



Department  
for International  
Development



# Disability Framework

*Leaving No One Behind*

December 2014



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# Part One - Our Vision

## 1. Objective

The Department for International Development (DFID) leads the UK Government's work to end extreme poverty globally. Unless we, and other development actors, address the barriers people with disabilities face, many are prevented from benefitting from our development programmes. Many people with disabilities remain locked out of opportunities, and as a result are remaining locked into poverty.

This framework is aimed at DFID staff. It is intended to consolidate and explain the changes that are happening within DFID to strengthen disability inclusion in our policies and programmes, and outline the actions we are taking over the next 12 months. We will review and revise the framework annually, and are also making it publically available to explain the actions we are taking to an external audience.

## 2. Why is disability important?

This section sets out some of the evidence that underpins our increased focus on disability inclusion.

- One in seven people has a disability;
- One in five people living under \$1 a day has a disability;
- One in three of the 72 million children out of school in 2007 had a disability (the statistic has not been updated for the 61m currently out of school);
- Children with disabilities are more than twice as likely not to attend school as others.

**One billion people globally have a disability.** 80% of these live in developing countries. People with disabilities often face significant levels of discrimination and stigma in their everyday lives. As a result, many are not visible in society, and are prevented from participating in their communities and families. *Women and girls with disabilities are at particular risk as they live with double discrimination.*

People with disabilities are over-represented amongst the persistently poor, and are less likely than others to be able to move themselves out of poverty<sup>1</sup>. Disability is both a cause and a consequence of poverty. More people with disabilities live in poverty and more people in poverty have a disability (the onset of disability can be caused by factors such as poor nutrition and health care).

Increased poverty for people with disabilities is largely due to the lack of services and opportunities available to them and the discrimination and barriers they face in their everyday lives. This is not an exhaustive list of examples, but is intended as an illustration:

- Household surveys suggest that disability has a greater impact on **access to education** than gender, household economic status or rural/urban divide<sup>2</sup>. A parent or sibling, typically a girl, may also miss school to stay at home to care for the child with a disability not at school.<sup>3</sup>

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<sup>1</sup> World Health Organisation/World Bank (2011) *World Report on Disability* (Washington)

<sup>2</sup> Filmer, D. (2005) *Disability, Poverty and Schooling in Developing Countries: Results from 11 Household Surveys*. World Bank Discussion Paper.

<sup>3</sup> Education Enabling Network (EENET) Personal communication

- The last few decades have seen a **dramatic rise in natural disasters and the practice of targeting civilians in conflicts**. Both are a significant cause of disability from both direct injury and failure to treat injuries. For every child killed through armed violence, 100 are left with permanent disabilities<sup>4</sup>.
- People with disabilities are often excluded from **sexual, reproductive and neonatal healthcare**, including for HIV/AIDs prevention and support, as it is assumed that they are not sexually active and not at risk of infection<sup>5</sup>. In Nepal, a recent maternal health survey of 14,000 new mothers identified 3,000 of these as having a disability<sup>6</sup>. Within this group, disabled and non-disabled women experienced identical birth rates, and this was slightly higher for those with severe to very severe disabilities.
- People with disabilities are at **greater risk of violence** than those without<sup>7</sup>. Disability is both a cause and consequence of violence against women,<sup>8</sup> and the UN reports that women with disabilities experience violence at a significantly higher rate than other women.<sup>9</sup> Women with disabilities who may be victims of violence warrant unique attention because of their unusually high social isolation and dependence.<sup>10</sup> Children with disabilities face particularly high incidences of sexual violence.<sup>11</sup> Violence against women and girls is often exacerbated in time of humanitarian emergency and conflict<sup>12</sup>.
- People with disabilities face much greater **barriers in gaining livelihoods** than others. In **Burma** studies showed that 85% of people with disabilities were unemployed, compared with the national average of 3.5%.
- **Challenges/Costs** are not only to the individual but also **to families and communities**<sup>13</sup>. A study in Tanzania showed that households with a member with a disability have a mean consumption of less than 60% of the average, and include 20% more members than average. This results in limited household spending power<sup>14</sup>.
- **Further harm can be caused** where disability has not been considered. For example, schools which don't include accessible sanitation facilities for children with disabilities hinder school attendance or expose children to increased health risks<sup>15</sup>. Medical facilities which are not physically accessible and which don't include health information in accessible formats exclude some people with disabilities.

