

How to promote inclusion and empowerment of people with disability based inclusive development in DRC.

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ésumé

Trois raisons ont motivé ce papier: (i) La lecture anthropologique de Grimaud, Lin (2012), sur le handicap : la politique d'inclusion n'efface pas la situation de la personne handicapée d'un coup de baguette magique ; (ii) L'inclusion sociale prônée dans l'agenda 2030 reste un défi pour les communautés engagées à mettre en pratique le principe « ne laisser personne de côté ». Ce document analyse le processus de résolution des questions relatives aux personnes handicapées et autres personnes vulnérables en RDC ; (iii) la promulgation de la loi organique n°22/003 portant protection et promotion des droits des personnes handicapées et leur participation à la vie nationale (Journal officiel, 2022). Trois questions sont posées :

- (i) Quels sont les principaux défis auxquels les personnes handicapées sont confrontées ?
- (ii) De quels services et soutiens ont-elles besoin pour améliorer leur qualité de vie ?
- (iii) Quels sont leurs principaux besoins prioritaires ?

L'objectif de ce document est de proposer des solutions pour leur permettre de construire une stratégie qui fournira à toutes les parties prenantes un cadre de référence pour faciliter la coordination des actions et renforcer le système de collecte-exploitation-analyse-diffusion et utilisation des données pour leur autonomisation et leur inclusion sociale en RDC. Mots clés : Personnes handicapées, personnes vulnérables, CBID, handicap, inclusion, famille, autonomisation, communauté, renforcer, coordination, autonomie, discrimination.

ABSTRACT

Three reasons motivated this paper : (i) Anthropological reading of Grimaud, Lin (2012) on disability: inclusion policy does not wipe out the situation of the person with disability a magic wand; (ii) The social inclusion advocated in the 2030 agenda remains a challenge for communities committed to putting the «leave no one behind» principle into practice. This paper analyses the process of resolving issues relating to people with disabilities and other vulnerable people in the DRC; (iii) Promulgation of organic law n°22/003 on the protection and promotion of the rights of people with disabilities and their participation in national life (Journal officiel, 2022).

Three questions are asked :

- (i)What are the main challenges the people with disabilities faced?
- (ii)What services and supports do they need to improve their quality life?
- (iii)What are their main priority needs?

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The aim of this paper is to propose solutions to empower them to build strategy that will provide all stakeholders with a reference framework to facilitate the coordination of actions, and strengthen the system for collecting-exploiting-analyzing-disseminating and using data for their empowerment and social inclusion in the DRC.

Key words : People with disability, People with vulnerability, CBID, Disability, Inclusion, family, empowerment, community, strenghten, coordination, autonomy, discrimination

I. INTRODUCTION

Grimaud, Lin (2012), in an anthropological reading of representations of disability, noted that the policy of inclusion does not exclude people with disabilities' situation with the wave of a magic wand. As a result, to have a disability is to be traumatized in one's being with oneself, in one's being with others, and in one's being in society.

Since the Second World War, a series of conventions and laws have been passed in several countries to support the policy of inclusion. France is an example, with its 1957 law on disabled workers (Loi Gazier, November 23) and its 1975 law on the orientation of people with disabilities (June).

Public action in favor of people with disabilities is no longer limited to addressing specific needs, and the action of solidarity should henceforth be oriented towards the participation of people with disabilities in ordinary life, i.e., in most aspects of social life, to promote their participation.

In 2022, the Democratic Republic of Congo (DRC) promulgated Organic Law no. 22/003 on the protection and promotion of the rights of people with disabilities and their participation in national life (Journal officiel, 2022), the implementation of which requires measures to be taken, along with a statement of their general and specific needs, their families, and their communities. To put this into practice, the current study is carried out to propose a path to follow to facilitate their inclusion in the DRC.

Three questions are asked :

1. What are the main challenges that people with disabilities faced ?
2. What services and supports do they need to improve their quality life?
3. What are their main needs ?

