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## Working on Disability in Country Programmes

“Disability is a key threat to reaching the Millennium Development Goals, and DFID’s policy on tackling social exclusion provides a clear home for work on disability. Real opportunities to improve our engagement with Disabled People’s Organisations and improve our work on disability lie at the country level.”

Mark Lowcock, Director General Policy and International

### 1. SUMMARY

**1.1** The World Bank estimates that **20% of the world’s poorest people are disabled**<sup>1</sup>. This means that disabled people comprise one of the largest single groups of excluded and chronically poor people in the developing world. Challenging exclusion is central to reducing poverty and meeting the MDGs. So promoting the inclusion, rights and dignity of disabled people is central to poverty reduction and to achieving human rights.

**1.2** Section Two of this note highlights **six key reasons why disability is such a vital issue for DFID**. It is recognised internationally that disability results from the discrimination and exclusion faced by people with impairments. It is about the systematic violation of basic human rights, and disability is both a cause and a consequence of poverty. These factors put disability at the very heart of what we do.

**“Disability is not inability; charity is not the solution to our problems. We need equality and our rights as human beings in all sectors of life. Disabled people have much to contribute.”** Abdul Rahrnan Sahak, Free Welfare Society for Afghan Disabled

**1.3** **DFID policy on disability** is covered in the third section. For many years DFID has been a leading proponent among donors for integrating disability in development practice, and UK legislation now mandates DFID to promote disability equality. Disability will also be a key issue in the social exclusion analysis which informs the CAP process.

**1.4** The rest of the note provides **practical ideas for action**. Key actions include: putting Disabled People’s Organisations (DPOs) on the register of those routinely consulted at country level and inviting them to meetings; addressing disability in CAP social exclusion analysis; setting disaggregated indicators (e.g. number of disabled children in school); looking at impact on disabled people in annual programme reviews; and funding DPOs.

**1.5** Annex A is a **list of useful resources on disability and development**.

<sup>1</sup> Ann Elwan, Poverty and Disability; a background paper for the World Development Report, World Bank (1999)

## 2. WHY WORK ON DISABILITY? SIX GOOD REASONS

**2.1 The MDGS cannot be achieved without addressing disability.** 20% of the world's poorest people are disabled<sup>2</sup>; the majority of disabled children do not receive an education; mortality rates for disabled children can be as high as 80% even in countries where the average under 5 mortality is less than 20%.

*"Attitudes towards blindness are embedded deep in our culture. ...We are two brothers but when visitors came home, my mother often said: 'I have just one son'"*  
Lai Advani, India

**2.2 400 million disabled people live in poverty in developing** countries, surviving on less than \$1 a day – that's a significant proportion of the poorest people DFID aims to help.

**2.3 Disability affects households and the wider economy.** When someone acquires an impairment it often has severe financial consequences for their entire family: costs of treatment, foregone income, and indirect costs to carers. Many disabled people are prevented from working by other people's negative attitudes and not by their impairment alone. The exclusion of disabled people from labour and credit markets has a negative impact on the wider economy.

*"The circumscribed role and status of disabled people, as well as the lack of opportunities, is deeply ingrained in the institutions and in the underlying social stereotypes; these are a function of culture, not nature."* Mukhtar Abdi Ogle, Kenya

**2.4 Disability is a human rights issue.** Disabled people are part of the diversity of any society and hold the same rights as others. Government accountability to disabled citizens is a critical aspect of good governance and the commitment to human rights which is central to DFID's relationships with partner governments.

**2.5 Disability equality is a UK HMG commitment.** Under the Disability Discrimination Act (2005) all UK public bodies now have a statutory duty to promote disability equality. DFID is committed to doing this through its overseas programmes.

*"Many disabled people are rolled into a corner of their home, where guests and neighbours cannot see them. When they die, many people say: 'There was a disabled person in that family? I never knew'."* Mexico

**2.6 The UK Government lobbied hard for the new UN Convention on the Rights of Persons with Disabilities,** adopted in December 2006. DFID is working with the FCO to promote its ratification and implementation by other governments.

<sup>2</sup> The sources for statistics in this section are: Ann Elwan, Poverty and Disability; a background paper for the World Development Report, World Bank (1999) and the DFID Issues paper 'Disability, Poverty and Development' (2000)

## 3. DFID'S POSITION ON DISABILITY

### What is Disability?

**3.1 Disabled people include those who have long-term physical, mental, intellectual or sensory impairments.** Such impairments are likely to be experienced by an estimated 10% of any given country.