<sup>4</sup> Presentation, UN Special Rapporteur on Disability, Tunis October 2007  
[www.srdisability.org/presentations/presentation\\_war\\_oct07.html](http://www.srdisability.org/presentations/presentation_war_oct07.html)

<sup>5</sup> Leonard Cheshire Disability (2010) '*Poverty and Disability*' from 'The Disability and inclusive Development Series', Edited by Tanya Barron and Jabulani Manombe Ncube.

<sup>6</sup> The survey was of 13,683 married women in Nepal, Cross Cutting Research Disability Programme.

<sup>7</sup> World Health Organisation/World Bank (2011) *World Report on Disability* (Washington).

<sup>8</sup> Stephanie Ortoleva and Hope Lewis, 'Forgotten Sisters: A Report on violence against women with disabilities: an overview of its nature, scope, causes and consequences' (2012, Iris school of law faculty publications)

[http://iris.lib.neu.edu/cgi/viewcontent.cgi?article=1184&context=slaw\\_fac\\_pubs](http://iris.lib.neu.edu/cgi/viewcontent.cgi?article=1184&context=slaw_fac_pubs)

<sup>9</sup> UN Women, 2012, 'Report of the Expert Group Meeting on Prevention of Violence against Women and Girls'  
<http://www.unwomen.org/~media/Headquarters/Attachments/Sections/Library/Publications/2012/11/Report-of-the-EGM-on-Prevention-of-Violence-against-Women-and-Girls.pdf>

<sup>10</sup> [http://www.stopvaw.org/women\\_with\\_disabilities](http://www.stopvaw.org/women_with_disabilities)

<sup>11</sup> Handicap International and Save the Children: 'Out from the Shadows: Sexual Violence against Children with Disabilities'

[http://www.handicap-international.org.uk/NR/rdonlyres/BF443E7C-570C-4DB9-AB69-56E3B278DD35/0/OutFromTheShadows\\_2011.pdf](http://www.handicap-international.org.uk/NR/rdonlyres/BF443E7C-570C-4DB9-AB69-56E3B278DD35/0/OutFromTheShadows_2011.pdf)

<sup>12</sup> DFID briefing paper (2013) Violence against Women and Girls in Humanitarian Emergencies

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/271932/VAWG-humanitarian-emergencies.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271932/VAWG-humanitarian-emergencies.pdf)

<sup>13</sup> Groce, N, M. Kett, R. Lang and J-F. Trani (2011) *Third World Quarterly*, Vol.32(8): 1493-1513

<sup>14</sup> A Elwan (1999) *Poverty and Disability: A Background Paper for the World Development Report*, Washington, DC: World Bank.

<sup>15</sup> Steinfield, E (2005) *Education for all: The Cost of Accessibility*

- Systemic evidence is lacking, but anecdotal evidence<sup>1</sup> suggests that people with disabilities face barriers to accessing **social protection**, for example due to inaccessible information and offices, or individuals being ‘hidden’ within households through stigma.
- **Weak data** systems<sup>16</sup> are not just a problem for people with disabilities; they are a problem for all marginalised social groups. When data underestimate the number of people with disabilities, it is easy for decision makers to underestimate the scale of the challenge and not give disability the political attention it requires.
- People with **intellectual or psychosocial disabilities** face a particularly high risk of social exclusion and discrimination, sometimes even within disability communities. Evidence and research around the challenges people with these forms of disability face and on ‘what works’ is particularly neglected.

