



REPUBLIC OF SOUTH SUDAN

Ministry of Gender, Child and Social Welfare

NATIONAL DISABILITY ACTION PLAN 2020

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Acronyms

CBR	: Community Based Rehabilitation
CBID	: Community Based Inclusive Development
CBM	: Christian Blind Mission CPRD Convention on Rights of Persons with Disability
CWD	: Children with Disability
CSOs	: Civil Society Organisation
COVI19	: Corona Virus 19
ERW	: Explosive Remnant of War
ECD	: Early Child Development EMIS: Education Management Information System
HIV/AIDS	: Human Immune Virus / AIDS
HI	: Humanity Inclusion
ICT	: Information Technology
INGOs	: International Non-Governmental Organisation
ICRC	: International Committee of the Red Cross
MGCSW	: Ministry Of Gender Child and Social Welfare
MoGEI	: Ministry of General Education and Instruction
MoH	: Ministry of Health
MDD	: Music Drama and Dance
MIS	: Management Information System
NDAP	: National Disability Action Plan
NGO	: National Non-Governmental Organisation
OPDs	: Organisations of Persons with Disability
OVC	: Italian Volunteer Organisation for International Cooperation
PTA	: Parents Teachers Association
PRRC	: Physical Rehabilitation Center
SSWDWOC	: South Sudan War Disabled Widows and Orphans Commissions.
TV	: Television
TC	: Transitional Constitution
TVET	: Technical Vocational Education Training
UNMAS	: United Nation Mine Action Service

Forward

This National Disability Action Plan (NDAP) for persons with Disabilities is envisioned to promote and protect the rights of persons with disabilities and to provide them with equal opportunities and fostering their full and active participation in all spheres of life; and to help stakeholders and government institutions in their endeavour to provide the above services. The plan will further address barriers to human right violations and discriminations for persons with disabilities.

This plan when implemented will offer support to all persons with disabilities irrespective of the types and cause of disability and further enforces the full participation in all development spheres of life.

The document has been developed in line with the Republic of South Sudan legal and policy framework and other international framework such as the United National Convention on the Rights of Persons with Disability and the United Nations Universal Declaration of Human Rights. Efforts has been made to adhere to the rights of persons with disabilities and to provide the basic and fundamental services in line with the national disability and inclusive policy.

The plan also recognized other regional instruments that support the promotion of the rights of Person with Disabilities founded on Justice, Equality, respect for human dignity, advancement of Human rights and fundamental freedoms.

Hon Aya Benjamin Warille
Minister
Ministry of Gender Child and Social Welfare

Acknowledgement

The NDAP was made possible with technical support of many stakeholders including government Agencies. Special appreciation to the European Union support through the Anti-personnel mine ban convention implementation support unit for all technical and logistical support for the workshop, review and launching workshop.

We acknowledge the leadership of our Honourable Minister Aya Benjamin Warille National Ministry of Gender Child and Social Welfare for her hard work. The National Ministry of Gender Child and Social Welfare appreciate the contributions of all institution that participated from the national stakeholders workshop to the review process : Office of the President, National Mine Action Authority, Ministry of Education, state Ministries of Gender Child and Social Welfare, European Union, UNMAS , UNDP, Humanity and Inclusive, ICRC, OVCI, Save the Children, CBM, CSOs, South Sudan Network on Small arms Landmine Survivors Association, Light for the World, Leprosy Mission, School of Visually Impaired , Network of Women with Disabilities, Union of Physically Impaired persons, Basket Ball Association, Organisation of Visually impaired persons, Organisation Deaf and Dump.

Appreciation to all the staffs of National Ministry of Gender Child and Social Welfare to ensure that the document becomes a reality.

We therefore commit to look forward to the full implementation of this plan by all stakeholders supporting service provision to all persons with disabilities.

Hon Esther Ikere Eluzai
Undersecretary
Ministry of Gender Child and Social Welfare

Executive Summary

This National Disability Action Plan (NDAP) is intended to improve on the quality of life of Persons with Disability (PWDs), including landmine and other Explosive Remnant of War (ERW) survivors, their families and affected communities in the country.

It is essential to advance and strengthen implementation of policies to promote and protect persons/ children with disabilities. The harmonized policy framework can foster effective cooperation in order to mainstream inclusive disability program, laws and policies. The protection of PWDs is to achieve a global standard services that is accessible to all PWDs; and to address and respond to multiple vulnerabilities faced by persons with disabilities and promote, protect their rights and dignity in an inclusive manner.

Based on global estimates of 15% of the world's population living with disabilities, South Sudan is estimated to have more than 1.2 million persons with disabilities. In the 2008 Population census there are at least 5.1% of South Sudanese are persons with disability. South Sudan has the following types of disability including physical impairments, vision impairments, hearing impairments, intellectual, mental illness and speech impairments.

The causes of these disabilities includes armed conflict, poverty, lack of health service (poliomyelitis), mental illness acquired at birth, accidents, animals /snake bites, physical violence and abuse, eye infection diseases, hypertension, HIV/AIDS and sexual abuse.

The Republic of South Sudan has recognized national, regional and international instruments to promote rights of Person with Disabilities that is founded on Justice, Equality, respect for human dignity, advancement of Human rights and fundamental freedoms.

The National Disability Action Plan will work to achieve the following SDGs goals; Inclusive and Equitable Education, Sustainable Economic Growth, Reducing Inequality, Sustainable cities and communities & partnerships for the Goals within the seven component of National Disability and Inclusive Policy.

This plan takes into consideration gender and disability in the process of planning, implementation and monitoring phases of all activities, projects and programs to promote inclusive development.

This NDAP will address PWDs priorities to overcome the barriers to equal opportunity and encourage full participation in the society, hence achieving inclusive society for all citizens.

The seven component of National Disability and Inclusive Policy and victim assistance shall enhance promoting, protecting and ensuring full and equal enjoyment of fundamental rights, public services,

opportunity for education, work, and full participation at facility at the community nationally for all PWDs. The seven components are:

1. Emergency and continuing medical care.
2. Data collection and information management.
3. Psychological support including peer support.
4. Social economic inclusion (inclusion in finance saving and credit services).
5. Physical rehabilitation including physiotherapy, prosthesis and assertive devices.
6. Laws and policies.
7. Education (Draft Inclusive Education Policy including children with disability, in Early Child Development (ECD), basic schools, technical, vocational training institution and accelerated learning program and higher learning institutions).

The NDAP strategic implementation mechanism has incorporate the twin track approach, partnership, leadership, psychosocial development to ensure that children, youth, adults, men and women with disability are provided with equal opportunity for full participation in all development programs. This mechanism will promote and facilitate equal opportunity, full participation of PWDs in the society, and provide inclusion of PWDs in both mainstreaming and developing related specific development initiatives.

This plan is the outcome of a participative process involving different stakeholders in a national dialogue workshop, such as professionals, civil society members, and persons with disabilities from the ten states, government stakeholder, UN Agencies and international development agencies. Under the leadership of National Ministry of Gender Child and Social Welfare, a disability taskforce was formed that reviewed and amended the plan and make suggestions, indicators, and recommendation.

1.0 Introduction

This National Disability Action Plan (NDAP) is envisioned as an important contribution to promote efforts to address the rights and needs of persons with disabilities by providing them with equal opportunities and fostering their full and active participation in all spheres of life.

The NDAP purpose is to implement the National Disability & Inclusive Policy 2015 and it further focused on improving the quality of life of PWDs, including landmine and other Explosive Remnant of War (ERW) survivors, their families and affected communities in the country.

The goal of NDAP is to advance and strengthen the protection of persons/ children with disabilities. Its main task is to harmonize all action, policies and strategies in areas of protection of PWDs to achieve global standard services accessible to PWDs. Based on the principles of non-discrimination and of interdependence and indivisibility of all human rights, the strategy highlights and stresses the importance of effective cooperation in order to foster the mainstreaming and inclusion of disability in all program, laws and policies.

The NDAP comprised of the following areas of interventions (Data management, Health care, Rehabilitation, Psychosocial, Education, Social Economic sphere, Laws and Policies). Each area focus on current legislation and policies of government that enforces action plan the country must carry out in disability sector to assure full rights and equal opportunities for PWDs to guarantee their economic independence and to eliminate all forms of discrimination; to guarantee that PWDs can participate in the formulation and implementation of public policies. In order to achieve the above, the plan outlines the specific objectives and the steps needed to be implemented to prevent stigmatization, discrimination and remove all barriers and avert full integration of all PWDs to society.

The idea of the development of NDAP started in a consultative national dialogue initiated by the Anti-personnel mine ban convention implementation support unit with a funding from EU. The National Ministry of Gender Child and Social Welfare and National Mine Action Authority with various organisations, persons with disability came from diverse states of South Sudan to take part at the national stakeholder's dialogue.

Experts on victim assistance did presentation on the seven component of Victim Assistance global and national perspectives, followed by group discussions and presentations among the participants on the

following: Emergency and continuing medical care, Data collection and information management, psychological support including peer support, socio-economic inclusion, physical rehabilitation including physiotherapy, prosthesis and assertive devices, laws, policies, coordination and inclusive education.

The National Disability Action Plan has been developed in a collaborative effort, under the leadership of the Ministry of Gender Child and Social Welfare (MGCSW), and other institutions like Mine Action Authority, State Ministries of Gender Child and Social Welfare, Ministry of Education, Organisations of persons With Disability (OPD), War Disabled, Widows and Orphans Commission, Landmine Victim Association, UN Agencies, CSOs and INGOs who are members of Victim Assistance coordination forum in South Sudan.