**3.2 Disability results from the barriers facing people with impairments** – attitudinal and physical barriers that lead to their exclusion from society. UK legislation recognizes that disability is about the way *society* responds to people with impairments. This 'social model' of disability is central to DFID's work on disability.

"The poverty, disadvantage and social exclusion experienced by many disabled people are not the inevitable result of their impairments or medical conditions but, rather, stem from attitudinal and environmental barriers. This is known as 'the social model of disability' and provides a basis for the successful implementation of the duty to promote disability equality."

**UK Disability Discrimination Act (DDA) 2005 Code of Practice**

**3.3 As disability is about discrimination and exclusion – key aspects of DFID's work – it is not something that needs to be left to 'specialists' on disability.** This how-to note aims to help all DFID staff feel confident in speaking about and working on this issue.

### DFID Policy Framework

**3.4** DFID's Policy on '**Reducing Poverty by Tackling Social Exclusion**' highlights the ways people are discriminated against on the basis of their race, gender or impairments and so on and as a result, are excluded from opportunities to escape poverty. Analysis of social exclusion and its impact on poverty should inform the CAP/RAP process and disability will be a key part of this analysis.

**3.5** The **UK's Disability Discrimination Act** came into force in December 2006 and puts all UK public bodies under a statutory duty to actively promote disability equality. DFID's Disability Equality Scheme states that "Overseas offices will be expected to adhere to the principles of the Disability Equality Duty". The promotion of disability equality both at home and overseas in its employment and service delivery will be a major plank in DFID's wider raft of diversity policies." ([www.dfid.gov.uk/pubs/files/disability-equality-scheme.pdf](http://www.dfid.gov.uk/pubs/files/disability-equality-scheme.pdf))

**3.6** The UK has now signed the **UN Convention on the Rights of Persons with Disabilities**. Article 32 of the Convention highlights the role of international co-operation in promoting the rights of disabled people worldwide and highlights the need to work more closely with disabled people's organisations. The Convention can be found at: [www.un.org/esa/socdev/enable](http://www.un.org/esa/socdev/enable)

## HOW TO TAKE FORWARD WORK ON DISABILITY

The remaining sections provide ideas for practical action to promote disability equality through country programmes: engaging with Disabled People's Organisations; PRS processes; the CAP/RAP process; analytical work; targeted work on disability; mainstreaming disability; and disability equality in country offices.

## 4. ENGAGING WITH DISABLED PEOPLE'S ORGANISATIONS

### Action: Put Disabled People's Organisations on the Consultation Register

**4.1** Disabled People's Organisations (DPOs) are groups run by and accountable to disabled people. Building the capacity of DPOs, consulting with DPOs, and thus increasing the voice and agency of disabled people themselves, is centrally important to empowering disabled people to make and influence decisions about their own lives.

- For national or regional DPOs see [www.dpi.org](http://www.dpi.org) and [www.internationaldisabilityalliance.org](http://www.internationaldisabilityalliance.org)
- Contact Civil Society Department for information about projects with DPOs in your country
- DFID has a PPA with Action on Disability and Development (ADD) which works with DPOs in 12 countries: [www.add.org.uk](http://www.add.org.uk)

**4.2** There may be a national DPO or a regional federation representing a cross-section of different impairment groups. These are an important source of information about the situation facing disabled people and they can put you in touch with other DPOs including those representing particularly marginalised groups, such as disabled women and people with learning difficulties.

**4.3** People with learning difficulties or multiple impairments like deaf-blind people often face significant discrimination but can become powerful self advocates if given the right support. They benefit from having 'advocates', i.e. people who can facilitate their ability to speak for themselves. Family members of disabled children and other carers are important and legitimate stakeholders whose voices also need to be heard. Parents associations are often included within umbrella DPOs.

### Action: Participate in an African Decade National Steering Committee

**4.4** The secretariat of the African Decade for Disabled People is a DPO working through national steering committees established by many African governments<sup>3</sup>. The committees include government officials, donors, DPOs and other CSOs.

DFID is working with the secretariat of the African Decade for Disabled People to build their research capacity. Pilot projects with civil society and government partners in **Mozambique, Rwanda and Cameroon** will generate evidence on disabled people's access to health and education and use this to inform policy.

### Action: Ask DPOs what they need for consultations to be fully accessible

**4.5** The language, timing, environment and facilitation of consultation processes can be daunting for DPOs. Do ask them which document and meeting formats would be most accessible for their members. It may be necessary to provide some limited funding for transport costs to enable DPOs to attend meetings as well as funds for personal assistants, sign language interpreters or advocates.