**Disability prevalence is likely to increase in the future.** As well as the increase in natural disasters and the practice of targeting civilians in conflicts, an ageing population means that people are more likely to experience health conditions that lead to disability.

Older people are disproportionately affected by sensory, mental or physical impairments, and are more likely than others to face a chronic illness. The WHO estimates that 38% of people over the age of 60 have a disability<sup>17</sup>. Particular attention should be given to the needs of older people, given the close links between ageing and disability.

### 3. Definition of disability

The UN Convention on the Rights of Persons with Disabilities (CRPD) does not seek a rigid definition (see below). The 2010 UK Equality Act states that a person has a disability if they have a physical or mental impairment that has a ‘substantial’ or ‘long-term’ negative effect on their ability to do normal daily activities. An impairment largely becomes disabling when the individual is prevented from participating fully in society because of environmental and social barriers, for example when they are unable to access to assistive or adaptive devices, when buildings are physically inaccessible, when communications are not presented in accessible formats and when they are excluded through stigma and discrimination, etc. Barriers are different in different contexts.

#### What is disability?

The *United Nations Convention on the Rights of Persons with Disabilities (CRPD)* does not try and define disability. Instead it states that disability is an ‘evolving’ concept, and that ‘disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others’.

<sup>16</sup> The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, May 2013

<sup>17</sup> World Health Organisation/World Bank (2011) World Report on Disability (Washington)

## 4. The current status

We are at a critical moment internationally and have an important opportunity to build on strong domestic and international support to drive the disability inclusion agenda forward.

### DFID policy work and programming on disability

DFID's aim is for its policies and programmes to be inclusive of and accessible to people with disabilities, as well as others who are discriminated against and excluded due to gender, geography, income, age or other characteristics. We subscribe to the need for a nuanced understanding of the specific requirements of people with disabilities.

DFID has made considerable progress on disability inclusion in recent years. This includes new commitments in 2013 that all schools we fund directly will be disability inclusive and to improve data collection and evidence on disability, and commitments in 2014 on strengthening disability inclusion in our humanitarian aid work and in water and sanitation programming.

DFID already funds a diverse range of programmes to support people with disabilities in many of the countries we work in, particularly in disability inclusive education, WASH and social protection. Programming includes funding through multilaterals such as UNICEF, the Global Partnership on Education (GPE), the EC and through Civil Society Organisations (including strategic support to ADD, Sightsavers and the Disability Rights Fund (DRF), through the Global Poverty Action Fund (now UK Aid Direct) and through country-level civil society programmes). We also fund world class research and evidence gathering on disability<sup>18</sup> and advocate for disability inclusion in international negotiations such as the post-2015 development framework.

We are pursuing a 'twin-track' approach to disability inclusion, which aims to mainstream disability in our programmes and policies as well as supporting disability-targeted programmes. We assess that while we are supporting some impressive programmes that target people with disabilities directly, we are not yet systematically ensuring that mainstream programmes are as disability inclusive as they could be, and we are not consistently asking our implementing partners to do the same.

### Commitment to the CRPD

In 2009 the UK ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD). By doing so, we agreed to take concrete actions to implement the legal rights and obligations of people with disability contained in the Convention, including articles 11 and 32 which directly relate to international cooperation<sup>19</sup>.

*'States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters'* (Article 11, CRPD).

*'Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities.'* (Article 32, CRPD).

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<sup>18</sup> Leonard Cheshire Disability, Cross-Cutting Disability Research Programme <http://www.ucl.ac.uk/lc-ccr/ccdrp>; Programme for improving mental health care, <http://www.prime.uct.ac.za/index.php/research/mental-health-care-plans>

<sup>19</sup> UN, Annex I - Convention on the Rights of Persons with Disabilities, <http://www.un.org/disabilities/default.asp?id=200>

## **International Development Goals**

Despite the strong links between poverty and disability, people with disabilities are still largely invisible in global development efforts<sup>20</sup>. The Millennium Development Goals (MDGs) did not mention people with disabilities. Although the MDGs have achieved remarkable success in reducing poverty, many people with disabilities have not benefited from this progress or they have benefited insufficiently.

