2.5: Specialised training and quality assurance of teachers, psychologists, social workers, school health professionals, and non-educational personnel who support children with disabilities
- PI 2.6: Reasonable accommodations provided to pupils/students with disabilities at no additional cost to the individual or family (“full and fair” access)
- PI 2.7: Monitoring and accountability measures for inclusive education at all educational levels
- PI 2.8: Official statistics collected and reported on educational access and outcomes of persons with disabilities published at least every 5 years (disaggregated)

### SI 3: Employment & Livelihoods Access

- PI 3.1: Protection against discrimination in the hiring, retention and promotion of qualified persons with disabilities, including protection against retaliation for asserting rights to non-discrimination in the workplace
- PI 3.2: Written guidelines and financial support for the provision of reasonable workplace accommodations, including tax exemptions or concessions, cash-transfers, duty waivers and other subsidies
- PI 3.3: School-to-work transition programmes for youth with disabilities and access to pathways for vocational training
- PI 3.4: Accessible Technical and Vocational Education Training (TVET) and higher education programs
- PI 3.5: Publicly available statistics (disaggregated) on the number of persons with disabilities employed in public sector jobs
- PI 3.6: Access to funds and supports to enhance self-employment

### SI 4: Health Care

- PI 4.1: Ensure priority access to health care
- PI 4.2: Right to informed consent for health care and procedures, including the right to refuse treatment

- PI 4.3: Legislation prohibiting discrimination against persons with disabilities by providers of health and life insurance
- PI 4.4: Access to appropriate health-care in the local community (where available)
- PI 4.5: Health-care services provided using accessible formats and ensuring flexibility in communication mechanisms between service providers and persons with disabilities
- PI 4.6: Assurance that persons with disabilities are provided support in making health decisions (when needed) including the use of a medical proxy of their choosing
- PI 4.7: Training of health-care providers that recognises and respects the specific needs and rights of persons with disabilities

## SI 5: Independent Living and Self-Determination

- PI 5.1: Right of individuals with disabilities to live independently, in a manner of their choosing
- PI 5.2: Right to an adequate standard of living for persons with disabilities and their families, including adequate food, access to safe drinking water, housing, sanitation and clothing, and the continuous improvement of living
- PI 5.3: Access to appropriate and affordable services, devices and other assistance for disability-related needs, including accessible housing and other social amenities, mobility aids, and caregivers
- PI 5.4: Available public funding for access to assistive devices and technology
- PI 5.5: Support to enhance capacity for self-advocacy
- PI 5.6: Facilitation/provision of assistants, including sign language interpreters, guides, auxiliary and augmentative supporters and caregivers, while respecting the rights, will, and preferences of persons with disabilities
- PI 5.7: Access to funding to cover disability-related expenses, including through tax exemptions or concessions, cash-transfers, duty waivers and other subsidies

## SI 6: Access to Justice and Social Protection

- PI 6.1: Laws that specifically protect the civil rights of persons with disabilities to be free from persecution
- PI 6.2: Ensure access by persons with disabilities to social protection programmes

- PI 6.3: Accessible formats of Early Warning Systems for national emergencies
- PI 6.4: Right to vote independently and privately, including access to the built environment and accessible formats of materials
- PI 6.5: Laws that recognize the added vulnerability of women and girls with disabilities, and the need for additional protections
- PI 6.6: Representation of persons with disabilities in the National Legislature
- PI 6.7: Persons with Disabilities and Disabled Persons Organisations (DPOs) actively consulted and involved in the development and implementation of legislation, policies and programmes that impact persons with disabilities

A detailed breakdown of the Action Plan with specific implementation actions may be found in Appendix I.

## Architecture of the Implementation Plan

The Implementation Plan sets out key actions under each goal and objective which indicate the government department responsible and the timeframe for delivery. Where an action has a cross sectoral or cross departmental aspect, the lead department and other departments who have shared responsibilities are also identified. In addition, departments will include actions to be delivered via the agencies under their remit where appropriate.