Under the leadership of the Undersecretary of National Ministry of Gender Child and Social Welfare, a disability taskforce was formed and chaired by the Director General of Social Welfare MGCSW. The task force which comprised of the following; National Ministry of Gender Child and social Welfare and National Mine Action Authority, Ministry of Education, state Ministries of Gender Child and Social Welfare, UN agencies, CSOs, International NGOs, Organisations of persons With Disability (OPDs) and landmine survivors and the experts drafted and reviewed the plan. The task force continued to work with the same participants from the above agencies to review the draft and make suggestions, indicators, and amendments with recommendation for final approval by the Council of Ministers. This plan is the outcome of a participative process involving different stakeholders in a national dialogue workshop, such as professionals, civil society members, and persons with disabilities from the ten states, government stakeholder, UN Agencies and international development agencies.

1.1 Background

The transitional constitution of the Republic of South Sudan (TCRSS) 2011 as amended, mandated the MGCSW to promote and protect the rights of PWDs. The transitional constitution has clauses on the protection of the rights of persons with disabilities and people with special needs. This shows government commitment to address issues of PWDs. The National Social Protection Policy Framework (2014) section 4.1.4 states that the government will implement disability grant to extend support to persons with severe and multiple disability. It further acknowledged children with severe disabilities and high stigma in many families and communities as well as lepers who are rejected and abandoned by the society.

According to the Sudan Housing and population census of (2008) it indicate the prevalence rate of persons living with disability at the level of 5.1% in South Sudan (i.e. 424,000 persons out of 8.28 million) although the census is controversial according to (Legge, 2016, p. 1; Anyang, 2016, p. 4; Sida, 2014, p. 1). This is due to both issues with how disability was defined and the likelihood that stigma prevented people from identifying themselves as being persons with disability (Legge, 2016, p. 1).

Based on global estimates of 15% of the world's population living with disabilities, South Sudan is estimated to have more than 1.2 million persons with disabilities (HRW, 2017; Forcier et al, 2016, p. 4). In addition WHO, (2010), report 15% of the population are estimated to live with some form of disabilities in South Sudan. The report estimates out of 15%, 5- 8% require basic services. A 2016 household survey carried out by the Food Security and Livelihood Cluster in South Sudan also found that

around 15% of households has at least one disabled family member (WFP, 2017, p. 6). The WHO report estimates the number of PWDs in the general population at the rate of at least 200,000 to 250,000 PWDs among all the displaced and refugees in South Sudan. However, we assume the number of PWDs could be higher, given the fact that during war and violent periods refugees and internally displaced people acquire disabilities in the process due to diseases, malnutrition, injuries, gunshots and mines. The Ministries of Gender, Social Welfare, Education and Health are mandated to safeguard the rights and welfare of persons with disabilities and for that the government allocated 1% of the total budget to support such programs despite financial difficulties.

1.2 Various types and causes of disability in South Sudan.

The 2008 census and 2011 disability assessment report show various types of impairment, including physical impairments (35-52%); visual impairments (20-33%); hearing impairments (12-15%); intellectual impairments and mental illness (10-17% , intellectual 1.6%, mental illness 8.3%); and speech impairments (4-7%) (MGCSW, 2013, p. 8-9).

The causes of these disabilities in South Sudan includes armed conflict, poverty, lack of health service (Sida, 2014, p.1) poliomyelitis, mental illness, acquired at birth, accidents, animals /snake bites, physical violence and abuse, eye infection diseases, hypertension as well as HIV/AIDS Sida (2014, p. 1) Other identified causes of disability during the conflict were as a result of landmines, widespread violence, sexual abuse and displacement. The current civil war including South Sudan previous history of conflict have caused 21% of disabilities. It is a matter of fact that the International Committee of the Red Cross (ICRC) in South Sudan has been engaged in amputating over 70% conflict-related wounds (HRW, 2017).

1.3 Definition of Disability

In 2001 WHO adopted International Classification of Functioning, **Disability** and Health (**ICF**) as a framework for describing and organising information on functioning and **disability**. It recognises the role of environmental factors in the creation of **disability**, as well as the relevance of associated health conditions and their effects. **Disability** is an umbrella term, covering impairments, activity limitations, and participation restrictions. **Disability** is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives.

The national disability action plan refers to disability to include those who have long-term physical, mental, intellectual or sensory impairments which interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (**UNCRPD**).

1.3.1 International and National instrument to promote humans rights of PWDs.

The Republic of South Sudan has recognized national, regional and international instruments to promote rights of Person with Disabilities but some were not enacted into laws. These acts include but not limited to:

- The transitional Constitution
- The Child Act 2008
- The UNCRC- Right of Children

- Anti-Gender Based Violence Bill.
- The national Gender policy
- The Social Protection policy 2014
- Strategic Plan 2012-2017 Ministry of Gender, Child and Social Welfare September 2012.
- South Sudan Development plan 2011-2013, Ministry of Economy and Planning August 2011.
- Health Policy for the Government of South Sudan 2006- 2011, reviewed version 2007 Ministry of Health.
- Health Sector development plan 2012-2016 Government of South Sudan Ministry of Health January 2007.
- Maternity and Reproductive health policy for South Sudan Ministry of Health 2007.
- Family Planning policy Ministry of Health 2012.
- South Sudan HIV/Aids strategic plan 2013-2017
- Ministry of General Education strategic plan 2012-2017
- Ministry of General Education and Instruction 2012.
- Ministry of Humanitarian Affairs and Disaster Management policy framework May 2012.
- South Sudan National Mine Action Strategy 2012-2016.
- Policy paper on Demobilization, Disarmament and Reintegration September 2011.
- The Republic of Sudan, Southern Sudan War Disabled, Widows and Orphans Commission (SSWDWOC) Government of Southern Sudan Revised Policy 2010-2014.

The NDAP was developed in conformity with principles enshrined in the following international and regional conventions which provide for protection of rights of persons with disability founded on Justice , Equality respect for human dignity , advancement of Human rights and fundamental freedoms.

- The convention on the Rights of Persons with Disability (CRPD 2006).
- The African Decades of Persons with Disability (1999-2009, 2010-2019).
- Continental Plan of Action for Persons with Disability in Africa Adopted by the African Union (2011-2019).
- The convention on prohibition of use, stockpiling, production and transfer of Anti-Personnel mine and their destruction signed in 2011.
- The Convention on Cluster Munitions and Convention on Certain Weapons 2015.
- The UNESCO Salamanca Framework for Action on special Needs Education 1994.
- The UN Standard Rules on Equalization of Opportunities for Persons with Disability 1993.
- The African charter on Human and people's rights 1981.
- Convention of Elimination of all forms of violence against Women 1979.
- International Convention on Economic, Social and Cultural Rights (1966).
- United Nations Universal Declaration of Human Rights (1948).
- The Alma Ata Declaration of 1978 which emphasizes inclusion of Rehabilitation approach into the Primary Health care systems.
- The International Labor Organization Convention No. 159 and Recommendation 168 on vocational rehabilitation and employment of persons with Disability.
- The World Program of Action 1983 which advocates for full participation of Persons with Disabilities in the Development.
- The World Declaration on Education for all 1990.
- The Vienna World Conference on Human Rights 1993 Resolutions which stipulate promotion of person with disabilities.

1.4 The Sustainable Development Goals and Disability.

During the 2012 the United Nations Conference on Sustainable Development (Rio+20, Member States agreed to launch a process to develop a set of sustainable development goals (SDGs) to succeed the Millennium Development Goals (MDGs), whose achievement period concludes in 2015. The SDGs are to address all three dimensions of sustainable development (environmental, economic and social) and be coherent with and integrated into the United Nations global development agenda beyond 2015. The envisaged SDGs have a time horizon of 2015 to 2030. The national disability action plan shall work to achieve the following SDGs number where reference are made to PWDs in goal **4, 8, 10, 11 & 17**.

Disability is referenced in various parts of the SDGs as follows:

- Inclusive and equitable quality education and promotion of life-long learning opportunities including persons with disabilities & eliminating gender disparities in education to ensuring equal access to all levels of education and vocational training. It appeals for building and upgrading education facilities that are child, disability and gender sensitive and also provide safe, non-violent, inclusive and effective learning environments for all.
- To promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, the international community aims to achieve full and productive employment and decent work for all women and men, including persons with disabilities, and equal pay for work of equal value.
- To reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities.
- To make cities and human settlements inclusive, safe and sustainable. By providing access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, such as persons with disabilities. It requests for providing universal access to safe, inclusive and accessible, green and public spaces, particularly for persons with disabilities.
- Stresses that in order to strengthen the means of implementation and revitalization of the global partnership for sustainable development, the collection of data and monitoring and accountability of the SDGs are crucial. Member States are called upon to enhance capacity-building support to developing countries, including least developed countries (LDCs) and small island developing states (SIDS), which would significantly increase the availability of high-quality, timely and reliable data that is also disaggregated by age, sex and disability.

1.5 Gender and Disability

This NDAP aims to improve and promote participation, equality and empowerment of people with disabilities including men, women, girls and boys in accordance with the National Disability & Inclusive Policy 2015 and Victim Assistance components. It has to be noted that disability affects all men, women, boys and girls differently, in addition women and girls with disabilities experience physical, psychological cultural and sexual violence among others. This plan takes into consideration gender and disability in the process of planning, implementation and monitoring phases of all activities, projects and programs to promote inclusive development. This inclusive development promotes gender sensitive disability and

will ensure that all data collection process and analysed are in a sex and age disaggregated manner to allow detailed reporting and effective targeting of activities and assistance. This promotes the participation and empowerment of all persons with disabilities in the process of decisions making to ensure that all policies, laws and acts are disability sensitive.