The UK is advocating for the post-2015 framework to speak to the principles of 'no one left behind' and inclusive growth. The indicators that track them should be disaggregated by different income and social groups to make sure that all targets deliver for the poorest and most marginalised. Targets should only be considered 'achieved' if they are underpinned by data disaggregated by disability as well as ethnicity, gender, geography, age, race or other characteristics, to show that they are met by all. The UK supports the call for a data revolution to enable this.

## **International Development Committee Inquiry**

In our response in June 2014 to the International Development Committee inquiry on disability and development, DFID committed to ensuring that 'people with disabilities and all other excluded groups are systematically and consistently included in DFID's policy, programming and international work'.

DFID committed to publishing this framework in order to explain how we are going to implement our ambition in practice. We specified in our response that the framework would set out our 'clear commitment, approach and actions to strengthening disability in our policy, programme and international work. It will also include an explanation of how we will strengthen departmental capability on disability, how will influence our partners to do more and a timeframe for taking forward the activities outlined in our response'.

## **5. Our disability framework: credible, ambitious and achievable.**

DFID's disability framework is a practical and 'living document'. It publically states our commitment, and outlines the current steps we are taking to strengthen our development programme so that it is systematically inclusive of people with disabilities.

This is a learning process for DFID, and not a blueprint for a fully disability inclusive aid programme. Our first active steps (more information in part 2) are stretching for staff and a large agency with a devolved structure and competing development priorities. We have outlined the areas that we are focussing on in the next twelve months, where we currently have the capacity to deliver, that will make a difference, and that we can learn from.

These actions over 2014 and 2015 will form the foundations for future work. We will review, revise and make publically available the framework annually in discussion with disability stakeholders, and will update our work-plan accordingly. This will be based on what is working and what isn't; what the evidence and research and our staff are telling us; and where we have identified opportunities for new areas of work. It will also reflect the changing shape of the aid programme in response to the post 2015 development framework.

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<sup>20</sup> The way forward: a disability-inclusive development agenda towards 2015 and beyond, report of the Secretary General (United Nations, 2013)



Our focus areas over the next 12 months are:

### **Within DFID and the UK Government**

- Build staff understanding and capability, aiming for **all DFID staff** to feel confident about taking personal responsibility for action on **'leaving no one behind'** in their work;
- Increasing engagement and participation of people with disabilities in policy dialogue and programming;
- Embed internal processes/structures for **identifying and sharing knowledge** across the department;
- Look for opportunities for disability to be included when we review **targets** to align with the post 2015 framework;
- Advocate for disability (and other excluded groups) to be assessed and embedded in central processes as and when they occur, for example the 2015 **Multilateral Aid Review**;
- Look for opportunities to **engage other parts of HMG** to: ensure that their ODA spend is disability inclusive; strengthen cross-HMG dialogue on disability, e.g. through membership of the inter-Ministerial working group on disability; and work with the Foreign and Commonwealth Office on the Human Rights Council's Universal Periodic Review process.
- Strengthen **central analysis of research findings and programme** evaluations to find out what works at scale, and disseminate this information more effectively to influence departmental understanding and shape policy and programming globally and nationally;
- Work to evolve our responses and consideration of the **intersections between different disadvantaged or excluded groups**, including double/multiple discrimination, especially with regard to women and girls.
- Strengthen engagement between DFID and people with disabilities in country offices;
- Strengthen and embed new and existing workstreams on disability (see part two)

### **Internationally and outside DFID**

- Continue to advocate for the **post 2015 development framework** to be based on 'leave no one behind';
- Map and strengthen key stakeholder relationships (particularly with **bilateral and multilateral partners**), identify opportunities and start to deploy strategic influence;
- Continue international research to address the evidence gaps that still exist on disability.
- Strengthen and develop the work we have started on **disability data**. By 2015 we need to be better placed as an international community to understand what targets work best to both incentivise progress toward the inclusion of all people and to be able to measure success.