From these questions derives the study equation

$$Y = a + bX_1 + cX_2 + dX_3 + \varepsilon$$

The hypothesis is that improving the quality of life of people with disabilities is possible only when the

challenges they face, the services they require, and their daily needs are identified.

The descriptive method, coupled with the participatory method using non-probabilistic techniques with a stratified sample by quota, is used. 175 people spread over five (5) provinces of the DRC, namely: North Kivu, South Kivu, Kongo-Central, Ituri, and Kinshasa. Followed by qualitative and quantitative data collection in the field, thanks to a survey on a stratified sample.

From this survey, we have noted that PWD and APV face enormous obstacles to their inclusion and autonomy, including discrimination, lack of access to various services, mistrust, lack of proper distribution of justice, lack of information and training, and other various barriers.

They are also the category of the population that suffers from the country's instability and very low representation in institutions and decision-making bodies.

To take account of the challenges identified, the present study has drawn on the RBC Community-Based Inclusive Development (CBID) framework below to construct the different areas of intervention; this is an important innovation in the implementation of the present strategy.

The paper is presented in three chapters, apart from the introduction and conclusion, the first of which sets out the operational definitions, the second presents the results of the study, and the third discusses these results before presenting the conclusion and recommendations.

II. WORKING DEFINITIONS

The Organic Law no. 22/003 of May 3, 2022, on the protection and promotion of the rights of people with disabilities (PWDs), defines the person with a disability (PWD) as any person with a lasting physical, mental, intellectual, or sensory impairment, as well as people with albinism, autism, and dwarfism, whose interaction with various barriers may hinder their full and effective participation in society on an equal footing with other people.

Whereas Other Vulnerable Persons (OVP) are those who lack the means to meet their basic needs and are exposed to a lack of resilience in the face of shocks and risks. This concept of «Other Vulnerable Persons (OVP)», as rendered in Article 2.k of the above-mentioned Organic Law, concerns structural vulnerability, which is due to the person's condition, such as albinism, dwarfism, autism, sickle cell anemia, Indigenous Peoples (Pygmy), etc. The OVP, as defined in Article 2.k of the above-mentioned Organic Law, concerns structural vulnerability, which is due to the person's condition, such as albinism, dwarfism, autism, sickle cell anemia, indigenous peoples (pygmy), etc.

Empowerment and inclusion are based on the community-based inclusive development approach, which aims to improve the living conditions of PWD and APV with a view to their inclusion in society through a response adapted to their specific needs. The aim is to enable PWD and APV to participate fully in the life of their community by providing them with appropriate support, as set out in the WHO CBR Guide.

The other concepts that can help us to understand disability are (i) reasonable accommodation, which refers to the necessary and appropriate modifications and adjustments not imposing a disproportionate or undue burden, made as needed in a given situation, to ensure that the person with a disability enjoys or exercises, on an equal basis with others, all fundamental freedoms; (ii) The registered social worker who specializes in guiding people with disabilities to improve their general well-being; (iii) Communication that takes place in languages, text display, Braille, and tactile communication; (iv) Impairment, which relates to the permanent or temporary loss or abnormality of a psychological or anatomical structure or function; (v) Discrimination, which refers to any distinction, exclusion, or restriction based on disability that has the purpose or effect of impairing or nullifying the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, and cultural fields, including the denial of reasonable accommodation; (vi) Equality of opportunity, which is a process in which society's various systems, material frameworks,