Any development initiatives should reflect the distinct needs of different age and sex groups and ensure they are effective and non-discriminatory and that results are sustainable. To achieve this there is a need for the overall integration of all persons with disabilities into the national development process without any discrimination. In the past, women with disabilities knew their place in society as out of sight and out of mind. Through advocacy on disability issues strides, women with disabilities are no longer automatically locked away in institutions or legally denied the typical joys of life, such as marriage or child bearing. Women and girls with disability have decisions to advance the possibilities for them to live in the community and do what our non-disabled counterparts do. They lack freedoms to work independently, culturally women sexual life are controlled by men in most communities. The cultural beliefs, practices and negative attitudes tends to discriminate women and girls with disabilities in decision making. In disasters/ conflicts situation the condition of women and girls with disabilities have been worsen and no special preference was given to them, they have to struggle get out of danger or they get relief through their family or friends. They lack access to basic services (proper education, vocational training and decent employment) and resources especially girls. In addition some children especially girls are denied access to medical treatment for cases that can be managed to avoid further complications.

This plan will contribute to the realisation of sustainable development in the life of all persons with disability men, women, boys and girls as key resources to consider for full inclusive development. The plan will further work to facilitate the participations and empowerment of persons with disabilities in conflicts/disasters their participation in decision-making during relief, rehabilitation, disaster management and mitigation plans hence increasing women and girls access basic services.

The cultural beliefs and attitudes towards disability should be addressed through specific programs that support men, boys, women and girls with disabilities. No society can develop unless girls and women play their significant role. Through awareness to the families and caregivers increase access to education, vocational training, employment, transportation and housing, to enable them achieve economic self-sufficiency and contribute to their communities. This will increase protection from violence, sexual harassment, domestic violence, and exploitation in the workplace, divorce, separation, poverty, loneliness, Isolation, Rape, social stigma facing women, men, boys and girls with disabilities.

Tools for Empowerment on Inclusion of men, boys, women and girls with disabilities must be comprehensive and take place at all levels of the development process. Full inclusion of all women, girls with disabilities in the development process must go beyond limited approaches which traditionally offer separate programs for people with disabilities, often charity-based, focused on prevention, medical intervention, physical rehabilitation, and custodial care. Appropriate targeted interventions, which enable them to maximize their skills and abilities, development assistance programs must support women and girls with disabilities to access the full range of options available to all members of the communities. Any Leadership training and community development projects must conduct specific outreach efforts to include all persons with disabilities. All person with disabilities must be involved in all

policy and decision making processes, and at every level of the projects: as staff, consultants, participants, and evaluators. Advice and expertise of women and girls with disabilities must be utilized in designing programs and policies, research, conferences, and documentation of major social issues that affect women. Education, vocational training and rehabilitation programs must include women and girls with disabilities, to prepare women and girls for careers and gainful employment. Rehabilitation and adaptive technology must be available for all persons with disabilities, and women and girls with disabilities must be involved in the development and production of adaptive devices. Health service personnel must be trained to offer informed and sensitive service and education addressing the health needs of girls and women with disabilities. Governments and non-governmental organizations must be pressured to effectively implement the many important recommendations which have been made over the years by various UN bodies and non-governmental organizations, particularly at the Fourth World Conference on Women in Beijing. Governments and non-governmental organizations in host countries must be educated to prioritize issues of women and girls with disabilities in development efforts. "Consultation with local women's organizations and involving women participants in program planning is perhaps the best way to ensure a gender perspective in program design." All development organizations, micro-credit programs and lenders must consult with women and men leaders who have disabilities for strategies to make all information, programs and services accessible for persons with disabilities.

1.6 Situation Analysis for Persons with Disabilities in South Sudan.

The Republic of South Sudan became the world's newest country in July 2011, following more than 20 years of civil war, which left many population with different types of disability although some types of disability are caused by other natural factors. To date PWDs are marginalised because they cannot access basic services that can support to extend their life like able persons in South Sudan.

According to WHO report 2016 an estimated 250,000 PWDs live in IDP camps, and PWDs often become victims of crime and both excluded from health services, education, physical rehabilitation and humanitarian response efforts despite the escalating violence and continuing humanitarian crisis in South Sudan. The humanitarian crises hit PWDs ruthlessly as it exposes the majority to risk. The PWDs are also facing greater risks of being caught in fighting, likewise, they are vulnerable to attacks because they are either hidden as a result of stigma or their care-givers cannot cope with their protection in war circumstances.

In conflicts PWDs are being shot, hacked to death, or burned alive in their houses by warring party .The women with disabilities become victims and survivors of sexual violence by armed forces while some are provided with food and water at mercy of good Samaritans. Continued conflict in the country has also prevented PWDs access to services and medicines they need, which has increased the severity of their disabilities. Poverty is a fundamental barrier fronting PWDs (children, youth, adults, men and women) in accessing the same services and opportunity enjoyed by all other citizens. Majority of the PWDs and families live in rural areas with very limited services and it is inaccessible in most cases. The majority of PWDs including their families do not have access to basic services letting them vulnerable never to attain a sustainable livelihood as stated in the National Disability action Plan. This plan when implemented will create a human rights based, inclusive and barrier free society which advocates for

and empowers person with disabilities by establishing series of objectives and actions that could be implemented including as well key result indicators for monitoring their performance.

The NDAP seeks to address the needs of PWDs while promoting full participation and equal opportunity for PWDs in all spheres of life through involvement of the concern governmental, international and community as a whole. The PWDs require fully inclusive society regardless of the kind of disability and they should enjoy the same rights of participation in political, socio economic, cultural and technological spheres and they should also have access to education, medication and social services, training, employment and other leisure opportunity enjoyed by the citizens.

Since Disability is a cross cutting issue, there is a need to mainstream or include it in all development programs of South Sudan like the South Sudan Development Plan, National Development Strategy etc. There is a need to review all existing sector development plans and policies to address Socio-economic issues, and let progress in full inclusion of PWDs in the country. This NDAP will address PWDs priorities to overcome the barriers to equal opportunity and their full participation in the society, hence achieving society inclusion for citizens in South Sudan. This NDAP will address the provision in the National Disability and Inclusive Policy 2015 and the seven components of victim assistance:

- Emergency and continuing medical care.
- Data collection and information management.
- Psychological support including peer support.
- Social economic inclusion (inclusion in finance saving and credit services).
- Physical rehabilitation including physiotherapy, prosthesis and assertive devices.
- Laws and policies.
- Draft Inclusive Education Policy including children with disability, in Early Child Development (ECD), basic schools, technical, vocational training institution and accelerated learning program and higher learning institutions.

The above component of victim assistance shall enhance promoting, protecting and ensuring full equal enjoyment of fundamental rights, public services, opportunity for education, work, full participation at facility, community and nationally for all PWDs in South Sudan.

The national disability action plan is based on South Sudan national disability policy that support equal opportunity, full participation of PWDs in the following basic principles:

Non-discrimination and Human rights based approach; Affirmative Action; Diversity & Inclusiveness; Disability Mainstreaming; Participation.

These principal are contained also in the world program of action concerning PWDs and standards rules on equalisation of opportunity for PWDs .It contains the UN Convention basis for promotion, formulation and evaluation of policies, plan/program actions at national and international levels for further equalised opportunity to all PWDs in South Sudan.

1.7 The strategic mechanism for the national disability action plan.

For successful implementation of the NDAP, there is need to incorporate the twin track approach, partnership, leadership, psychosocial development to ensure that children, youth, adults, men and women with disability are provided with equal opportunity for full participation in all development programs in South Sudan. This mechanism can promote and facilitate equal opportunity, full participation of PWDs in the society, and provide inclusion of PWDs in both mainstreaming and developing related specific development initiatives.

1. The mainstreaming approach focuses on mainstreaming programs, services which are not specifically designed for PWDs such as ordinary schools, churches, communication, public transport, public health facilities, public offices, banking, infrastructures etc. More efforts are required to promote and facilitate the inclusion of PWDs and their families in programs and services as participants and beneficiaries.

2. The disability –specific programs and service provision are required to address the individual needs of PWDs such as CBR/CBID programs, orthopaedic centers, Inclusive education, medical rehabilitation centers, vocational centers etc. Commitments are required to be made so that disability specific programs and services at all levels to meet individual needs of PWDs and families in South Sudan.

2. Partnership, It's the responsibility of the government and the community to improve the situation of PWDs in South Sudan. The National Disability Action Plan recognize partnership as core between governments, civil society organization, and private sector to witness the implementation of the National Disability Policy for South Sudan. Networking with various stakeholders especially to mobilize resources to support the implementation of this plan is effective. In addition, coordination with all the implementers of the Victim Assistance Projects help in information sharing nationally, regionally and globally.

3. Leadership by PWDs It is their responsibility in planning to support ownership and sustainability of the program. In planning PWDs, teachers, government institution responsible, disability actors are required to work together with PWDs in planning, consultation at all levels and observe that the NDAP is implemented. The Government should strengthen the capacity of the organization by providing office space, training, participation at international conferences, finance assistance etc. All the leaders, PWDs, experts on disability will support by playing effective role in Government structures including the state Ministry of Gender, Child and Social Welfare to monitor the implementation of the National Disability Action Plan.

4. Psychosocial development of children with disability, the National and states MGCSW, UN Agencies, INGOs, CSOs, CBR/CBID programs should focus on early childhood development program service for children with disability to provide adequate training on disability detection and encourage the parents of children with disability in future to avoid discrimination and stigmatization.