## **6. How will we measure success?**

We expect our interventions to contribute to the evidence on strengthening disability inclusion. We will test this assumption as follows, and will adjust our approach if we are not succeeding.

- 1) Undertake an annual stocktake to assess the extent to which DFID programmes are including disability. We will revise and review and republish our framework annually in light of these findings.



- 2) Assess staff capability on disability inclusion at the beginning and towards the end of the first 12 month period (after working with internal communications and change teams).
- 3) Assess annually our engagement with multilateral partners in this area.
- 4) Track annually which DFID programmes are collecting data on disability.
- 5) Track what UK development NGOs we fund are doing on disability through analysis of their annual reviews.
- 6) In the longer term, we will analyse whether national governments are collecting better data on disability, and whether they are using this to shape interventions and monitor success.

## **Part two – Building organisational capability & sectoral workstreams.**

### **7. Building organisational capability:**

This section outlines the internal steps over the next 12 months to build capability of staff, learn from evidence and best practice and strengthening internal accountability on disability.

- DFID has appointed a **senior level managerial champion at the Director level**. Their role is to ensure that the framework is delivered throughout the department, demand accountability from teams and increase organisational drive and ambition on disability.
- The **central disability team** has more than doubled and senior leadership has significantly increased. Their role is to develop and promote policies and opportunities to address disability; inspiring and catalysing change; analysing and sharing ‘what works’; supporting Ministerial engagement; supporting staff and other parts of DFID to strengthen and embed their work on disability. The central team will also convene the disability experts group; manage the relationships with bilateral and multilateral agencies; manage the relationship with centrally funded NGOs; manage disability policy inputs into post 2015 and other UN and EU discussions; develop tools, guidance and training for staff on disability (bringing in external expertise when required, including people with disabilities).
- Development of a **disability expert group** within DFID. This will tap into existing staff knowledge, experience and practice on disability; encourage sharing best practice and learning from evaluations and opportunities for use of the 10% of work time that all advisors have allocated to work on technical issues for other parts of the department.
- DFID is planning to develop guidance or training to ensure that all staff have an awareness of disability. Basic guidance on inclusion for DFID staff is attached to the framework at **Annex A**.
- DFID has also committed to identifying, or developing further, detailed guidance for technical staff where needed. This includes the tool for inclusive learning, published in September 2014; an upcoming guidance note for humanitarian advisors on disability inclusion; and the inclusion of disability as a cross cutting issue in upcoming guidance on VAWG and disability.
- The central disability team is actively working to strengthen **disability inclusion in professional cadres**. This includes engaging heads of profession (HoP) and targeted information sharing such as sessions at professional conferences (for example the Social Development Advisors’ conference). A good example of this is the significant support to the disability data agenda by the statistics HoP.

## 8. DFID programmes.

In addition to our efforts to mainstream, this section outlines some of the sectoral areas we are currently putting a particular focus on. This is non-exclusive list which does not preclude other areas of work, and which will evolve during the next 12 months and beyond.

### Education

Over the next 12 months, build on progress we have already made on inclusive education:

- We will continue to roll out the commitment we made in 2013 that all schools we directly fund must be accessible for people with disabilities;
- We will disseminate, support and attempt to maximise the use of our recent 'inclusive learning topic guide' which focuses on 'what works' in addressing children with disabilities in the classroom;
- We will continue to work with the Global Partnerships for Education and other multilateral and bilateral agencies to ensure that disability is addressed in broader learning strategies and global public goods.
- We will continue to work with partners including UNICEF and UNESCO Institute of Statistics to strengthen education data on children with disabilities;
- We will continue to disseminate on-going lesson learning from the disability focused Girls Education Challenge programmes;
- We will focus on learning and disseminating evidence from new and current disability inclusive programmes and pilots, such as our programmes in Pakistan, Rwanda and Tanzania.