Several key points regarding the implementation of the plan should be noted:

- 1. The strategic direction is led by persons with disabilities and Disabled Person's Organisations (DPOs).** In keeping with the philosophy of “nothing about us without us”, a key requirement for implementation and monitoring of the National Action Plan is that it reflects the needs and interests of the people for whom it is intended. To achieve this, persons with disabilities and DPOs must not only be included in the process, they should offer a *majority* voice (51%) of any panel or team overseeing:
  - Implementation of the National Action Plan;
  - Monitoring and evaluation of outcomes based on key indicators; and
  - Determining the direction of future goals
- 2. Actions involve more than one government agency.** The National Action Plan provides a cross-government mechanism to help progress action on issues that need more than one government agency to work together. The Plan helps to progress actions by providing a clear strategic direction, regular oversight of implementation, and encourages collaboration and cooperation where multiple organisations are involved.
- 3. Implementation is an evolving process.** Establishing an implementation plan requires considerable effort and resources. It is not realistic to assume that all objectives, no matter how relevant, can or will be achieved quickly. Lack of resources does not abdicate responsibility for action on the part of the government. Rather, it suggests the

need for further effort to secure supports and to establish a clear timeline for achievement of realistic outcomes. Communication and negotiation on prioritisation of goals should be made in close partnership with representative persons with disabilities and DPOs. The National Action Plan itself is a step towards the progressive realization of rights of persons with disabilities, noting (a) a time frame for implementation (b) time-bound benchmarks of achievement; and (c) indicators of success.

## Roles and Responsibilities

### State Actors (SAs)

State actors must act as champions for the promotion and protection of the rights of persons with disabilities within the institutions in which they serve, and as such are responsible for:

- Providing political leadership for the inclusion of persons with disabilities within their respective organizations;
- Coordinating an institutional analysis and alignment of all legislation, policies, plans, programmes and services of government institutions to ensure effective mainstreaming of disability and implementation of the NAP
- Ensuring that the policy directives of the NAP are translated into costed programmes within the institutions they lead;
- Leading oversight of institutional change and ensuring that all staff in their charge are held accountable for disability rights;
- Mainstreaming disability inclusion across all programmes of the institution they lead, including in physical access, policy promotion, social inclusion, employment and promotion, and attitudinal change; and
- Appointing a focal point for disability access, inclusion, accommodation, resource information, and remedy of issues within each institution, agency, and ministry; and
- Creating platforms for consultation with representative organisations of persons with disabilities are formalised within the institutions they lead.

It is the responsibility of every public institution to put in place structures to ensure the institution can fulfil its obligations as contained in the NAP, in complement to other existing functions within each institution. This should take include appointment of disability rights coordinators/focal points as well as disability rights intra-departmental committees.

### Non-State Actors (NSAs) and Intergovernmental Organizations (IGOs)

Organizations and entities that support the work of government for the serve to strengthen constitutional democracy in Liberia, and therefore also play important roles in ensuring that the rights of persons with disabilities are protected and promoted.

Creating and sustaining inclusive projects require disability inclusion to be a commitment from all development partners, including donor agencies, who need to also prioritize disability inclusion as part of solicitations' goals. Inclusive projects are difficult to create when solicitations do not explicitly identify people with disabilities as part of the project's goals, objectives, stakeholders, or beneficiaries. While some organizations subsume disability inclusion into existing priorities and activities under the guises of 'mainstreaming', this approach has not been found to be widely effective and in fact, may serve to further marginalise persons with disabilities whose unique voice is not being considered. Greater impact may be found by providing both targeted and integrated avenues of support, in keeping with the multidimensional impacts of disability. Functions of NSAs and IGOs should include:

- Setting country level priorities with input from the disability community;

- Conducting institutional-level analyses on their own organizations in regard to compliance and alignment with legislation, policies, and obligations toward the inclusion of persons with disabilities;
- Serving as a model for SAs and other stakeholder groups in the hiring and promotion of persons with disabilities, peer education and advocacy; and in use of preferred terminology.

### Constituent Stakeholder Groups

DPOs, NGOs, parent groups, and other organisations of and for persons with disabilities play a central role in advancing the implementation, monitoring, and evaluation of the NAP. Their functions include:

- Promoting the empowerment of their members and constituencies through human rights education campaigns;
- Supporting the implementation and monitoring of the NAP by participating in disability inclusive projects and initiatives developed by SAs, NGOs and IGOs; and
- Serve as consultants to government entities to support and enhance their efforts to create more inclusive agencies

### Funding Estimates and Resources

While some aspects of implementing the CRPD, such as prohibiting disability discrimination, are relatively cost-free, other obligations do carry cost implications. Similar to other human rights declarations, the CRPD applies the concept of “progressive realization” in relation to economic, social and cultural rights. This acknowledges that States have different economic capacities and, accordingly, varying levels of ability to implement economic, social and cultural rights fully within a given time-frame. Given Liberia’s commitment to implementing the CRPD, the finding of this project will aid in establishing priorities and offer recommendations for external funding resources and inter-sectoral collaboration. This plan aims to identify actions which can be achieved immediately and those than can be achieved over a reasonable period of time, with achievable milestones to be established to ensure a continuation of progress and commitment toward the inclusion of all people with disabilities in Liberia.