services, activities, and information are made equally accessible to all; (vii) Organizations of People with Disabilities (OPD), which bring together PWD to advocate for their problems; (viii) Participation, which is an obligation to guarantee PWD the enjoyment of political rights and the possibility of exercising them on an equal basis with other people, either directly or through freely chosen representatives. It also implies the possibility for persons with disabilities to have access without discrimination to public life, culture, recreation, leisure, and sport; (ix) prevention, which is action to prevent impairments from occurring, failing which to prevent such impairments from leading to permanent functional limitation or incapacity; (x) Promotion, which is the result of activities that contribute to ensuring the recognition, dissemination, information, popularization, and full enjoyment of the rights of people with disabilities, including their full equality before the law; (xi) Protection is a set of legal or material means aimed at guaranteeing, asserting, implementing, and re-establishing rights; (xii) Rehabilitation is a necessary action to enable a person to recover his or her ability to carry out daily tasks effectively in his or her environment. (xiii) Support services for people with disabilities include public institutions, utilities, and private services whose aim is either to provide assistance to people with disabilities or to help promote their integration and inclusion in society; (xiv) Community-Based Inclusive Development (CBID) is a people-centered, human rights-based, and community-driven approach where local authorities, people with disabilities, and various organizations act collectively for inclusive development; (xv) Sign language is a gestural and tactile language that is essentially composed of symbols accepted by the deaf community and interpreters; (xvi) Dwarfism is related to the short stature of people due to a genetic disease or medical disorder, which is a genetic mutation that affects bone growth; (xvii) Oralization, which is the deaf person's ability to express themselves verbally. It is often associated with lip-reading. It is used to communicate with hearing people. (xviii) Pygmy Indigenous Peoples, who are hunter-gatherers, generally living in the forest, who identify themselves as such and are distinguished from other Congolese peoples by their cultural identity, their way of life, and their close link to nature, as well as through their

endogenous knowledge (Organic Law, 2022); (xix) Polyhandicap, which is a severe, multiple-expression disability with motor impairment and severe or profound mental impairment, resulting in extreme restriction of autonomy and possibilities of perception, expression, and relationships; (xx) Deafblindness, which is a rare type of disability combining visual impairment and hearing impairment, which may be more severe; (xxi) Vulnerability, which is the capacity of a person, an asset, or an environment to suffer damage as a result of a natural or man-made event. As defined in Article 2.k of the Organic Law, this refers to structural vulnerability, which stems from a person's condition, such as albinism, dwarfism, autism, sickle cell anemia, pygmy, etc.

Social inclusion, as advocated in the 2030 Agenda, remains a major challenge for communities committed to putting the «leave no one behind» principle into practice by creating strategies within their communities dedicated to people with disabilities and other vulnerable people. This study is in itself an analysis of the process of resolving issues relating to people with disabilities and other vulnerable people in the DRC. All these concepts were used to model the following equation, based on the study hypothesis:

$$Y = a + bX_1 + cX_2 + dX_3 + \varepsilon$$

Y : represents the improvement in the quality of life of person with disabilities;

X₁: represents the challenges faced by person with disabilities;

X₂ : represents the services that need to be provided to Person with disabilities;

X₃ : represents the daily needs of Person with disabilities.

ε : Error terms.

These three parameters corroborated the results of the study.

III. RESULTS OF THE STUDY

The propose of the sample

For this study, the data are collected by using the SCHWARTZ formula (Françoise Lafont, 2016), which

consists in determining the number of people to be interviewed according to the margin of error that can be tolerated on a response proportion. It is presented as follows:

$$n = Z_2p(1 - p)/E_2$$

with

n : Sample size

Z₂: Confidence level according to the Reduced Central Normal Law; at 95%, Z is 1.96

p : Estimated proportion of the population presenting the characteristic; for disability in the DRC, we considered 13% [National and international statistical data set the approximate prevalence rate of disability at 13.7% of the national population (Organic Law no. 22/003 of May 3, 2022 on the protection and promotion of the rights of people with disabilities)].

E: Margin of error that can be tolerated on a proportion of responses p.

In the end, $n = 1.962 * 0.13 * 0.87 / 0.052 = 173.79 \approx 174$ which we rounded up to 175 people with disabilities, or 35 per survey province.

The sample was essentially made up of people with disabilities, although other stakeholders took also part in it, especially parents/guardians of children and young people living with disabilities, service providers, opinion leaders, political and administrative authorities, technical and financial partners and OPD members. It was a multi-stage stratified sample as identified by Robert Mayer (2000).

In the end, we selected a sample of 175 respondents from 5 provinces. A purposive sample (Robert Mayer, 2000).