The National Disability Action Plan comprised of the seven components of National Disability Inclusive Policy 2015 and victim assistance each is designed with objectives, activities indicators, output and responsible person to handle task and budget required to achieve the goals. The MGCSW shall work to improve the situation of persons with disability and create conducive environment for full inclusive

society that require multi sectoral responses. For more details refer to the tables under the seven components below.

2. Data collection and information management

Systematic data collection is fundamental in South Sudan to ensure that decision makers and service providers are informed by the sound evidence based on the demographic profile of the number of PWDs, and service providers use existing data to plan to reach their needs. Evidence based data is used for informed action in planning, implementation, M&E, service delivery reporting and advocacy. This data helps in reporting progress on some legal obligation to meet the needs of PWDs.

Statistics on PWDs is unreliable in South Sudan because the 2008 population census mentioned 5.1% of persons with disability. There are few assessments that are conducted on PWDs that had limitations on the coverage, hence it does not represent the whole population of persons with disabilities in the country. There is need to conduct comprehensive needs assessment to identify who is in need of service, where, why and what is being done in response .Nevertheless data is key in any planning, the purpose of collecting statistics data and research on PWDs is to understand and know their population, needs, cost related to disability and the extent to which they are able to participate in society and enjoy their human rights on an equal basis with others. The World Programme of Action Concerning Disabled Persons (1982), speaks of Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) and the landmark disability-specific human rights treaty, the Convention on the Rights of Persons with Disabilities and its Optional Protocol adopted in 2006 states need for appropriate information collection, which would protect, promote and fulfil all human rights of PWDs.

The MGCSW has not yet established management information systems (MIS) of statistics for PWDs in South Sudan. But mine action record data of person injured or killed by mine /ERW, Physical Rehabilitation Reference Centre (PRRC) in Juba, Rumbek and Wau supported by ICRC recorded data for services provided within the centres. SSWDWOC has recorded data on wounded soldiers. OVCI (USRATUNA) has recorded data on service delivered to clients within their centres. They also have data recorded on the numbers of persons with disability. Data on the family households of person with disability are missing on the MIS in most cases. In mine action UNMAS has a management information system for data collection, storage, and dissemination of information relating to landmines and other explosive remnants of war (ERW) casualties and incidents reported on a monthly basis to all relevant stakeholders.

For individual organisations such as CBM, OVCI, HI and ICRC offering service to PWDs have data on the number of clients provided with service as mentioned above. The MOH hospital (s) has injury surveillance system with data on patience taken to hospital but no data leading to the disability. It has to be noted that considerable information on disability exists with the implementing partners because there is no Information system centralized for storage and information dissemination with MGCSW facility.

The main challenges for the MGCSW is to ensure that existing processes for data collection and analysis is maintained at a high standard for all stakeholders to access reliable age, gender disaggregated data

for all PWDs. The implementing partners collect data when providing services to specific groups of PWDs, where the majority are excluded because they never access the services. The NDAP seek to address the statistical data gap on information gathering expressed by many stakeholders including data on mine victims and persons with disabilities in the following ways:

There is need to build capacity of the government, and other stakeholders on data collection and management with good information security to collect quality data on the different types of disabilities and their total population of PWDs in South Sudan. They should have a sound understanding of the terms used in information management system and also appropriate data collection regardless of age, gender or ethnicity and ensure safety and confidentiality and security of information for data storage and should have data sharing guideline in place.

To address data limitation on PWDs, there is urgent prerequisites to collect qualitative and quantitative data on PWDs in South Sudan and conduct other research to study the number of children, women and men with disability to increase data on PWDs for future plans.

There is need to strengthen capacity to maintain and improve the standards quality data undertaken by stakeholders including government, INGOs, researchers or evaluators.

MGCSW will work with the National Bureau of statistics and to integrate information on disability disaggregated data and plan to use the data collected in the upcoming National Census.

Experts will be engaged in establishing the data management information system to integrate data management across the whole disability sector.

Data collection and information management.

Objective	Activités	Indicators	Implement ation roles	Budget estimated \$
To conduct comprehensive needs assessment for persons with disability in the whole of South Sudan by December 2021	<ol style="list-style-type: none"> 1. Seek internal and external financial support for disability programs. 2. Carry out fundraising campaign to support needs assessment on persons with disabilities in South Sudan. 	<p># needs assessment conducted.</p> <p># and scope of surveys accomplished.</p>	Government, CSOs, INGO, OPDs, UN agencies	2,000,000
To gather a nation-wide information on the needs of persons with Disability and establish coordination mechanism by June 2022.	<ol style="list-style-type: none"> 1. Seek donor funding to build capacity for data collection and information data management. 2. Secure 1% contribution from national budget to conduct data gathering. 	<p># of experts and local staffs trained on data collection.</p> <p># of planning meetings</p>	Government, UN agency, CSOs, INGO, NGOs, OPDs,	2,000,000

	<p>3. Engaged expertise to design and Implement survey on the situational analysis of persons with disabilities.</p> <p>4. Design tools, train enumerators on the tool for data collection.</p> <p>5. Mobilize resources from entities.</p>	<p>conducted.</p> <p># availability of the report on PWDs</p> <p>Need assessment Data for South Sudan.</p>		
<p>To establish information management system that is user-friendly for data storage of all persons with disability in South Sudan by December 2021.</p>	<p>1. Hire consultant (s) to develop the MIS for PWDs for South Sudan.</p> <p>2. Develop a strategy for a comprehensive MIS on disability within MGCSW.</p> <p>3. Establish MIS office for data management.</p> <p>4. Employ and train staffs on data management.</p> <p>5. Procure, Logistic supply (computer, servers, Tablet, backup Storage, Transports).</p>	<p># Functional MIS for national disability within the MGCSW.</p> <p># Of MIS staff actively working in data collection and entry.</p>	<p>Gvt, UN Agencies, CSOs, INGOs, OPDs</p>	<p>500,000</p>
<p>To Develop information dissemination strategy for PWDs nationally & internationally to assist in the planning and monitoring of disability programs by July 2022.</p>	<p>1. Re-activate on Disability working group monthly meetings.</p> <p>2. Strengthen collaboration and coordination of activities and sharing of program, reports, lesson learnt and best practices for future plans.</p> <p>3. Diversify means of communication during meetings and all other occasions.</p>	<p># Data dissemination strategy in place.</p> <p># Reports of the monthly meetings.</p> <p># sign language interpreters</p> <p># understandable language</p>	<p>Disability working group members</p>	<p>500,000</p>
<p>To enhance capacity of the stakeholders on data gathering and information management with a view to ensure maximum autonomy by March 2022.</p>	<p>3. Training stakeholders on data gathering, analysis, reporting and system management.</p>	<p># Stakeholders trained.</p> <p># availability of the training reports</p>	<p>Gvt, UN Agencies, CSOs, INGOs NGO, OPDs</p>	<p>500,000</p>

3. Emergency response and continued medical care

The objectives of emergency medical health care is to promote the persons full recovery with measure of such correctives surgery and pain management. It also provides acute trauma care including first aid, blood transfusion and other immediate measures that prevent death and permanent impairment. It keeps the victim alive and reduces the number of preventive death or take measures to prevent impairment for those injured by mine or explosive remnants of war or other accidents. The healthcare systems in South Sudan are structured from Boma to Payam level with health centers, with states level referral hospitals in Juba. The Juba Teaching Hospital and the GIADA Military Hospital are the points where people with traumatic injury, including landmine/ERW casualties can receive appropriate medical care. There is logistic challenges to reach appropriate health facilities because of insecurity. The Government has worked with the development partners to provide emergency ambulance services to most payam health centres but they lack serviceable roads especially in remote areas during the rainy seasons. It also compromises the chances of survival in the cases of accidents, landmine/ERW casualties, though majority of patients die before reaching the hospital due to excessive bleeding, lack of available first aid services and other medical equipment. The well to do families charter flights for medical evacuation to Juba. There is further lack of trained first aid workers at the village to provide first aid to save people's life from excess bleeding.

It has to be noted that displacement has caused a severe shortage of skilled human resources to respond to frontline health needs where there is only one doctor per 65,000 patients. The medical practitioners are forced to take refuge in other countries reducing the labour force on ground. The insecurity has scattered majority healthcare workers during frontline conflict leaving Red Cross Volunteers to be the ones responding to the emergency medical needs of landmine and other traumatic injuries.

Medical and rehabilitation cost of treating injuries are always expensive for individual poor families particularly if an injured family member is in need of long term care. There are few organizations that offer emergency medical assistance to mine/ERW survivors, but services are generally limited to the network of government providers such as health centers, referral and national hospitals.

There is a prerequisite to reduce deaths by calming medical conditions and reducing physical impairments in emergency settings that could result from injury.

The humanitarian response plan 2016 estimated 4.42 million people are in need of emergency health care, including people with no access to health care due to the combination of conflict, economic downturn, drug shortages, and lack of funding for health infrastructure and health workers, and inadequate vaccination coverage.

Displaced people face the greatest challenges in accessing health care, particularly in Unity, Upper Nile, Jonglei, Warrap and Western Bahr Ghazal states. Health facilities are either attacked, damaged or looted. As of September 2015, some 55% of the health facilities in Unity, Upper Nile and Jonglei were no longer functioning. In Unity state, there is only one county hospital for more than one million people and ICRC is forced to evacuate wounded people to urban areas for treatment.