### Monitoring and Evaluation

The CRPD sets out international human rights standards for persons with disabilities which, like other core human rights conventions, require both national and international monitoring as well as implementation measures. At the national level, Article 33 establishes three types of monitoring, implementation, and coordination mechanisms and mandates a role for civil society:

- Designation of one or more focal points within government for matters relating to implementation of the Convention;
- Establishment of a coordination mechanism within government to facilitate related action in different sectors and at different levels;
- Participation of civil society in national monitoring.

In accordance with Article 33 of the CRPD, it is the responsibility of the Government of Liberia to establish national focal points to monitor implementation of the Convention’s guidelines. The Government must also set up an independent monitoring mechanism, which is separate from the national focal points. Given the cross cutting nature of disability inclusion, it is reasonable to identify one or more persons within each ministry who are given responsibility for oversight and serve as a resource for implementing partners. The National Commission on Disabilities (NCD) currently serves as an independent monitoring system. However, the commission is significantly underfunded to perform its tasks. In addition,

it currently lacks the authority to enforce action, which severely limits its power to effect change. By strengthening the NCD, the Government of Liberia would be able to maximize existing resources, and maintain a level of stability for external stakeholder groups.

The Independent National Commission on Human Rights (INCHR) plays a key role in the support and protection of persons with disabilities in Liberia, and works in collaboration with NCD. NCHR is aligned with international treaties which, amongst other things require States to provide “as broad a mandate as possible, which shall be clearly set forth in a constitutional or legislative text, specifying its composition and its sphere of competence”<sup>15</sup>. In contrast, NCD is given a more specific mandate to support the rights of persons with disabilities, relying upon the unique knowledge and skills of a specialist body. Currently NCD is not given the same level of influencing power or resources (including financial, administrative, and enforcement potential) as the INCHR. While both commissions continue to work in partnership and jointly address human rights issues that are common across groups, the collaboration would be greatly enhanced by strengthening the NCD to serve on equal measure with INCHR.

The full participation of civil society - in particular persons with disabilities and their representative organizations - is essential in the national monitoring and implementation process. As such, it is highly recommended that a steering committee be established and charged with independent oversight of plans to implement the five-year National Action Plan. These individuals should provide a broad representation of persons with disabilities as they play a key role in ongoing efforts to increase social inclusion through monitoring and evaluation. While international monitoring is achieved via the Committee on the Rights of Persons with Disabilities and the Conference of States Parties, the Government of Liberia is strongly encouraged to sign the CRPD Optional Protocol, which establishes an individual complaints mechanism. The Optional Protocol provides a means for individuals to complain when their rights are not respected and for an independent international committee of experts, the CRPD Committee, to undertake inquiries into serious rights abuses.

## Evidence-Based Monitoring and Evaluation

The CRPD explicitly states that “*civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process*” (Article 33 (3)). This has implications for both process and substance. In terms of process, persons with disabilities must be involved in monitoring activities, for example by having persons with disabilities among the monitors. By way of substance, the voices and experiences of persons with disabilities must be central in monitoring reports in recognition of the fact that persons with disabilities are the experts on their own situation.

It is also important to ensure that efforts to monitor the human rights situation of persons with disabilities do not contribute to further marginalizing persons within a particular group. Monitoring the rights of persons with disabilities must have a cross-disability and cross-society focus. That is, monitoring must involve male and female adults and youth, with the full spectrum of types of disabilities—including those with physical, mental, intellectual or sensory impairments—and from all socio-economic and ethnic backgrounds, age groups and walks of life.

## Progressive Realization of Goals

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<sup>15</sup> INCHR Strategic Plan 2016-2021.

Several aspects of the progressive realization of economic, social and cultural rights are important for monitoring purposes:

- Discrimination on any grounds, including disability, is prohibited, regardless of the level of realization of economic, social and cultural rights;
- States have an immediate obligation to ensure a minimum essential level of enjoyment of each economic, social, and cultural right;
- States have an obligation to take steps towards the progressive realization of these rights. The current National Action Plan is considered an important step in this process;
- States are forbidden from taking regressive steps or measures that diminish the enjoyment of economic, social and cultural rights.

## Capacity Building as a Function of Monitoring

As noted in Article 33 of the CRPD, “capacity-building is part of and complements monitoring work. In all cases, capacity-building activities must be fully accessible to all. Partner DPOs and their members will be able to inform monitors of the various measures that should be taken to ensure full accessibility.” It is reasonable to assume that in order to become effective advocates of their needs, persons with disabilities and DPOs be afforded advocacy training and skills enhancement of monitoring and evaluation.