The methodological approach, started with a literature review to obtain previous studies on the issue, followed by a field data collection and analysis exercise, after having identified the stakeholders and defined the sample to be interviewed (in individual interviews and focus groups).

Out of a total of 175 people interviewed, 35 were selected per province and per type of disability.

Field visits and analysis of results

Data was collected through a survey conducted on a sample drawn from 5 provinces of DRC, namely North Kivu, South Kivu, Central Kongo, Ituri, and Kinshasa, according to the concentration of PLHIV and types of disability. It enabled us to identify and understand their real needs. We listed (i) people with disabilities (motor, visual, hearing, sensory, mental, albinism, dwarfism); (ii) parents/guardians of children with disabilities; (iii) public and private service providers; (iv) members of persons with disabilities' organizations (DPOs); (v) political and administrative authorities (decision-makers), opinion leaders (religious, traditional, and youth leaders, etc.); (vi) educators; and (vii) the general public. (vi) educators and teachers; (vii) technical and financial partners (TFPs) involved in disability issues in the study areas.

Members of the Organizations of PWDs (OPH) parti-

icipated in the administration of the questionnaires to PWDs and APVs as interviewers under our supervision. However, the other components of the sample were interviewed by us during the month of May 2023. From this survey, we noted that PWDs and APVs face enormous obstacles to their inclusion and autonomy, including discrimination, lack of access to various services, mistrust, lack of proper distribution of justice, lack of information and training, and other various barriers. They are also the category of the population that suffers from the country's instability and very low representation in institutions and decision-making bodies.

In addition, the barriers they face were listed in an open-ended questionnaire. Each respondent was free to list as many as he or she wished, and we compiled them into broad categories.

Table 1 : Profil of survey population

Variables	Modality	Number	Percentage	Total
GENDER	Male	89	50.9%	175
	Female	86	19.1%	
AGE	Under 18	37	21.1%	175
	18–29	40	22.9%	
	30–39	44	25.1%	
	40–49	22	12.6%	
	50 and over	32	18.1%	
MARITAL STATUS	Single	112	64%	175
	Married	30	17.1%	
	Divorced	6	3.1%	
	Widow(er)	9	5.1%	
	Common-law union	18	10.3%	
EDUCATIONAL LEVEL	None	29	16,6%	75
	Primary	48	27,4%	
	Secondary	65	37,1%	
	Graduate	15	8,6%	
	Bachelor's degree	7	4%	
	Training	11	6,3%	
	Professional			
TYPE OF DISABILITY	Visual	25	14,29%	75
	Motor	25	14,29%	
	Auditory	25	14,29%	
	Mental	25	14,29%	
	Autism	25	14,29%	
	Albinism	25	14,29%	
	Dwarfism	25	14,29%	

Source: Our surveys, May 2023.

Results of the study

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fic basic questions posed to HVPs and VPAs, namely:

. What are the main challenges you face as a person living with a disability in your daily life?

- . What services and supports do you need to improve your quality of life?
- . What are your main needs that you consider to be priorities?

The survey showed that PWDs and APVs face enormous barriers to their empowerment and inclusion, including discrimination, lack of access to services,

mistrust, lack of access to justice, lack of information and training, and other barriers. Thus, 51% of this population is made up of males against 49% of females, with a predominance of females in the provinces of Ituri, North Kivu and South Kivu.

Table 2 : Distribution of participants according to the main challenges they face as people with disabilities in their daily lives

Challenges	Number	Percentage	Kinshasa	Kongo centrale	Ituri	Nord Kivu	Sud Kivu
Recognition	30	17	9	4	3	9	5
Accessibility	12	7	5	1	2	3	1
Protection	17	10	4	2	1	5	5
Discrimination	70	40	7	20	18	11	14
Adaptation	15	9	5	2	6	1	1
Acceptaion	13	7	2	4	3	1	3
Voice	18	10	3	2	2	5	6
Total	175	100	35	35	35	35	35

Source: Our surveys, May 2023.