### Data

- We are aiming to become an authority on disability data. DFID made a new commitment (2013) to advocate for the use of the UN's Washington Group questions on disability in DFID supported surveys and censuses. We are focussing on engaging and influencing bilateral and multilateral partners to do the same (started by DFID hosting an international conference on disability and data in October 2014). This is already in place at the national level (successful examples to date include Burma and Yemen). We are expanding our data work to strengthen sectoral data on WASH, education and humanitarian work. We recognise that the Washington Group questions are not the only tool for inclusive data, and there are occasions when more information is required and other tools are needed.
- We will develop guidance on disability data disaggregation at the programme level with the UN's Washington Group. This will be for use by DFID, also by bilateral / multilateral and NGO partners.

### Humanitarian

DFID has made a significant commitment in 2014 to strengthen disability inclusion within our humanitarian response work. During the next 12 month period:

- We will include disaggregated data on age and disability as part of our requirements for funding humanitarian proposals;
- We will develop an internal guidance note for humanitarian advisers so that they know how they should be assessing proposals and what the issues for older people and people with disabilities are;

- We will prepare a technical guidance note for DFID staff on supporting mental health in humanitarian crises;
- We will looking at where we can influence others to do more - e.g. through our support to UN Common Humanitarian Funds and through funding to the Start Network and Rapid Response Facility;
- We will encouraging partners, particularly civil society partners who deliver the majority of humanitarian assistance, to build their expertise, and to develop viable proposals that we can fund at scale which include older and people with disabilities, providing disaggregated data to us as standard.

### **Water, Sanitation and Hygiene (WASH)**

Most of our water and sanitation programmes are delivered through partners. DFID is committed to holding implementing partners to account for disability sensitive programmes in the WASH sector and we will track this over the next 12 months.

- Where DFID is financing WASH work through Sector or General Budget Support, we will make partner governments aware of their responsibility to deliver on their United Nations Convention on the Rights of People with Disabilities (CRPD) commitments through policy dialogue and during programme design.
- Where DFID is financing WASH through delivery partners with disability policies we will remind them of their commitments.
- Where DFID is financing WASH through delivery partners that do not have a disability policy, we will advocate for the development of a policy.

### **Infrastructure**

- DFID is committed to developing our approach to ensuring our infrastructure programming incorporates the requirements of people with disabilities in the coming months.
- DFID is committed to developing our approach to ensuring our infrastructure programming incorporates the requirements of people with disabilities. In the coming months we will produce a guidance note for staff outlining accessibility considerations for infrastructure project design and implementation. The note will also provide links to practical guidance on the key features of accessible infrastructure.

### **Violence against women and girls**

- VAWG is a particularly serious issue for women and girls with disabilities, who experience a higher rate of violence. Our aim is to ensure that programmes to tackle VAWG include consideration of disability along with other forms of social exclusion.
- DFID is developing guidance notes on VAWG to inform DFID and other development actors' programming. Disability will be a theme reflected in all relevant guidance notes.
- DFID's 'What Works to Prevent Violence Programme' produced a paper in 2014, looking at evidence in programming to prevent VAWG perpetrated against women and girls with disabilities. It concluded that substantial work in this area is needed to increase interventions geared towards women with disabilities. The What Works programme will use this review to integrate disability inclusion into innovation grants where possible.
- DFID will also work to ensure that disability and other vulnerabilities are taken into consideration in work to address VAWG in all contexts, including humanitarian contexts.

### **Centrally funded NGOs through the Programme Partnership Agreements (PPA)**

- We will be asking PPA agencies to report on their work on disability in the next annual review, and will be challenging them to do more. We will also encourage disability focussed NGOs to take a stronger role on influencing mainstream NGOs through the DFID/NGO learning partnerships.
- We will use learning from this process to see how we can strengthen disability inclusion through other NGO funding mechanisms.