### Flexibility

The Monitoring the Implementation Plan should allow flexibility to include additional actions that may arise in relation to existing issues already covered by the published Plan. However, no new actions not already discussed and agreed during the drafting process will be added into the plan unless via the Implementation Plan structures. If it is agreed by the during the monitoring process that a new action needs to be considered, they will be brought to the attention of the National Commission on Disabilities or other relevant government entities for amendment to the existing Plan or adoption in subsequent Action Plans.

## Summary

The National Action Plan for the Inclusion of Persons with Disabilities in Liberia represents a positive step in the recognition of the rights of all Liberian citizens, and a tangible effort on the part of the Government to embrace the Articles of the UN Convention on the Rights of Persons with Disabilities, as agreed in its ratification. By acknowledging these rights and supporting a long-term action plan, the Government of Liberia publicly states its intent to continue to work toward the inclusion of all people and asserts its commitment to promoting the rights of persons with disabilities.

## Appendix 1: National Action Plan Summary 2018 – 2022

This section sets out the actions, performance indicators and associated timelines for the National Action Plan under each of the Objectives. Indicative Activities (IA) are included to provide quantifiable benchmarks of success for each Performance Indicator. IAs were developed in partnership with stakeholder groups, and are not intended to be an exhaustive list of actions to achieve stated goals. In addition, estimations of cost are provided (where possible) for achievement of Performance Indicators over the five-year period. Costing was determined by stakeholder groups and based on best-available information at the time of the National Action Plan validation and are included for planning purposes.

The summary tables include here provide recommendations on who should serve as the lead agency to operationalize Performance Indicators. As oversight typically falls within the purview of government entities, these are suggested as the primary organizations for coordination and oversight. Where more than one lead partner is indicated, it is anticipated that agencies will work collaboratively to harmonize efforts. It is also expected that the National Commission on Disability (NCD) will be actively involved in the realisation of PIs, through direct involvement or consultation on an ‘as needed’ basis.

### Lead Partner Abbreviations:

INCHR	Independent National Commission on Human Rights
LISGIS	Liberia Institute for Statistics and Geo-Information Services
MoCI	Ministry of Commerce and Industry
MoE	Ministry of Education
MoFD	Ministry of Finance and Development
MoGCSP	Ministry of Gender, Children & Social Protection
MoH	Ministry of Health
MoICAT	Ministry of Information, Cultural Affairs and Tourism
MoJ	Ministry of Justice
MoL	Ministry of Labor
MoPT	Ministry of Post and Telecommunications
MoPW	Ministry of Public Works
MoT	Ministry of Transport
MoYS	Ministry of Youth and Sports
NA	National Archive
NCD	National Commission on Disability

### Cross-Cutting Issues

Several recommendations from the validation group were identified across Social Indicators and thematically overlap with one another. These include:

- **the need for widespread training on the rights of persons with disabilities to educators, health care workers, public service officials, and employers;**
- **an increased number of (and access to) qualified sign language interpreters;**
- **greater access to adaptive aids and related accommodation services; and**
- **access to funding to offset the added costs of living with a disability.**

These specific recommendations should be considered areas of high priority for implementation and funding.



In addition, a series of consensus building exercises was conducted with validation group participants, with results indicating that **persons with disabilities identified Health Care as their top funding priority**. This was followed closely by Inclusive Education and Public Accessibility. The stakeholders wish to convey the importance of all Performance Indicators contained in the National Action Plan. However, there is also recognition of the need for fiscal prioritization and the progressive realization of these goals.