<sup>3</sup> Established, or planned, in Burkina Faso, Burundi, Cameroon, Chad, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Mali, Mozambique, Namibia, Rwanda, Senegal, Tanzania, Uganda, Zambia

## 5. POVERTY REDUCTION STRATEGIES

### Action: Provide funding for DPOs to engage with PRS processes, and learn from colleagues involved in PRS processes in other countries

**5.1** A direct way to encourage countries to include disability in their PRS or equivalent is to support national DPOs to take part in the PRS process from consultation through to implementation, monitoring and evaluation. Monitoring and ongoing advocacy, including by DPOs, are needed to ensure that references to disability in the PRS are translated into budget commitments and expenditure<sup>4</sup>.

**5.2** National DPOs in Tanzania, Uganda, Bangladesh, Sierra Leone and Honduras, among others, have recently taken part in major PRS consultations. Some of this engagement is documented in 'Making the PRSP Inclusive' (see Annex A). Study visits to learn from these experiences could be very valuable for DPOs.

**DFID Uganda** funded the National Union of Disabled People in Uganda (NUDIPU) to promote rights awareness, engage with government policy development, including the PEAP (Uganda's PRS) and monitor policy implementation. **DFID Zambia** supported the government to consult with DPOs on the 5th National Development Plan to which DFID funding is aligned. This consultation resulted in a chapter on disability and the disability movement is now involved in the inter-departmental meetings which take place to discuss plans and set budgets.

### Action: Support other civil society organisations to influence the PRS process

**5.3** Other civil society organisations can also play an important role in influencing the PRS, often in collaboration with DPOs. They can link with DPOs to form stronger coalitions and help to strengthen the voice of disabled people in the long term.

**DFID Rwanda** is providing funding via VSO to strengthen DPOs and build their capacity to input effectively into Rwanda's EDPRS.

### Action: Provide funding for research on disability to inform the PRS

**5.4** Research can play a critical role in informing PRS content and choices on policy and public expenditure. It can make a big difference if disability is explicitly examined in studies such as Demographic Health Surveys and Poverty Assessments. As well as funding the research itself DFID can also play a valuable role in supporting its dissemination, creating platforms for public debate, and facilitating opportunities for interaction between DPOs and government.

In **Bangladesh** Action on Disability and Development (ADD) worked with local research organisation Unnayan Shamannay to conduct research with disabled people in 23 districts. Research findings were discussed at a Round Table meeting opened by the Minister of Finance, and led to the inclusion of key commitments in the PRSP: to improve disabled people's access to health, education and transport services; to collect better data on the numbers of disabled people in Bangladesh; and to develop a National Disability Action Plan.

<sup>4</sup> A World Bank review found 67% of PRSPs had commitments on education for disabled children, but only 20% had corresponding budget lines

## 6. THE CAP/RAP PROCESS

### Action: Ensure disability is addressed in Gender Equality and Social Exclusion Analysis and the Country Governance Analysis

**6.1** Gender Equality and Social Exclusion Analysis and Country Governance Analysis (CGA) are key parts of DFID's country planning processes and provide good entry points for highlighting disability issues. For concise country reports on disability rights which can inform both analyses, see the International Disability Rights Monitor website: <http://www.ideanet.org>

The **DFID Western Balkans** desk review of social exclusion provides a good example of how to include disability in this type of analysis. **DFID Pakistan** has commissioned analytical work on social exclusion including disability issues: phase one to inform their CAP and phase two to explore issues in greater depth and support detailed programme design.

### Action: Ensure disability is addressed in assessment of 'the Government Response' to DFID's partnership commitments

**6.2** CAP/RAPs now also include an assessment of partner governments' commitments to poverty reduction, to human rights and other international obligations, and to good governance. This assessment is a good opportunity to ask the following questions on disability:

- Does the government have policies or plans on disability?
- Is there anti-discrimination legislation on disability?
- Is legislation implemented?
- Are disabled people seen as equal before the law?
- Has the government signed and ratified the UN Convention on the Rights of Persons with Disabilities?
- Does the PRS or equivalent include specific policy actions for disability? And are these translated into budgetary allocations?
- Does the government consult with and/or provide support for DPOs?

### Action: Include DPOs in CAP/RAP consultations

**6.3** It is important that DPOs are explicitly included in the draft CAP/RAP consultation, and it is also valuable to have DPOs' input at earlier stages, for example to the gender and social exclusion analysis and CGA which inform the CAP/RAP.