### **Influencing multilateral partners**

Our focus during the first 12 months of the framework is to identify and pursue strategic opportunities for influencing.

- Our current and initial focus is on engaging and influencing the World Bank, the Global Partnership for Education and UN agencies. We are also exploring opportunities to increase engagement with the EU.

### **Health**

Over the next 12 months we will focus on two areas in relation to disability:

- We will strengthen health systems to ensure that DFID supported health interventions are accessible to and inclusive of people with disabilities. This includes increasing coverage, equity, access and quality to strengthen health services to address all health problems including non-communicable diseases, such as mental disorders and dementia.
- We will continue to strengthen health and nutrition interventions that reduce the onset of disability including tackling polio, neglected tropical diseases, sexual and reproductive healthcare, early childhood nutrition.

### **Stigma and discrimination**

DFID is currently evaluating our work on 1) how to conceptualise and think about the different models of social norms, 2) how social norms approaches are being applied beyond gender issues and 3) measuring and monitoring social norms.

We will use this information to determine how we can strengthen our work on tackling stigma and discrimination for people with disabilities.

### **Disability Research and Evidence**

We will continue to prioritise producing world class research and evidence on disability, and will also focus on disseminating findings internally and externally, and putting evidence into action in our policy and programmes.

- With the Economic and Social Research Council (ESRC), we are supporting a new £2m research programme on disability. This is focussed on 'what works' (rather than only looking at barriers) in disability inclusion in social protection, education and livelihoods across comparable research programmes in four countries. It is explicitly intended to generate evidence for policy and programme makers in inclusive programming.

### **DFID staff with disabilities**

- We will continue to work with partners across government on the pioneering Positive Action Pathway (PAP - a targeted year-long development programme to accelerate the development of underrepresented groups). Over the next 12 months we will focus more on supporting colleagues who identify as having a disability in order to increase our

ambition on this agenda.

- This year mental health has been a strategic focus for our workplace inclusion programme. This work was instigated in August 2013 with our signing both the 'Time to Change' and 'See Me Scotland' pledges to tackle stigma. Our work in this area will continue over the coming year.

### **Livelihoods**

Economic growth is a key priority for DFID. We will explore how to strengthen our work on inclusive economic growth, jobs and livelihoods for people with disabilities. This is key for bringing people out of poverty, and also helping to reduce stigma.

### **Women and Girls**

We will be evaluating how we can ensure that our work on women and girls is inclusive of women and girls with disabilities.

### **Mental health, and intellectual and psychosocial disabilities**

We will be focusing on learning, and opportunities to strengthen our work on the often neglected areas of mental health, intellectual and psychosocial disabilities, including exploring how to strengthen data.

## Annex A – Basic principles of inclusion

This section outlines the basic principles of disability inclusion for DFID staff to consider, or to ask implementing partners to consider, when designing programmes that ‘leave no one behind’. These are general principles, and do not replace technical sectoral guidance on disability.