## SI 1: Public Accessibility

	Outcomes	Timeline/ Goals	Indicative Activities	Estimated 5-year Cost (USD)	Suggested Lead Partner(s)
<b>PI 1.1:</b>	Accessible public buildings, signage, and interpreters. This includes ramps, elevators (where possible), bathrooms, seating, Braille signage, guided support for persons who are blind or visually impaired, and access to sign language interpreters. Persons with physical disabilities who cannot access high level floors of public buildings should be provided with alternative meeting places that are accessible.	2018 - 2022	<ul style="list-style-type: none"> <li>Develop national standards for accessibility of the built environment and public communication. (Standards may be based on existing measures, such as the ISO 21542:2011 Building construction -- Accessibility and usability of the built environment).</li> <li>Develop a national registry of sign language interpreters, and make this publicly available</li> <li>Begin "Phase I" implementation of national standards by altering public building access, adding Braille signage, and increasing access to sign language interpreters</li> </ul>	70,000	MoPW, NCD, INCHR
<b>PI 1.2:</b>	Accessible formats /technologies of public Information and information required for official interactions provided in a timely manner, and without additional cost to persons with disabilities	2018 - 2022	<ul style="list-style-type: none"> <li>Create a centralized resource centre (focal point) tasked with coordination and oversight of accessible information and technology</li> <li>Information provided in a timely manner, without additional cost to persons with disabilities</li> </ul>	150,000	MoICAT, MoPT
<b>PI 1.3:</b>	Accessible public transportation	2020-2022	<ul style="list-style-type: none"> <li>At least one public bus per route must be made wheelchair accessible</li> </ul>	1,280,000	MoT
<b>PI 1.4:</b>	Accessible websites for government entities, public sector bodies, and publicly available services	2019 - 2021	<ul style="list-style-type: none"> <li>Ensure that all government websites adhere to accessibility standards, with a focus on the primary websites of each ministry (e.g., home page, navigation bars, FAQ). Sites should be accessible in both user content and site navigation.</li> <li>Offer training to communication and journalism professionals on disability and preferred terminology.</li> </ul>	10,000	MoPT, MoICAT
<b>PI 1.5:</b>	National broadcasting service (ELBC and television station) accessible to persons with hearing impairments, through sign language interpretation or close captioning	2019	<ul style="list-style-type: none"> <li>Create a working group comprised of persons with sensory disabilities and telecommunication specialists to recommend and oversee changes to existing broadcasting access</li> </ul>	18,000	MoPT, MoICAT

<b>PI 1.6:</b>	Public written works accessible in other formats, including ICT technologies	2018 - 2022	<ul style="list-style-type: none"> <li>• Develop contracting services for Braille translation of all legal &amp; public documents (to be printed on an as-needed basis).</li> <li>• Modify existing international ICT accessibility standards (such as Americans with Disabilities Act Section 508 or European Accessibility Act)</li> </ul>	30,000	MoICAT
<b>PI 1.7:</b>	Official data on accessibility and usability of public buildings, including medical facilities, schools and universities published at least every 5 years (disaggregated).	2020	<ul style="list-style-type: none"> <li>• Benchmarks can be determined from existing measures, such as the ISO 21542:2011 for Building construction -- Accessibility and usability of the built environment</li> <li>• Develop an accessibility checklist to be used across environments for consistent reporting.</li> </ul>	90,000	LISGIS, MoICAT

## SI 2: Inclusive Education

	Outcomes	Timeline/ Goals	Indicative Activities	Estimated Cost (USD)	Lead Partner(s)
<b>PI 2.1:</b>	Affordable inclusive education, with accommodations/assistive devices provided free and appropriate to the child	2019 - 2022	<ul style="list-style-type: none"> <li>Integrate the Inclusive Education Curriculum into all schools</li> <li>Implement the NCD Act to raise the unit to a Bureau</li> </ul>	12,500,000	MoE
<b>PI 2.2:</b>	Admission policies that promote access into mainstream schools for all pupils/students	2019	<ul style="list-style-type: none"> <li>Adopt a nationwide inclusive education policy</li> <li>Repeal all discriminatory and exclusionary education policies</li> <li>Designate an 'access focal point' at each school to provide technical guidance to school authorities and students/families/community members. (Note: training for access focal point personnel will be covered under PI 2.5)</li> </ul>	50,000	MoE
<b>PI 2.3:</b>	Early childhood identification and intervention practices for children with disabilities	2019	<ul style="list-style-type: none"> <li>Develop screening protocols to systematically assess at-risk children</li> <li>Provide resource information, access to therapeutic supports for children, and psychosocial support for parents</li> <li>Adopt the Washington Group/UNICEF Module on Child Functioning</li> </ul>	1,500,000	MoH, MoGCSP
<b>PI 2.4:</b>	Specialised training and quality assurance of teachers, psychologists, school health professionals, and non-educational personnel who support children with disabilities	2020-2022	<ul style="list-style-type: none"> <li>Work with existing educational programs at local universities to strengthen disability specialities (e.g., sign language training, special education training)</li> <li>Develop benchmarks for minimum standards for teachers and educational service providers</li> <li>Establish a mechanism for continuous professional development to ensure staff maintain skills in inclusive education and adaptive supports.</li> <li>Recognize the added expertise of teaching and disability service providers by increasing salary or providing other forms of acknowledgement for skill development</li> </ul>	4,500,000	MoE, MoGCSP
<b>PI 2.5:</b>	Reasonable	2019-2022	<ul style="list-style-type: none"> <li>Adopt Universal Design practices in</li> </ul>	1,500,000	MoE