### Action: Include a disability related indicator in the CAP performance framework

**6.4** The CAP/RAP performance framework could include disability-specific indicators, such as the inclusion of disabled children in school, or indicators disaggregated by variables including disability, and indicators could relate either to specific DFID programmes or to government action.

## 7. FURTHER ANALYTICAL WORK

### Action: Commission further analytical work on disability

**7.1** The social exclusion analysis which informs the CAP should highlight the issue of disability. You may want to commission more detailed work to strengthen the case for substantive work on disability and to inform country office decisions about the design of targeted interventions and/or the mainstreaming of disability across the country programme.

**DFID Zimbabwe** commissioned a Disability Scoping Study to provide an overview of the current situation of disabled people in Zimbabwe, to map channels of support for work on disability, and to identify strategies to facilitate greater involvement of disabled people in PRP2. The study draws on existing data sources including the Census and Demographic Household Surveys, and also includes qualitative work to assess perceptions and attitudes towards disability.

### Action: Provide funding for others' analytical work on disability

**7.2** Analytical work carried out by national stakeholders including DPOs, government, research institutions and other civil society organisations can play an important role in raising public awareness, influencing public debates, and strengthening the dialogue between disabled people and government.

In **Namibia** the National Federation of Disabled People collaborated with SINTEF, a Norwegian research organisation, on a study of living conditions among disabled people and then used the study results to demonstrate the reality and the scale of disabled peoples' exclusion to the Ministry of Education.



## 8. TARGETED WORK ON DISABILITY

**8.1** Targeted work with DPOs, Government partners and other civil society organisations can help to positively change one or more of the following:

- Disabled people's access to services and assets;
- The voice and agency of disabled people;
- The legal and policy framework;
- The discriminatory attitudes and behaviour of other people.

### Action: Provide Technical Co-operation and financial aid to government

**8.2** Government capacity to provide services in a non-discriminatory way that maximises access for disabled people is crucial. Technical Co-operation could be provided to build the capacity of ministries with specific responsibilities for disability such as Education, Health or Social Protection. It is also important to build awareness in other ministries such as Transport, Finance and Planning.

**8.3** National poverty monitoring and statistical systems will help to highlight issues of disability when data is disaggregated by impairment. Technical Co-operation to the national statistical office and other government poverty monitoring functions can build capacity to collect and analyse disaggregated data. This could make a big difference to progress on disability equality.

In **Cambodia** the Ministry of Education, Youth and Sports has a simple but effective approach which disaggregates data on children in schools on the basis of 'mobility difficulties', 'seeing difficulties', 'hearing difficulties' etc.

### Action: Provide funding directly to DPOs

**8.4** It is crucial to work with DPOs to strengthen domestic voice and create pressure for accountability to disabled people, especially if political commitment to disability is weak. Many DPOs lack resources and organisational capacity-building is a critical need. In responding to this need it is important to ensure that our aid modalities do not perpetuate existing power imbalances whereby non-disabled people control funding and make decisions on behalf of disabled people. Providing funds directly to DPOs, for example through a DPO challenge fund, is one way of ensuring that disabled people take the lead, define their own priorities and decide what expertise they may want to source from consultants or other agencies.

DFID is currently working with the Southern African Federation of the Disabled (SAFOD) on a 4-year research programme designed and led by DPOs. The programme will involve a ten-country policy audit in **southern Africa** as well as thematic research on education and HIV/AIDS. The programme aims to build the capacity of DPOs to undertake research and influence policy development.

### Action: Provide funding to a range of civil society organisations

**8.5** As well as DPOs, a varied group of other civil society organisations (CSOs) work on disability: mainstream INGOs, disability-focussed INGOs, local CSOs, research institutes, consultancy firms, media and trade unions.



**8.6** Civil society, which includes the disability movement, can play many important roles in work on disability, for example:

- monitor and strengthen the evidence base on the situation of disabled people;
- increase awareness of the rights and entitlements of disabled people;
- sensitise policy-makers and advocate for legal and policy changes;
- challenge prejudice;
- improve access to public services;
- facilitate community based rehabilitation;
- support disabled people to access jobs, credit and income generating activities.

**8.7** The term community-based rehabilitation (CBR) now covers a wide range of interventions to tackle the exclusion of disabled people at community level. Some CBR programmes have been criticised for leaving decision-making power with non disabled CBR professionals rather than with disabled people, and for not prioritising the views of disabled people themselves. As with all disability programmes it is important to ensure that disabled people have a lead role in design, implementation, monitoring and evaluation, and that professionals are “on tap, not on top”<sup>5</sup>.