In South Sudan, there is no sufficient medical data on the total number of PWDs caused by landmine, gun shots and other sickness recorded by the medical surveillances reports since some health facilities were destroyed during the recent conflict. There is a need to know the number of PWDs including amputees within the health facilities to ascertain the causes of injuries. Efforts were made in 2013 to verify types of accidents in the medical forms to capture data on landmine/ERW injury so that there is knowledge of either steadily decrease or prominent increase in number of landmine/ERW accidents. There is no annual data on the types of injuries recorded within South Sudan but interest is taken to capture data on HIV/AIDS, malaria etc. There is a need for ensuring an adequate health-care response in place, both immediate (e.g. acute trauma care and surgery) and long-term (e.g. rehabilitation), to the physical and psychological trauma of people injured by landmines/ERW casualties including other causes of disability within the health facilities. Attacks on health care workers and destruction or looting of health structures left thousands of people without access to vital health services. To start all over again, every time a hospital is rendered non-operational takes resources that could be used to build more hospitals." concludes Barutwanayo ICRC Deputy Coordinator.

The NDAP ensures People injured by mines/explosive remnants of war and other causes of injuries need immediate and intensive medical care. If they survive, prolonged physical rehabilitation, psycho-social support and assistance for their economic reintegration services should be made available.

Emergency response and continued medical care

Objectives	Activities	Indicators	Implementati on roles	Budget estimated \$
To improve first aid services and reduce deaths and impairments by improving on emergency medical services and minimizing physical impairments resulting from the injuries by 2025.	<ol style="list-style-type: none"> 1. Provision of ambulance service to all Health centers 2. To supply emergency medical equipment/drugs to all states. 3. To adopt first aid and emergency trauma care to save lives and prevent impairments. 	<p># no of Ambulances distributed to the states.</p> <p># no of Emergency supplies to the states</p>	Government, International NGO, UN agency	3,000,000
Upgrading of all health centers providing emergency medical services in all the counties of South Sudan by 2022.	<ol style="list-style-type: none"> 1. Renovation and reconstruction of all health centers and equipping them with emergency supplies. 	# of health centers upgraded.	Government, International NGO, UN agency	5,000,000

To enhance capacity of 300 medical surgeons, orthopedic in all the states.	1. Train more 200 surgeons, 100 orthopedic Doctors and trauma care specialised in South Sudan.	# Surgeons, orthopedic, advance trauma care specialists.	Government, International NGO, UN agency	500,000
To develop resource mobilization committee by 2021.	1. Lobby for the government to increase budget allocation to health care services. 2. Conduct fundraising campaign to support treatment of persons with disability in South Sudan	# secured fundings	Government, International NGO, OPDs, UN agency	100,000
To increase awareness on causes of disability for early detection intervention to children with disability by 2023.	1. To develop media campaign strategies (TV, Radio, Posters) to reach the local community on the causes and types disability. 2. Evaluation of existing psycho-social support mechanisms and identify gaps in psycho-social support service provision in the health sector. 3. To develop intervention to adjust the effects of the disability on children. 4. To advocate for approval of the free hospital care (medical insurance) for PWDs in South Sudan.	# developed strategies #identified gaps in psychosocial support services in health sector	Government, International NGO, OPDs, UN agency	500,000

4. Physical Rehabilitation, including physiotherapy, prosthetics and assistive devices

The NDAP shall take into consideration plans and programs implementation to restore maximum physical functional ability for persons with disabilities in regards to the national disability & inclusive policy 2015. Rehabilitation is a set of measure that assist individual who experiences disability to achieve and maintain optimal functioning in interaction with the environment. It includes making changes in individuals, environment and removing barriers. It will help realize the over role goal of healing, improving functional and encouraging functional independence by providing accessible, affordable, efficient, high quality sustainable physical rehabilitation services that promote full inclusion of PWDs in the community (homes, schools, work places, religious places). The services include the provision of appropriate assistive devices, prosthesis, orthosis, working aids, wheelchair, physiotherapy and psychosocial care.

South Sudan registered large number of amputees of severe injuries that resulted from present and past armed conflicts that used landmines, cluster bombs and dangerous bullet during the pre- and post-independence armed conflict between the North and the South. However there have been ongoing inter-communal conflicts in most parts of the Country.

The Physical Rehabilitation Program in South Sudan provides services for boys, girls, women and men children and adult with physical disabilities to restore their mobility and help them rebuild their lives. There are three Rehabilitation Centers under the MGCSW supported by ICRC in Juba, Rumbek and Wau and managed by the MGCSW. More three rehabilitation centers were proposed for establishment including a mobile theatre rehabilitation program to reach distance places.

The state of Central Equatoria has a Rehabilitation Centre called the Nile Assistance to the Disable (NAD) Orthopedic workshop which was previously providing assistive devices, prosthesis, orthosis, working aids, wheelchair, physiotherapy and psychosocial care but currently due to the financial constraints it is not operating in its full capacity.

There is OVCI project working in Juba supporting rehabilitation of only children with disability by offering physiotherapy, speech therapy, occupational therapy, assistive devices and education services in the country and a PHCC providing health services to children with epilepsy. The major challenges facing PWDs in accessing rehabilitation service are continued insecurity, poverty, poor infrastructures, lack of accessible transport, lack of will (individual and family levels)and inadequate awareness about the available services. The NDAP will ensure sustainability through capacity strengthening, management structure, financial support, technical support, in line with the protection and promotion of the rights of persons with disabilities in South Sudan.

The NDAP shall work to address issues that hinders PWDs from accessing services and restoring their ability to support themselves as expected. Some partner organizations support PWDs access rehabilitative care to landmine survivors and other persons with disabilities through referrals from the states to the three Physical Rehabilitation Centers (PRCs) in three states mentioned above. These centers provide services such as assistive devices, prosthesis, and orthosis, working aids, wheelchair, physiotherapy and psychosocial care in addition to accommodation, meals, and transportation

allowances to the PWDs coming from the states. However they lack services provision for visually and hearing impairments and lack of first aid clinic in the centers.

Physical Rehabilitation, including physiotherapy, prosthetics, orthosis, speech therapy, occupational therapy and assistive devices

Objectives	Activities	Indicators	Implementation roles	Budget estimated \$
<p>Enhancement of rehabilitation service by providing quality services to reduces on referral by 50% by 2025.</p>	<ol style="list-style-type: none"> 1. Establish three additional rehabilitation centers in South Sudan. 2. Develop mobile rehabilitation outreach program to work in other states not covered 3. Establish effective referral system for PWDs in states where services are not available. 4. Develop comprehensive rehabilitation strategy and action plans and budget to offer services to PWDs in South Sudan. 5. Promote sport and leisure activities within the rehabilitation centre. 6. Promote referral system for medical care, physiotherapy before fitting the assertive devices, psychosocial care, and nutrition care for specific PWDs. 7. Integrate Rehabilitation Service in the state hospitals where no rehabilitation centers exist. 	<p># Three accessible specialized rehabilitation centers available.</p> <p># Effective referral systems in place and mobile rehabilitation teams deployed to areas of no services.</p> <p># Appropriate service provision standards in place.</p>	<p>Govt, UN agencies, INGO, CBOs</p>	<p>5,000,000</p>
<p>Developing and creating awareness on the existence of rehabilitation centers and the services offered to all population of South Sudan by</p>	<ol style="list-style-type: none"> 1. Carry out massive media campaign program (TV, Radio, Posters) to reach the local community on available services for persons with disability. 2. To teach parents, teachers, social 	<p># Media campaign service provision.</p> <p># care givers,</p>	<p>Government, International NGO, UN agency</p>	<p>100,000</p>

December 2021.	workers, local leaders and decision makers of any rank including medical personnel, protection staffs about the potential that result from good rehabilitation.	PWDs support families access rehabilitation, information and inclusion		
Strengthening capacity of additional 100 physiotherapists, orthopedics physicians, wheelchair technicians, speech and occupational therapists for sustainability of the program and meet the needs of all PWDs in the country by December 2025.	1. Train more 100 physiotherapists, orthopedics physicians in the country.	# 100 professional rehabilitation workers trained and deployed within the rehabilitation centers.	Government, International NGO, UN agency	500,000
Producing quality and sustainable prosthetics, mobility and assistive devices (with user education manual, follow up, repair, replacement, access to appropriated therapy and environmental adaptations) according to international standards within South Sudan by 2024.	1. Encourage domestic production of more mobility appliance 2. Mapping rehabilitation service centers.	# no of mobility appliances produced # increased no of PWDs have access to mobility appliances # rehabilitation centers mapped	Government, UN agencies NGO, CBOs	3,000,000

5. Psychological support including peer support

The NDAP shall work to promote the rights of PWDs, including landmine/ERW survivors and children, to understand the potential strength of PWDs in the community by helping them adapt the psychosocial changes and contribute to development of the society. The impact of disability including a mine/ ERW trauma, and the associated psychological effects can result in stigma that leads to social exclusion as a results of psychological stress.

Psychological support is defined as any type of local or outside support that aims to protect or promote wellbeing, it aimed to treat /prevent mental disorders. Many PWDs experience serious anxiety or long term depression from limbs amputation, blindness, deafness and mental trauma to the extent of exclusion from society where emotional disorders impact on their family, friends, social networks and employment. Mine and any accident traumatizes both the injured and witness who are not harmed. Families at such situations can get confused, fearful and stressed because of their exclusion from the community, including distancing them away from economic and career life, not forgetting the divorced in their marriage, the displaced from schools and play for children .

Peer support refers to support from a person who has knowledge of a condition drawn from their own experience. Peer support programs will be introduced through the OPDs to provide support to the PWDs and landmine survivors to build confidence and motivate the low esteemed PWDs. This program helps too many to recover from trauma and realize their own potentials and reduces isolation and stigmatization. This program also helps many PWDs to be productive and earn decent life while contributing to socio-economic development of the country.

Mental health is a state of psychosocial wellbeing in which a person realizes his/her own abilities and can cope with the normal stresses of life including productivity and fruitfully contributing to the development of the community. The mental health services are provided by psychiatrics, nurses, psychologists, and specifically trained psychiatrists to deal with trauma at health care centers, hospitals, police stations and schools.