	accommodations provided to pupils/students with disabilities at no additional cost to the individual or family (“full and fair” access)		<p>renovations and new building designs</p> <ul style="list-style-type: none"> <li>• Provide access in schools to rehabilitation support service providers that enhance learning (e.g., speech-language therapist, physical therapist, occupational therapist, school psychologist)</li> </ul>		
<b>PI 2.6:</b>	Monitoring and accountability measures for inclusive education at all educational levels	2018	<ul style="list-style-type: none"> <li>• Establish a monitoring team to periodically review access to educational facilities and report findings to the Ministry of Education and National Commission on Disabilities</li> </ul>	50,000	MoE, NCD, INCHR
<b>PI 2.7:</b>	Official statistics collected and reported on educational access and outcomes of persons with disabilities published at least every 5 years (disaggregated)	2020	<ul style="list-style-type: none"> <li>• Adopt the Washington Group/UNICEF Module on Inclusive Education</li> <li>• Develop a data collection tool and train staff on its use</li> </ul>	500,000	MoE, LIGIS

### SI 3: Employment & Livelihoods Access

	Outcomes	Timeline/ Goals	Indicative Activities	Estimated Cost (USD)	Lead Partner(s)
PI 3.1:	Protection against discrimination in the hiring, retention and promotion of qualified persons with disabilities, including protection against retaliation for asserting rights to non-discrimination in the workplace	2019	<ul style="list-style-type: none"> <li>Conduct at least one capacity building course on labour market inclusion of persons with disabilities in every county, available at no cost to businesses in the public sector.</li> <li>Provide technical advice and training for employers on employment rights of persons with disabilities through a designated focal point.</li> <li>Adopt targeted goals (8-10% of the workforce) for the hiring, retention, and promotion of individuals with disabilities in public sector jobs (expansion of existing policy from the 2005 Act to Establish a National Commission on Disabilities; Section 5)</li> </ul>	140,00	MoL
PI 3.2:	Written guidelines and financial support for the provision of reasonable workplace accommodations, including tax exemptions or concessions, cash-transfers, duty waivers and other subsidies	2018 - 2022	<ul style="list-style-type: none"> <li>Create an appendix of labour law funds allocated in every government sector for the provision of workplace accommodations</li> <li>Promote affirmative action in the private sector by introducing incentives for employers who offer employment opportunities to persons with disabilities (tax rebates)</li> </ul>	145,000	MoF, MoL
PI 3.3:	School-to-work transition programmes for youth with disabilities and access to pathways for vocational training	2020	<ul style="list-style-type: none"> <li>Develop a school-to-work transition curriculum for youth with disabilities</li> <li>Establish a law that mandates provision of vocational services for individuals with disabilities in each county</li> </ul>	140,400	MoE, MoL
PI 3.4:	Accessible Technical and Vocational Education Training (TVET) and higher education programs	2018	<ul style="list-style-type: none"> <li>Conduct a review of existing TVET programs, noting levels of inclusion of persons with disabilities as well as accessibility gaps and needs.</li> <li>Establish accessibility guidelines and enforce compliance for all TVET and higher education programs receiving public funds</li> </ul>	25,000	MoE
PI 3.5:	Publicly available statistics	2020	<ul style="list-style-type: none"> <li>Collect employment data in the</li> </ul>	133,000	MoL, NCD,

	(disaggregated) on the number of persons with disabilities employed in public sector jobs		<p>Liberian Census, or through other annual survey reports</p> <ul style="list-style-type: none"> <li>Data should be disaggregated by gender and type of disability using the Washington Group Short-Set of Questions</li> </ul>		INCHR
<b>PI 3.6:</b>	Access to funds and supports to enhance self-employment	2020	<ul style="list-style-type: none"> <li>Provide training in technical skills and soft skills development for self-employment</li> <li>Establish a revolving funds program (microfinance) to support 150 persons with disabilities</li> </ul>	750,000	MoL