In terms of the challenges faced, 40% of respondents are confronted with the issue of discrimination, 17% are concerned with recognition. Challenges related to protection and expression each accounted for 10% of responses. Adaptation represented 9% of responses, followed by acceptance and accessibility (7%).

in all the 5 provinces. These include education, health, livelihoods, etc.

It is worth noting that PWDs and APVs are also the category of the population that suffers from the country's instability and very low representation in institutions and decision-making bodies.

In terms of access to services and supports, 82% of respondents do not have access to basic social services

Table 3 : Distribution of participants according to the services and supports you need to improve your quality of life

Services and support needed/Location	Number	Percentage	Province					Total
			Kinshasa	Kongo centrale	Ituri	Nord Kivu	Sud Kivu	
Nothing	1	0.6	0	0	1	0	0	1
Legal	9	5.1	3	1	2	2	1	9
Social	12	6.9	4	2	1	4	1	12
Material	10	5.7	3	1	1	2	3	10
Educational	38	21.7	6	11	7	6	8	38
Sanitary	45	25.7	11	7	6	11	10	45
Financial	60	34.3	8	13	17	10	12	60
Total	175	100	35	35	35	35	35	175

Source: Our surveys, May 2023

In terms of community involvement, the inclusion and empowerment of PWDs and APV will only be achieved if we succeed in shaking up socio-cultural norms by managing to change the behaviors and perceptions of the community and society as a whole.

and APV in the DRC were identified, and the following key results were achieved:

Elimination of stigmatization and discrimination against PWDs and APV: Due to negative beliefs, other people's perception of disability, and customary considerations, PWDs and APV have lost self-esteem and developed a sense of withdrawal. It would be worth

raising awareness in the community, starting with families with PWDs and APV.

Education: Most PWDs and APV do not have easy access to education, given their disability, due to discrimination, especially from their families. **Health:** It is not said that PWDs and APV are ill. In fact, there is a lack of a healthcare system that takes into account the accessibility of PWDs and APV.

Accessibility: Not all Congolese infrastructures are accessible to people with disabilities. There is a lack of technical regulations on building accessibility for PWDs and APVs.

Employment and entrepreneurship: One of the needs of PWDs and APVs is to be able to build up a livelihood through work. Indeed, if PWDs and APV have access to employment and can train in entrepreneurship, they will be self-sufficient.

Social, economic, public, and political participation. PWDs and APVs need to be included in society in order to participate actively, making their voices heard.

Overall, two strategic components, each with its own strategic axes, objectives, expected results, and activities.

Table 4: Distribution of respondents according to the main needs expressed by PLHIV in the DRC

Requiereement/ Location	Number	Percentange	Province					Total
			Kinshasa	Kongo centrale	Ituri	Nord Kivu	Sud Kivu	
Communication	5	2.9	1	1	1	1	1	5
Access to employment	16	9.1	6	4	1	3	2	16
Adapted housing	11	6.3	3	1	3	1	3	11
Education and vocational training	30	17.1	7	5	5	6	7	30
Financial	30	17.1	7	5	5	6	7	30
Access to healthcare	33	18.9	9	5	6	6	7	33
Empowerment	50	28.6	7	13	13	11	6	50
Total	175	100	35	35	35	35	35	175

Source: Our surveys, May 2023

Another challenge is the integration of a rights-based approach to equity and social justice in the development and implementation of government sectoral policies and programs, in line with the Universal Declaration of Human Rights, the Sustainable Development Goals (SDGs) and other legal instruments in which the DRC is committed to promoting and protecting the human rights and social inclusion of people living with disabilities and other vulnerable people.

At the level of the Ministry of Public Health, there is what they call Programme National de Réadaptation à base Communautaire (PNRBC) which plays the role of rehabilitation for people with motor disabilities, and another “Programme National de Santé Oculaire et de Vision (PNSOV)” playing the role of ocular rehabilitation, as well as the Programme National de Santé Mentale (PNSM). However, these programs are

only concerned with the prevention and care of the above-mentioned people in general. But they do not address the specificities of disability and their needs for empowerment and inclusion, as well as promotion and protection.