It has to be noted that psychological support activities are not undertaken in most cases from the time of injuries, although there are some trained social workers within the health facilities. Some of these social workers were employed by the MGCSW and others within the CBID programs of OVCI and various international NGOs/NGOS/OPDs offering counselling services in locations of their operations.

There is a need to raise community awareness on psychosocial and mental health in general by training more social workers and also persons with disability within the community as resource persons and caregivers on identifying signs and symptoms of stress, anxiety, and depression, providing information on and encouraging community use of existing resources (e.g. Respected persons in the community, village health volunteers, women, religious and youth leaders etc.). This will effectively help PWDs and their families to overcome psychological distress, and to restore their hope and self-esteem and provide training in basic counselling skills to community workers and volunteers (Including counsellors, teachers and peer support groups of adolescents) who regularly visit and provide support to persons with disabilities within the community. There is also need to train more social workers on psycho-social issues and raise awareness to enable them identify at risk PWDs and help refer them for further services.

But there are numerous challenges faced by the social workers which includes harassment, communications barriers, attitudes, insecurity, transports, logistics, lack of counselling centers (privacy), lack of sign language interpretation skill and underpayment.

Psychological support including peer support

Objectives	Activities	Indicators	Implementation roles	Budget estimated \$
Strengthening and expanding Psychological support to PWDs at the community level and referral hospitals by December 2022	1. Provide counselling to families (care givers, parents and members of families) of PWDs with information regarding the rights and the needs of PWDs. 2.To trained respected persons in the community, village health	# Families received counselling to strengthen their emotional support. # reduced cases of stigmatization within the community.	Government, UN Agencies INGO, NNGOs/OPDs	300,000

	<p>volunteers, PWDs, women and youth leaders on psychosocial support and promote self-reliance of PWDs and their families in decision making and development programs</p> <p>3. To remove barriers to psychosocial support and create inclusive environment to PWDs</p> <p>4. Establish a mechanism to M&E psycho-social service provision for persons with disabilities through the MoH and MGCSW.</p> <p>5. Develop work plan to implement comprehensive policy on psychosocial activities at all levels through the CBR/CBID programs.</p>	<p># of PWDs increased at the service centers.</p> <p>Established M&E system for psychosocial support services.</p> <p>Psychosocial work plan for implementation activities.</p>		
Mobilization of resources to support Psychological support including peer support programs in the country by 2021	<ol style="list-style-type: none"> 1. Develop fundraising strategy and fundraising events to support PWDs activities. 2. Developed OPDs capacities to facilitate peer support activities (activities that give moral & material support) to PWDs. 3. Create inclusive employment opportunities to all qualified persons with disability 	<p># increased funding for psychosocial support.</p> <p># increased number of PWDs employed in government institution and other NGOs.</p>	Government, UN Agencies, INGO, NNGOs/OPDs	150,000
Conducting massive awareness to the community on the rights of PWDs by 2021.	<ol style="list-style-type: none"> 1. Embark on disability-awareness programs in the Community on the available services for PWDs 2. Conduct awareness on national disability policy 3. provide an inclusive materials on awareness (brails, large print, audio, sign language) 	<p># increased number of PWDs registered at schools , service centers and other sectors</p> <p># material accessible in all formats</p>	Government, UN agencies INGO, NGOs , OPDs , communities	500,000
Strengthening	1. Organized study tour to other countries to learn.	# Experience and knowledge sharing at the national, Regional	Government, International	500,000

<p>institutional capacity of 200 psycho-social & mental health workers by 2021.</p>	<p>2. Develop human resources and facilities in the field of mental health by training more psychiatric, nurses, psychologist, psychiatrists at the health centers & referral hospitals.</p> <p>3. Provide training opportunities for clinical psychologists and social workers from university to improve mental health services in national referral hospitals.</p> <p>4. To effectively Strengthen linkages between psycho-social services in order to increase psycho-social services for persons with disabilities.</p> <p>5. Trained more psychosocial and social workers at the schools, health centers, communities, police stations and prisons to offer counselling services to various groups of people within the communities to avoid stigmatization and discrimination.</p>	<p>and International level, # Trained 200 psychiatric, nurses, psychologist, # University student supported with internship programs at the health centers and referral hospital.</p> <p># increased number of social workers at police, prison, health center, schools and the communities.</p>	<p>NGO, UN agency, OPDs</p>	
<p>To enhance inclusive trauma counselling center for PWDs and their families in all the States of South Sudan by 2021-2023.</p>	<p>1. Establish inclusive counselling department in all the State MGCSW.</p> <p>2. Employment of more social workers at the state MGCSW, schools, health centers, community, the police stations and prisons to support counselling to PWDs and others.</p>	<p># increased counselling centers in the country. # increased employment of Social workers</p>	<p>Gvt. UN agencies, INGO,OPDs , communities</p>	<p>2,000,000</p>
<p>To develop strong network forum for PWDs from the various government institutions and NGOs.</p>	<p>Establish forum for focal persons for PWDs from all government institutions, NGOs and CSOs.</p>	<p># strengthen coordination of PWDs activities in South Sudan.</p>	<p>Government , UN agencies, INGo OPDs, communities</p>	<p>100,000</p>

6. Social and economic inclusion

The NDAP will plan to improve the living standards of PWDs, including landmine/ERW survivors, through increased opportunities for employment and other income generating activities. The national disability & inclusion policy 2015 mentioned PWDs as among the poorest, vulnerable, and unemployed where the majority come from the military, pastoralists and farming communities with limited basic education. The national disability & inclusion policy asserts the possibility of the PWDs recruitment for education including employment in their career. PWDs have no capital assets to access bank loan from financial and credit banks to do business.

Social and economic inclusion means that the society and environment must adopt PWDs without discriminations. An inclusive society is where all people feel valued, their difference are respected, and their basic needs are met so that they can live in dignity. Boys, girls, men and women all have accesses to basic social services without discrimination. Economic inclusion is defined by HI as an adequate standard of living through wage and self-employment as well as through social protection. It means that all persons, without discrimination, can benefit from, participate in, and contribute to, the economic development of their family and community at all levels.

Social inclusion likewise, people feel included in society and can participate in common events such as politics, religious affairs, sports, leisure activities and other festivities.

Compared to others, PWDs in general have lower education levels than the rest of the population. Majority of PWDs and mine survivors are poor and they live in rural communities affected by insecurity that hinders people living in the villages to practice basic farming skills, improved animal raising and other cash crop productions. There is no data for PWDs working in urban areas but there is a lobby by the institutions caring for them to encourage Private, Government and NGOs to employ them in other sectors in South Sudan.

There is no information as well on PWDs who have been trained on vocational services provided by NGOs and their employment track records are jeopardized due to discrimination. PWDs possess appropriate skills but are often denied a fair chance due to limited understanding regarding their rights. South Sudan has OVC I CBID/CBR program for children with disability and as such, there is need to establish similar programs for adults and adolescents. This is to continue with their informal education and other vocational and agricultural training, including income generating activities such as livestock/animal raising, micro-finance for small business development and job placement to support PWDs skills training in South Sudan.

Nonetheless poverty is a defining factor in increasing vulnerability of PWDs, as they are at risk and hampered for socio-economic reintegration into their communities.

There are two vocational Training Institutions for the general population under the Ministry of Labor and Ministry of General Education respectively, with inadequate level of services provided for persons with disabilities. There is need for disability mainstreaming through negotiation with the line ministries to build the capacity of all citizens without discriminations.

There is need for NGOs to offer support to establish vocational training centers for PWDs in South Sudan.

Most of the landmine/ERW and other PWDs expressed interest in entrepreneurs training and other practical skills in both technical and business management but there has been no funding to support

that program. Access to small grants, loans for business development are a challenge in South Sudan for beneficiaries to realize their plans.

Few development agencies such as UNMAS & War Disabled, Widows and Orphans Commission conducted training for PWDs including landmine/ERW victims on income generation and micro-finance schemes but no follow up on the beneficiaries.

The NDAP shall mobilize resources and champions the establishment of at least three Vocational Training Centers for PWDs. More information is needed on opportunities to develop co-operatives savings to mainstream disability inclusion in future.