## SI 4: Health Care

	Outcomes	Timeline/ Goals	Indicative Activities	Estimated Cost (USD)	Lead Partner(s)
PI 4.1:	Ensure priority access to health care	2018	<ul style="list-style-type: none"> <li>Enact legislation guaranteeing prior access to health care services for persons with disabilities</li> </ul>	75,000	MoH
PI 4.2:	Right to informed consent for health care and procedures, including the right to refuse treatment	2018	<ul style="list-style-type: none"> <li>Conduct nationwide training of health care workers</li> </ul>	175,000	MoH, MoGCSP
PI 4.3:	Protection against discrimination of persons with disabilities by providers of health and life insurance	2018	<ul style="list-style-type: none"> <li>Enact legislation prohibiting discrimination against persons with disabilities by providers of health and life insurance</li> <li>Create a nationwide awareness campaign to educate and advocate for the rights of persons with disabilities</li> </ul>	275,000	MoJ, MoH
PI 4.4:	Access to appropriate health-care in the local community (where available)	2019	<ul style="list-style-type: none"> <li>Assess existing health care facilities to determine current accessibility (including built environment, access to accommodations such as sign language interpreters and Braille materials, and social attitudes of health care providers)</li> <li>Create a data base of accessible health care facilities in each county</li> </ul>	750,000	MoH
PI 4.5:	Health-care services provided using accessible formats and ensuring flexibility in communication mechanisms between service providers and persons with disabilities	2020	<ul style="list-style-type: none"> <li>Ensure that written materials are available in Braille when needed</li> <li>Provide a sign language interpreter for all medical appointments (upon reasonable request) at no additional cost to the patient</li> </ul>	500,000	MoH
PI 4.6:	Assurance that persons with disabilities are provided support in making health decisions (when needed) including the use of a medical proxy of their choosing	2018 - 2022	<ul style="list-style-type: none"> <li>Train counsellors, social workers, and nurses in methods of disability support and decision making</li> <li>Establish a steering committee of persons with disabilities to provide guidance on training and awareness campaigns</li> </ul>	500,000	MoH, NCD, INCHR
PI 4.7:	Training of health-care	2019	<ul style="list-style-type: none"> <li>Train counsellors, social workers,</li> </ul>	350,000	MoH, MoGCSP



	providers that recognises and respects the specific needs and rights of persons with disabilities		and nurses in the Social Model of Disability and best practices in disability health care		

## SI 5: Independent Living and Self-Determination

	Outcomes	Timeline/ Goals	Indicative Activities	Estimated Cost (USD)	Lead Partner(s)
PI 5.1:	Right of individuals with disabilities to live independently, in a manner of their choosing	2018	<ul style="list-style-type: none"> <li>Strengthen existing legislation ensuring that persons with disabilities have the right to independent living</li> </ul>	0	MoGCSP
PI 5.2:	Right to an adequate standard of living for persons with disabilities and their families, including adequate food, access to safe drinking water, housing, sanitation and clothing, and the continuous improvement of living	2018	<ul style="list-style-type: none"> <li>Provide mechanisms for access to subsistence allowance (social security) for persons with disabilities to ensure they can afford an adequate standard of living</li> </ul>	176,000	MoGCSP
PI 5.3:	Access to appropriate and affordable services, devices and other assistance for disability-related needs, including accessible housing and other social amenities, mobility aids, and caregivers	2019 - 2022	<ul style="list-style-type: none"> <li>Create shelter or safe housing accommodations for persons with disabilities who are homeless</li> <li>Establish a rehabilitation resource centre which provides assessment of functional needs and access to reasonable accommodations</li> </ul>	500,000	MoGCSP
PI 5.4:	Available public funding for access to assistive devices and technology	2019 - 2022	<ul style="list-style-type: none"> <li>Establish a fund to provide access to resources and funding for accommodations to allow persons with disabilities to live independently, including both equipment and trained service providers</li> </ul>	250,000	MoGCSP
PI 5.5:	Support to enhance capacity for self-advocacy	2020	<ul style="list-style-type: none"> <li>Train 1,000 persons with disabilities per year on disability rights and self-advocacy</li> </ul>	50,000	MoGCSP
PI 5.6:	Provide facilitators/assistants, including interpreters, guides, auxiliary and augmentative supporters and caregivers, while respecting the rights, will, and preferences of persons with disabilities	2019 - 2022	<ul style="list-style-type: none"> <li>Train 50 new sign language interpreters per year</li> <li>Develop a caregiver training program to ensure minimum standards of care by service providers</li> </ul>	50,000	MoGCSP
PI 5.7:	Access to funding to cover disability-related	2022	<ul style="list-style-type: none"> <li>Establish a fund to subsidize the costs of equipment, personal assistants and</li> </ul>	0 (Reallocation)	MoF

	expenses, including through tax exemptions or concessions, cash-transfers, duty waivers and other subsidies		<p>caregivers for persons with disabilities</p> <ul style="list-style-type: none"> <li>• Develop a mechanism to reimburse individuals for disability-related expenses</li> </ul>	of funds)	