The changes expected in terms of results from this study can be summarized as follows:

- Knowledge of and respect for the rights of PDWs & APV;
- Protection of the rights of PWDs & APVs;
- Effective participation of PWDs & APVs in all areas;
- Promotion and protection of the specific rights of PWDs & APVs children and women,
- Knowledge of fundamental human rights as set out in the Universal Declaration of Human

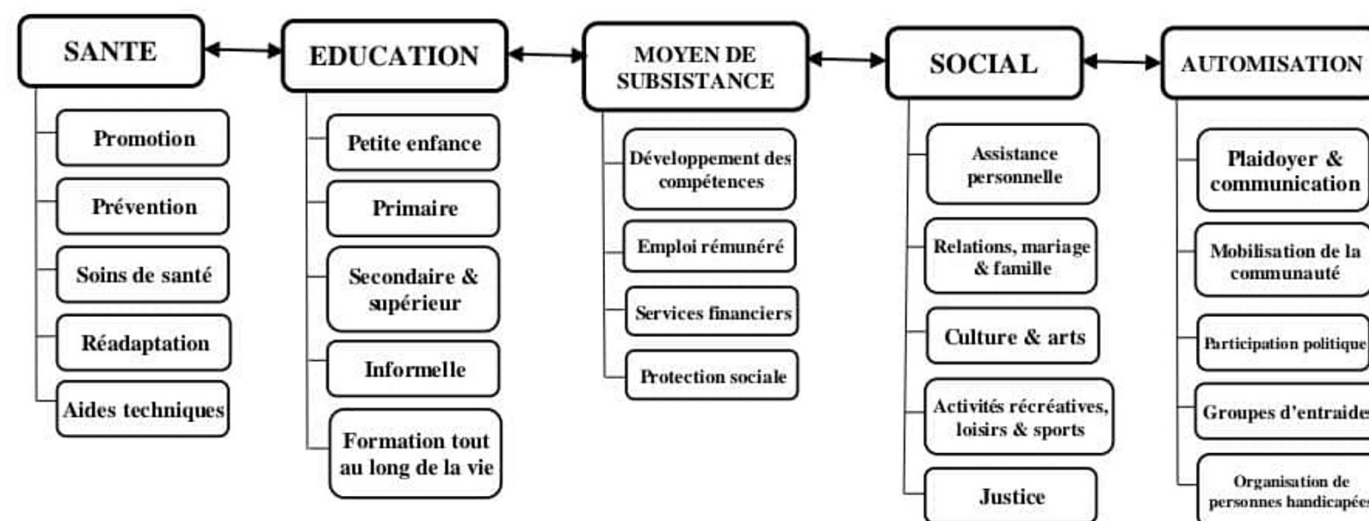
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- Knowledge of aspects of Results-Based Management (RBM/GAR);
- Understanding of Community-Based Inclusive Development (CBID).

Originality and limitations of the analysis

The analysing of the issue of empowerment and in-

Figure 1 : The Matrix of Community-Based Rehabilitation



Source : OMS, 2011

CBID is a further evolution of the unisectoral Community-Based Rehabilitation (CBR) system towards the multisectoral system of inclusive development (CBM, 2020). Indeed, for the active participation of PWDs and APVs in public life, its services must be holistic and complementary between different components including Health, Education, Livelihood, Social and Empowerment in order to make communities more accessible.

The survey revealed six (6) strategic axes to be implemented to achieve the inclusion and empowerment of the PWD : (i) Elimination of stigma and discrimination against PWD; (ii) Education; (iii) Health; (iv) Accessibility; (v) Employment and entrepreneurship; (vi) Participation.