Social and economic inclusion

Objectives	Activities	Indicators	Implementati on roles	Budget estimated \$
To reduced/minimize the level of poverty among the PWDs by 2025.	<ol style="list-style-type: none"> 1. Develop and implement integrated, comprehensive community programs/projects with high number of PWDs for sustainable care of all PWDs and children with disability. 2. To mainstream disability programs in all sectors. 	% of PWDs presented among beneficiaries of any development programs.	Govt, UN agencies, OPDs, Communities	1,000,000
To Established CBR/CBID programs and offer Equal opportunities and social Inclusion of PWDs including landmine/ERW victims and expand it to 3 states by December 2025.	<ol style="list-style-type: none"> 1.To develop CBR/CBID programs for PWDs in South Sudan 2. To Collect and disseminate standardized information on service provided to the number of PWDs accessing services through CBR/CBID programs. 3. Plan to expand CBR/CBID programs to the three regions of South Sudan to reach many PWDs at the states. 4. Promote inclusion of persons with disabilities in employment and business opportunities through CBR/CBID programs. 5. To train volunteers (gender focal persons) to promote awareness of gender issues relating to PWDs and families in the Institution/community. 	<p># 3 CBR/CBID centers established and functional in South Sudan.</p> <p># of training offered at the CBR/CBID center.</p> <p># of female with disability benefits from the CBR/CBID programs.</p> <p># increase in PWDs employment at the CBR/CBID programs</p>	Government , International NGO, UN agency, OPDs , communities	5,000,000

<p>To expand on OVCI CBR/CBID program to ensure full participation and inclusion of children with disability in social economic aspects of life in all states by 2023</p>	<ol style="list-style-type: none"> 1. Enrolment of children with disabilities in inclusive education 2. Resource mobilization to expand on the CBR/CBID programs 3. Integration of children with disabilities in sports and other curriculum activities [e.g wheelchair fencing, wheel chair Rugby, crutch running, wheelchair table tennis, archery, sitting volley ball, Goalball, power lifting basketball, swimming, , high jump, blind football, Music Dance and Drama (MDD) football 5 A side, Esailing, Para- triathlon, Athletics, Boccia, Equestrian, para canoe] 4. Support to children with disability to participate in international sports 5. Upgrading existing sport centers for inclusive participation in three states 6. Construction of mini sports facility for PWDs in three states 	<p># of Children benefiting from CBR/CBID program in three states</p> <p># secured funding expand CBR/CBID programs</p> <p># of children with disabilities participating in sports and other curriculum activities</p> <p># of children with disability participating in international events</p> <p># of sports centers upgraded</p> <p># of mini sports facilities constructed</p>	<p>Government , International NGO, UN agency, OPDs , communities</p>	<p>1,000,000</p>
<p>To increased employment opportunities for PWDs in all sectors to improve their socio-economic situation by at least 5% to promote and protect the rights of PWDs by December 2024.</p>	<ol style="list-style-type: none"> 1. Increase employment opportunity to PWDs in all sectors. 2. Increase mass media campaign on the needs and rights of persons with disability to employment in government, private sector, NGOs and UN Agencies. 3. Increase employment of PWDs by 5% in businesses, government and international NGOs, by 2025. 	<p># of PWDs employed at government, private, INGOs, UN Agency</p> <p># of awareness campaign carried out in all the states</p> <p># % of PWDs employed</p>	<p>Government , International NGO, UN agency, OPDs , communities, private sectors</p>	<p>300,000</p>

<p>To develop capacity of 10,000 PWDs including at least 2,500 women to accessed national grants or microfinance schemes provided by both government and NGOs to improve their socio-economic situation, by December 2023.</p>	<ol style="list-style-type: none"> 1. To conduct training on entrepreneurship and basic business skills to 10,000 PWDs and their care givers/families. 2. To provide startup capital to trained PWDs in South Sudan. 3. To provide livelihood to 50,000 PWDs in South Sudan through Cash transfers, farming tools, animal vaccines, fishing tools, establishment of markets for the local produce. 4. Create opportunities for income generation for PWDs through technology skilled training and other innovations to self-employment activities. 	<p># of PWDs trained on entrepreneurship skills.</p> <p># of PWDs/families owned sustainable business in South Sudan.</p> <p># of PWDs benefiting through livelihood activities</p> <p># of PWDs knowledgeable of technological innovation</p>	<p>Government , International NGO, UN agency, OPDs , communities</p>	<p>1,000,000</p>
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7. Laws, policies, plans and coordination

Laws and policies hold to provide institutional framework for PWDs and it holds government legally accountable to their obligation to protect their citizens from discrimination. The role of laws and policies is to promote consideration of and respect for rights of PWDs and access for justice through advocacy. The NDAP work to create avenue for many laws and policies that guarantee the rights of persons with disabilities, including landmine survivors. It will further enforce the implementation of the laws and policies framework aimed at promoting and protecting rights of PWDs in South Sudan.

The MGCSW in partnership with disability stakeholders developed a National Disability & Inclusive Policy 2015 to envision a society that is just and free from discrimination and exclusion where PWDs enjoy their human rights and fully participate in all spheres of development. The PWDs legal rights are not enforced because UNCRPD was yet to be ratified. While other things remain equal, the emergency of COVID 19 has caused delay for South Sudan from enacting UNCRPD.

However many OPDs are still advocating with other INGO, CSOs, UN agencies for the government to ratify the CRPD. It is anticipated that once ratified the National Assembly shall pass the law to provide a framework for a national approach to rights and obligations, standards and services, for PWDs to achieve victim assistance objectives. The OPDs are advocating in this process because they belief in their participation as the slogan says “Nothing about us without us”. National Mine Action Authority is also working hard with the government to ratify the mine ban convention and Convention on Cluster Munitions which includes provisions for assisting the victims/PWDs.

The transitional constitution of the Republic of South Sudan has a number of clauses which refer to the rights of people with disabilities and people with special needs. In addition, the Ministry developed the National Social Protection Policy Framework (2016) that focus on the implementation of disability grant

to extend support to PWDs. However, there are many international instruments signed by the government in support of the promotion, protection of rights of PWDs mentioned in that National Disability and Inclusion Policy 2015. The government and OPDs are advocating for some policy amendments to support accessibility, assistive technology and universal design to support and achieve inclusive development.

The MGCSW is responsible for policy and legislation related to PWDs in South Sudan, also chaired the Victim Assistance Coordination Forum conducted on monthly basis with co-chair from the National Mine Action Authority and other line ministries.

Once the UNCRPD is ratified then a national council for disability will be establish to support PWDs presentation. This will include affirmative actions and access to justice by PWDs at the courts.

The NDAP will give further directives on coordination with all line ministries at the national level to establish disability focal persons. They will support inclusion of PWDs in their strategic and annual work plans and disability mainstreaming into development programs/activities. This is to ensure the protection and promotion of their rights and the prohibition of abuse, neglect and discrimination. In addition, the State Ministry of Gender shall establish disability forum at the state levels to improve on the implementation of disability programs within the states in coordination with the national government.

The implementation of the national disability plan action will protect the rights of all persons with disabilities, including women and children, regardless of the cause of disability.

Laws, policies, plans and coordination

Objectives	Activities	Indicators	Implementation roles	Budget estimated \$
The government of South Sudan to Ratify the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol by end of 2021.	<ol style="list-style-type: none"> 1. Revised the strategy to advocate for the Legislative bodies to ratify the CRPD and its Optional Protocol. 2. Develop strategy to raise public Awareness on the national disability policy and CRPD and its Optional Protocol. 3. Develop program to train OPDs, other civil society groups and the Judiciary (judges, lawyers and law makers) on the CRPD. 4. To develop action plans to implement CRPD and its Optional Protocol. 5. To develop national disability 	<p>UNCRPD ratified.</p> <p># Enacted Law for person with disability.</p> <p># Copies of National Action plan for CRPD implementation.</p> <p># of Campaign conducted on CRPD</p> <p># National Disability council established in South Sudan</p>	Government, OPDs, International NGO, UN agency and the communities	1,000,000

	<p>laws for South Sudan.</p> <p>6. To Establish National Disability Council in South Sudan.</p> <p>7. To integrate/facilitate the use of sign language , braille, communication in courts of laws</p>	# increased sign interpreters in court of law.		
To Raise awareness to the community /PWDs on the rights and needs of persons with Disabilities by end of 2021.	<ol style="list-style-type: none"> 1. Provide training on the Protection and Promotion of the Rights of PWDs stakeholders and line ministries to strengthen their capacity to monitor and implement the policies. 2. Establishment of an effective feedback mechanism 	<p># Empowered stakeholders/PWDs on rights of PWDs.</p> <p># developed strategy to mainstream disability</p> <p># of feedbacks and complains presented and addressed.</p>	Government, OPDs, International NGO, UN agency and the communities	100,000
Develop dissemination strategy for the national disability & inclusion policy, NDAP and the national disability laws to all the states of South Sudan by December 2024.	<ol style="list-style-type: none"> 1. Secure funding to undertake a comprehensive dissemination of the national disability & inclusive policy, NDAP and the national disability laws to the states. 	# of states received copies of NDAP and National disability inclusion policy and national disability law and reports on its implementation.	Government, OPDs, International NGO, UN agency and the communities	1,000,000
Mainstream disability issues in all the policies and the guidelines by 2022	<ol style="list-style-type: none"> 1. The legal specialist(s) work with the disability focal persons to review laws/policies of all line ministries. 2. Review other existing laws of the line ministries to 	# of reviewed, developed and amended institutional legislation to mainstream disability issue.	Government, OPDs ,International NGO, UN agency and the communities	

	mainstream disability issues and, identify, address discrimination against persons with disabilities by 2022.			
To strengthen the coordination and collaboration of disability stakeholders and humanitarian actors in South Sudan.	<ol style="list-style-type: none"> 1. To develop VA / disability focal points at all the line ministries (National and State government) to support mainstream disability in the policies, laws strategic plans. 2. To enforce participation of all focal points and development actors in the monthly coordination forum. 3. Review and validate the terms of reference for VA coordination forum 	<p># of disability focal persons at the national and state government.</p> <p># of monthly disability coordination meetings conducted.</p> <p># Reviewed and validated terms of reference</p>	Government, OPDs ,International NGO, UN agency and the communities	50,000

8. Inclusive Education

The NDAP shall promote the rights /meet the need of PWDs, including landmine/ERW survivors and children, to participate and contribute to their society. The national MGCSW and MoGEI roles are to promote the rights of all and promote disability inclusive education. There are policy on inclusive education supporting the needs of children with disability in the following areas:

Enrolment of students /pupils with disability to schools, however there are limitations on the recorded data on the causes of children with disabilities in South Sudan. The registration systems captures some information on students/pupils with disabilities within the educational system.