## SI 6: Access to Justice and Social Protection

	Outcomes	Timeline/ Goals	Indicative Activities	Estimated Cost (USD)	Lead Partner(s)
PI 6.1:	Laws that specifically protect the civil rights of persons with disabilities to be free from persecution	2018	<ul style="list-style-type: none"> <li>Sign and Ratify the CRPD Optional Protocol, allowing persons with disabilities to hold government agencies accountable for inclusive action</li> <li>Sign and Ratify the Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities in Africa</li> </ul>	20,000	MoJ
PI 6.2:	Social protection programmes are accessible, and supports are provided to meet the needs of individuals with disabilities	2020	<ul style="list-style-type: none"> <li>Conduct a review of existing programs, and monitoring plans, and report findings</li> <li>Examine cross-sectional programmes that support or protect persons with disabilities to identify gaps and areas of overlap</li> </ul>	200,000	MoGCSP
PI 6.3:	Accessible formats of Early Warning Systems for national emergencies	2018	<ul style="list-style-type: none"> <li>Both auditory and written warning systems should be provided in alternative formats, including sign language, Braille, and voice output technologies</li> </ul>	200,000	MoPT
PI 6.4	Right to vote independently and privately	2018	<ul style="list-style-type: none"> <li>Review and update electoral laws and procedures in each county which address access to voting by persons with disabilities.</li> <li>Polling officials/ monitors should be trained to provide support for persons with disabilities, while guaranteeing privacy in voting practices</li> </ul>	10,000	MoJ
PI 6.5:	Laws and policies that recognize the added vulnerability of women and girls with disabilities, and the need for additional protections	2019	<ul style="list-style-type: none"> <li>Launch initiatives fostering the protection of women and girls with disabilities from violence and abuse (e.g. creating and supporting safe spaces at the grassroots level).</li> <li>Support research on women with disabilities to collect evidence on gender and disability to influence the formulation and implementation of legal and policy instruments and frameworks</li> </ul>	5,000	MoJ, MoGCSP
PI 6.6:	Representation of persons with disabilities in the National Legislature	2018 - 2022	<ul style="list-style-type: none"> <li>Honour existing policy set forth in the 2005 Act to Establish a National Commission on Disabilities to confirm at least three (3) representatives to the</li> </ul>	10,000	MoJ, NCD, INCHR

			<p>National Legislature.</p> <p>The aforementioned policy on inclusion of three (3) representatives to the National Legislation be adopted into electoral law, with clear delineation of how post seats are chosen.</p>		
<b>PI 6.7:</b>	Persons with Disabilities and Disabled Persons Organisations (DPOs) actively consulted and involved in the development and implementation of legislation, policies and programmes that impact persons with disabilities.	2018 - 2022	<ul style="list-style-type: none"> <li>Strengthen existing resources and oversight power of the National Commission on Disabilities (NCD), in parallel with the Independent National Human Rights Commission.</li> <li>Lobby and Advocate for the inclusion of an annual budget allocation to support implementation of the National Action Plan</li> </ul>	15,000	MoJ, NCD, INCHR

## Appendix 2: Participants of Validation Session

<b>In-Person Consultations</b>
African Network for the Protection and Prevention Against Child Abuse and Neglect (ANPPCAN)
African Youth with Disabilities Network (AYWDN)
Alliance on Disability
AME ZION University
Antoinette Tubman Cheshire Home (ATCH)
Association of Disabled Females International (ADFI)
Association of Disabled Women International, Liberia (ADWIL)
Christian Associate of the Physically Disabled (CARPD)
Christian Association of the Blind (CAB)
Group of 77
Hope in God Association of the Blind (HIGAB)
Independent National Human Rights Commission
Liberia National Association of the Blind (LNAB)
Liberia National Association of the Deaf(LNAD)
Liberia National Association of the Physically Disabled (LNAPD)
Liberia National Muslim Association of the Blind and Disabled (LNMABD)
Liberia School for the Blind
Liberia School for the Deaf
Ministry of Gender, Children and Social Protection
Ministry of Public Works
Mission of Hope for the Disabled
My Heart Appeal
National Association of Disabled Advocate (NADA)
National Commission on Disability
National Union of Organizations of the Disabled, Inc. (NUOD)
Office of the Vice President
Organization for the Social Integration of the Liberian Deaf (OSILD)
Salayea Agriculture Program (SAPRO)
United Blind Association of Liberia (UBAL)
United Methodist University
<b>Telephone Consultations with NUOD Branches outside of Monrovia</b>
Bong County
Gbapolu County
Grand Cape Mount Branch
Grand Kru County
Margibi County
Mary Land County
River Gee County

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