These axes are very close to, if not an integral part of, the CBID. Furthermore, CBID's practice focuses on creating inclusive societies where people with disabilities have access to social and development benefits like everyone else in their communities. It embraces diversity in all its aspects and across multiple and diverse forms (such as gender, sexuality, age, class, eth-

nicity, citizenship, hardship, status, religion and ability). inclusion of PWDs and APVs requires working with communities to ensure that everyone is involved, with a view to results-based management. It is worth mentioning that previous studies had not specifically addressed the issue of disability, which was included in an overall analysis of vulnerable groups. This represents a major innovation in the social protection sector in the DRC.

nicity, citizenship, hardship, status, religion and ability).

According to WHO (2011), the main objective of CBR is to enable people living with disabilities and vulnerable people to participate fully in the life of their community by providing them with support adapted to their needs.

It is therefore a person-centered, i.e. rights-based, approach in which community members and community organizations take collective action to achieve their inclusive development. It promotes inclusive, resilient and equitable communities in which people with disabilities can integrate, exercise their rights and, also, supports the implementation of the Convention on the Rights of Persons with Disabilities (CRPD), the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs).

With regard to the study's limitations, it is not possible to claim to have addressed all aspects concerning the needs of PWDs and APVs, given that the empowerment and inclusion of PWDs and APVs still remains a

major challenge requiring a long process of paradigm change within Congolese society. There was also the question of coverage of the whole of the DRC. Five provinces out of twenty-six were covered by the study: North Kivu, South Kivu, Kongo-Central, Ituri and Kinshasa.

It should also be pointed out that there is no database on disability in the DRC. This lack of data compromises both the ability to adapt well to innovations, and the monitoring and evaluation of programs implemented by various organizations on PWDs and APVs.

IV. CONCLUSION AND MAIN RECOMMENDATIONS

The purpose of the study was to contribute to the struggle to reduce the conditions of fragility and vulnerability to which people with disabilities (PWDs), vulnerable people (APV), and vulnerable youth and women are exposed in the DRC. It identified ways to improve the living conditions and empowerment of people with disabilities and other vulnerable people. It reviewed the current state of disability in the DRC, took an inventory of existing studies in the disability-related social protection sector, and surveyed the challenges faced by PWDs, the services they aspire to access, and their daily needs.

This survey showed that 51% of this population are males, while 49% are females; (ii) PWDs and APV face enormous challenges and obstacles to their empowerment and inclusion, including discrimination, lack of accessibility to various services, mistrust, lack of proper distribution of justice, lack of information and training, and other various barriers.

In terms of challenges, 40% of respondents are confronted with the problem of discrimination, and 17% face the need for recognition. Challenges relating to protection and expression each accounted for 10% of responses. Adaptation accounted for 9% of responses, followed by acceptance and accessibility, which accounted for 7%.

In terms of access to services and support, 82% of respondents, all provinces combined, do not have access to basic social services. These include education, health, livelihoods, etc.

Those needs, grouped into categories, meet the theory of Community-Based Inclusive Development (CBID), which is an approach that enables the inclusive development of people with disabilities on the ground, in the sense that it brings about structural changes in people's lives at the community level by working with and through local groups and institutions.

In view of the above, the report proposes the following recommendations: (i) Publicize the Organic Law on the protection and promotion of the rights of PWDs and APVs to ensure that the community is informed, and develop measures for its application; (ii) Organize the coordination of players and interventions at all levels, and encourage frameworks for consultation between players (thematic groups, clusters, etc.) to ensure the exchange of experience and complementarity and avoid duplication of activities in a context of very limited resources; (iii) Raise community awareness of disability issues by providing appropriate information on disability (e.g., how to avoid disability during pregnancy, how to manage pregnancy to avoid disability) in order to dispel prejudices and negative attitudes in the population that lead to discrimination and stigmatization of PWDs and APVs; (iv) Build the capacity of public, private, and faith-based service providers in the CBR/CBID to offer quality services to PWDs in collaboration with managers of basic social services; (v) Set up a common platform that brings together all Organizations of People with Disabilities (OPDs) at all levels (national, provincial, and local) to coordinate activities in order to make the voice of OPDs heard and ensure their full participation in the country's development; (vi) Get involved in the process of drawing up national programs to protect the rights of PWDs and APVs in the DRC.

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