- I. **Include people with disabilities:** Engage people with disabilities in the countries in which you are working on programme design, monitoring and evaluation. If people with disabilities do not have a central role, existing power imbalances whereby non-disabled people make decisions and control funding on behalf of disabled people continue<sup>1</sup>, and there is a risk that we will design programmes that don’t benefit people with disabilities, or may even actively exclude them. This good practice principle of engaging with beneficiaries throughout the programme cycle applies to people with disability as much as any other target group.
- II. **Do no harm:** Unless we deliberately ensure our programmes are disability inclusive, in reality we are likely to be excluding or discriminating against people with disability. For example, schools which don’t have accessible sanitation facilities for children with disabilities often exclude children with disabilities from attending, or if they do attend they are exposed to increased health risks<sup>1</sup>.
- III. **Plan for inclusion from the start:** It is more effective and better value for money to consider disability inclusion from the start, rather than retro-fitting programmes<sup>1</sup>. In terms of physical accessibility, providing fully accessible facilities can increase building costs by as little as 0.5 per cent to 1 per cent if planned, designed and implemented from the outset but retro-fitting is much more expensive.<sup>1</sup>
- IV. **Remember that not all people are the same:** Like everyone else, everyone with a disability has their own specific needs and experiences barriers in different ways. While ideally we want all DFID programmes to reach everyone, don’t let the idea of not achieving this overwhelm you or stop you from acting. Consult, find out the barriers facing people with disabilities in your programme (and other excluded groups), and start by addressing those needs.
- V. **Whist we cannot do everything immediately, we can all do more:** While ideally we want every aid program to be inclusive of people with disabilities, inclusion can be complex and we need to take a phased approach. Consider which of your programmes has the most scope to have a positive impact on people with disability in your country and start with those first. Share programmatic challenges and successes with the central disability policy team, so we can share learning with other teams across DFID.

### Approach and practice

This section outlines the practical basic steps DFID want staff and programme implementers to take when considering how to make DFID’s work inclusive of and accessible to people with disabilities.

9. **Understand the barriers first:** Talk to local people with disabilities about the challenges they face at the design stage or beforehand. Include people with disabilities in consultations, on boards or steering groups, or organise a round table with local government so they can hear first-hand the challenges people with disabilities are facing. Ask people with disabilities in advance if they need reasonable adjustments to participate such as wheelchair access or a sign language interpreter. Local Disabled People’s Organisations (DPO’s) are a great way to access people with disability. If you need help locating a local Disabled Persons Organisation ask your local staff, or government, or a local

non-governmental organisation that works on disability. Alternatively, contact DFID's central Disability Team who can help.

Specify disability as a theme for investigation during standard baseline surveys / poverty analyses or conduct some research. This will help programme managers design programmes that are more likely to meet the needs of people with disabilities. If you are commissioning disability research ensure that people with disability are involved in the research process – from collecting the data to analysing the results. It is not only good practice and will build both your and their capacity, but it is also likely to deliver more reliable results.

10. **Ask bilateral and multilateral partners to do their part:** DFID delivers a lot of our programme through implementing partners. Hold them to account:
  - Where you are supporting Governments work through Sector or General Budget Support, make partner governments aware of their responsibility to deliver on their United Nations Convention on the Rights of People with Disabilities (UNCRPD) commitments through policy dialogue and during programme design.
  - Where DFID is financing through bilateral and multilateral partners, ask to see their disability policies and hold them to account for their commitments.
  - Where partners do not have a disability policy, advocate for them to consider disability in their policy making and programming.
11. **Improve disability data in your country:** Start by understanding what disability data exists. If the prevalence rate in your country is much lower than the 15 – 20% global average be cautious<sup>1</sup>. This is probably because the national census and surveys in the country in which you work are not asking the right questions. It's not uncommon, even here at DFID, for people not to want to self-identify as having a disability as the word 'disabled' often carries with it negative connotations and people may face discrimination or feel shame<sup>1</sup>.

If there are national censuses and surveys coming up ask for the UN recommended Washington Group short set of 6 questions to be inserted to assess disability prevalence<sup>1</sup>. This data set assesses an individual's ability to function in their environment and, by doing so, is likely to produce more reliable disability prevalence data than surveys that ask individuals to self-identify as having a disability.
12. Even if there is not a need now, there may be a need in the future. **Make any new constructions physically accessible.** Retrofitting buildings is considerably more expensive than building accessibility into the design from the start.<sup>1</sup> Physical accessibility alone will never be enough, but it is a good first step and can signal positive messages that the disability inclusion is a priority.
13. **Ask for support:** Please contact DFID's central Disability Team who is here to help and provide guidance on how you can strengthen disability inclusion across your work.



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Published by the Department for International Development, December 2014