It also equivocally promotes raising awareness and provides a platform where children with disability address their issues in schools and at places of work. It is essential to provide more advocacy on availability of the services to PWDs especially on education and health. However there is low number of children with disabilities in schools because they could not afford paying related costs demanded by the PTA agreement, long distances, the negative attitudes, inadequate number of trained teachers in inclusive education and learning aids. Despite the fact that South Sudan Educational Policy exempts payment of tuition fees, yet PWDs are constrained by the payment of the PTA costs, Uniforms, cost of transport and unregulated private school fees.

There is need to ensure access to basic services by bringing in laws and regulations that support the PWDs in line with the TC, NDIP and UNCRPD.

Promotion of inclusive education opportunities for children with disabilities started with technical support from some donors with aim to oversee and manage all educational programs for vulnerable children including minority children, and children with disabilities, etc.

The Child Friendly School Policy and the Policy on Inclusive Education for Children with Disabilities, together with the relevant partners of education have developed a training manual for education for children with disabilities. The tutors are trained on how to handle children with disabilities of which Rombur Teachers Training Institute is an example to elaborate, though it lacks materials for teaching the hearing and visual impaired learners.

Education policies for PWDs, including landmine survivors and other survivors, can be pursued through integrated disability programs in Inclusive Education.

There are international conventions that supports Special Education and the Rights of Persons with Disabilities. Currently the international initiatives support the child’s right to access education through inclusive education as a priority in South Sudan.

The Ministry of General Education is working to achieve its goals of providing “Education for All” through the developed Education Strategic Plan, 2017-2020, to ensure quality basic education for all children and youth.

The Government has established Rajaf Educational Centre for the Blind and the Deaf (School for the visually and hearing impaired) and their Teachers are trained in sign language and Braille to teach them to be integrated in public schools and other skills for survival.

There is a need to advocate for scholarship opportunities for persons with disabilities and also to encourage and motivate children with disabilities and to help reduce stigma and provide a positive role model for students.

There is a need to promote employment of teachers/students with disabilities. The National Ministry of General Education has employed some teachers and other organization needs to do the same. Adult literacy courses for persons with disabilities should be part of the curriculum for students with disability. There is need to integrate sports for children with disability and promote their participation in the inter-state tournament, regional and international levels.

Inclusive Education

Objectives	Activities	Indicator	Implementation roles	Budget estimated \$
Increase enrolment of children and persons with disabilities and access to basic education (primary, secondary and tertiary education) by 50% in	1. Improve physical access for persons with disabilities in schools (e.g. ramps, provision of assistive devices such as	# accessible schools infrastructures	Government, International NGO, UN agency, OPDs,	1,000,000

<p>2021.</p>	<p>glasses, hearing aids, special chairs, adaptive toilets etc.</p> <p>2. Social protection benefit for PWDs to cover for transport and health services</p> <p>3. Evaluate number of school age children with disabilities On/not at school.</p> <p>4. Improve on enrolment campaign to raise awareness for parents on the value of education of children with Disabilities.</p> <p>5. Increase enrolment of girls with disabilities to have equitable access to schools and their participation in all schools activities.</p> <p>6. Encourage Children /families to report discriminatory practices toward children with disabilities at schools.</p> <p>7. Conduct awareness campaigns and social mobilization to help reduce stigma and discrimination towards PWDs and alleviate mental health problems in Schools.</p>	<p># PWDs covered by Social Protection benefits</p> <p># no of school age children with disabilities identified and enrolled</p> <p># no of cases reported and addressed</p>	<p>communities</p>	
<p>Expansion of Inclusive Education program for children with disabilities on Braille and sign language is provided to pre-service and in-service teachers to improve the educational</p>	<p>1. Making all schools friendly and inclusive for children with disabilities.</p> <p>2. Social protection benefit for</p>	<p># of friendly and inclusive schools</p>	<p>Government, International NGO, UN agency, OPDs, communities</p>	<p>2,000,000</p>

<p>services for Visual and hearing impaired by 2022.</p>	<p>PWDs to cover transport and health services</p> <p>3. Provide learning materials braille, dictionary for sign languages to schools for teachers and learners</p> <p>4. Develop national inclusive education Examination Program</p> <p>5. Advocate for the universities to include persons with visual , hearing and physical impairment in their programs</p>	<p># of PWDs received social protection benefit</p> <p># of schools with available accessible learning materials</p>		
<p>Increase sports and leisure programs for children with disabilities in schools by 2022.</p>	<p>1. Include children with disabilities in Sports, art, and leisure activities to build their skill.</p> <p>2. To strengthen relationship with relevant partners in sport activities for persons with disabilities</p> <p>3. Establish a mechanism for monitoring participation of PWDs in sport activities.</p> <p>4. Introduce different sport activities to the schools [e.g wheelchair fencing, wheel chair Rugby, crutch running, wheelchair table tennis, archery, sitting volley ball, Goalball, power lifting basketball, swimming,, high jump, blind football, Music Dance and Drama (MDD) football 5 A side, Esailing, Para-triathlon, Athletics, Boccia, Equestrian, para canoe].</p>	<p># children with disabilities involve in sports, arts and leisure activities</p> <p># relevant partners involving children in sports</p>	<p>Government, International NGO, UN agency, OPDs, communities</p>	<p>1,000,000</p>

<p>Improve the Education Management Information System (EMIS) to monitor enrolment of children and adults with disabilities in schools</p>	<ol style="list-style-type: none"> 1. Develop a mechanism to monitor enrolment of children and adults in schools 2. Develop a data base to share information with stakeholders. 	<p># a tool develop to monitor enrolment PWDs in schools</p> <p># a functional data base developed</p>		<p>100,000</p>
<p>To improve training on inclusive education for pre-service teachers at Teacher Training Centers and in service teachers by 2022.</p>	<ol style="list-style-type: none"> 1. To modify curriculum for teachers training for PWDs 2. Improve on training program for training teachers on inclusive education 3. Provide disability awareness training to in-service and Pre-service teachers. 4. Promote training in psychosocial support to teachers that address the needs of children with disabilities. 	<p># modified inclusive education integrated into national curriculum</p> <p># tutors/teachers trained on inclusive education</p> <p># of awareness conducted and reports.</p> <p># of teachers trained on psychosocial support</p>		<p>100,000</p>

9. Conclusion Way forward and Recommendations

The MGCSW as the led Agency in Disability will be responsible to oversee the coordination, supervision and implementation of the National Disability Action Plan with all government and development partners. After the five years they will undertake the review of the progress made to measure impacts of NDAP and make adjustment to improve service delivery.

They will strengthen the coordination forum and address emerging issues to ensure inclusive development of all.

For effective implementation of this plan all stakeholders are advised to take into consideration gender and disability in the process of planning, implementation and monitoring of all activities, projects and programs to promote inclusive development for all.

This plan required **40,400,000\$** to achieve its goal to advance and strengthen the protection of persons/ children with disabilities. The ministry will work to lobby for the budget allocation to line ministry to support the implementations of the plan.

The MGCSW as the lead agency recommended all government stakeholders to mainstream disability program in their agency programs and reflect it in the annual budget to support the implementation of this plan.

The MGCSW will further lobby for financial support from the government to consider allocating funding for the OPDs capacity development as they contribute by facilitate the service delivery and social protection grants to all PWDs.

To all the development partners the MGCSW recommend all INGOs and NGOs to mainstream disability to their programs activities and allocate cost to support the implementation of the plan. For the disability service providing organization should align their activities to the NDAP and seek donor support through their annual budgets to increase services delivery to rural hard to reach states.

Beneath are the recommendation in each component of the national disability and Inclusive Policy and Victim assistance components.

Education:

- Constructing disability friendly schools (classrooms, toilets should be friendly to CWD) and upgrade the existing schools;
- Capacity building plan for teachers on how to teach children with impairments;
- Sensitization of communities, teachers on disability;
- Provide learning materials for CWD (sign language translations and braille)
- Enforce the use of inclusive education policy for government and private schools;

Health:

- Introduced health insurance for Persons with Disability
- Upgrading emergency health care services within the ten states of South Sudan.
- Government to increase budget allocation and spending on health (operation cost, personnel cost, drug supplies, training, logistics)
- Upgrade and renovate all health care facilities damaged during the war.
- Capacity development of specialist doctors in mental health, surgery and others.

Data:

- Established MIS for person with disability within the MGCSW
- Capacity building for information management (equipment, personnel training on data entry, storage).
- ICT Data accessibility on disability.
- Information dissemination strategy.
- Encouragement in Policy and Research on disability Situation Analysis.
- Conduct baseline survey to capture data on the PWDs in the country.

Rehabilitation:

- Increased funding for establishment of three additional rehabilitation centers and mobile clinics.

- Enhance the independence of PWDs by introducing innovations and technology equipment, assistive technology.
- Capacity building for orthopedic and surgeons / Physicians

Psychosocial support:

- Establishment of counselling centers within the MGCSW , Police , Prison and Schools
- Capacity building of more social workers

Socioeconomic:

- Provide access and training to financial resources and management.
- Establish avenue for PWDs access to loan for business.
- Introduce innovations and technology (assistive technology equipment) for improving the lives of PWDs
- Training on Technical vocational education (TVET) and provide start up kits.
- Government to establish and monitor CBR/CBID program.
- Participation of PWDs in peace and conflict resolution in the community.
- To improve access to low cost credit through programs like the Youth Livelihood Program, the Women Entrepreneurship Program and no cost funds social protection Grant for Persons with Disabilities.
- To enforce the accessibility standards to ensure that proper measures are employed in all constructions and promote ramp and an elevator to create a barrier free workplace environment, and provide appropriate assistive devises available to all in need .

Laws and policies:

- Complete ratification on the convention on the rights of persons with disability and the optional protocol.
- Develop an act for disability in South Sudan.
- Introduce affirmative action for participation of PWDs in all Spheres of life.