In **India** the Community Based Disability Intervention of the Andhra Pradesh Rural Poverty Reduction Project provides an excellent example of how disabled people can assume a lead role in all aspects of CBR and demonstrates the positive outcomes that can result in terms of increased self esteem, better health provision and sustained poverty reduction.

### **Action: Draw on the expertise of disabled consultants**

**8.8** There are many excellent disabled consultants and the GSDRC<sup>6</sup> can help to identify a consultant. When training is delivered by someone who is disabled this can help to challenge negative stereotypes and empower other disabled people. This is particularly important for training on disability equality.

In **Mozambique** the International Disability Equality Agency were contracted by Power to deliver empowerment training for disabled people. Power found that the delivery of training by disabled consultants, including a woman using a wheelchair, brought radical and far-reaching results, and led to the kick-starting of a movement for women with disabilities in Mozambique which is now growing and working to promote access to education for disabled children.

<sup>5</sup> David Werner writes of the need for “non-disabled professionals to recognise the right of disabled persons to self control, and therefore to gracefully step to one side, into a role where they, as professionals, are no longer on top but rather on tap.” (*Strengthening the Role of Disabled People in CBR Programmes*)

<sup>6</sup> Governance and Social Development Resource Centre: [helpdesk@gsdrc.org](mailto:helpdesk@gsdrc.org) .

## 9. MAINSTREAMING DISABILITY

This section suggests ways to promote mainstreaming across DFID programmes and identifies specific actions for budget support, education, health, water and sanitation, social protection, civil society programmes, humanitarian and conflict settings.

### Action: Include reference to disability in TORs for annual programme reviews and other monitoring and evaluation processes

**9.1** It can be extremely helpful to make explicit reference to disability in TORs for programme reviews, for example posing a question about the impact of the programme on disabled people. This can be a good way of raising the issue and stimulating discussion among colleagues, even if the initial answer is that we do not know what the impact is.

**9.2** Mainstreaming disability means addressing inequalities between disabled and non-disabled people in all strategic areas of our work to promote disability equality. To do this we need to understand the implications – both positive and negative – that our existing programming has for disabled people, and act on that understanding to prioritise actions within those areas. You may want to do this analysis yourself or it may be helpful to contract a consultant.

### Action: Support or establish a multi-donor working group on disability

**9.3** Many bilateral and multilateral agencies have formal commitments to mainstreaming disability in their agency or programmes although country staff may not always be aware of these<sup>7</sup>. DFID is often seen as a leader among donors on the issue of disability and could play an effective role at country level in promoting more harmonised donor action on this issue. This could be aligned to support Government implementation of the new UN Convention on the Rights of Persons with Disabilities.

### Action: Include disability indicators in the PAF or other monitoring frameworks

**9.4** In a PRBS environment it might be possible to lobby for disability to be reflected in the Performance Assessment Framework (PAF), either with disability specific indicators or indicators which are disaggregated to look at outcomes for disabled people as well as the overall population. This would create space for disability issues to be raised in policy dialogue.

**9.5** Likewise for sector programmes specific objectives could be set for the inclusion of disabled people, to explicitly promote their access to public services. Again indicators can also be disaggregated so that outcomes are monitored in relation to disabled people as well as the overall target population.

**DFID India** supports the Government of India's universal primary education programme, Sarva Shiksha Abhiyan and the Reproductive and Child Health Programme. Both include disability-specific indicators which enable Government and donors to track progress for disabled people.

<sup>7</sup> See Annex A for links to these documents

## Action: Support inclusive education programmes

**9.6** Inclusive education means the participation of all children, including children with learning difficulties and other impairments, in their local schools. Simply bringing disabled children into an ordinary classroom with no adjustment or support is not inclusive – a child who cannot see what the teacher is writing, or hear what she is saying, is not being included as a learner. Inclusive education is about child centred approaches to education, and may involve interventions related to teacher training, the physical school environment, the curriculum, and support systems (such as sign language skills, Braille textbooks and assistants).

**DFID Vietnam** is supporting the Government of Vietnam's Primary Education for Disadvantaged Children programme, which makes important provisions for disabled children, including teacher training and making schools accessible.

## Action: Support inclusive health programmes

**9.7** There are two important objectives in relation to the health sector:

- The promotion of equal access to general health services, ensuring that information and treatment are accessible to disabled people;
- The provision of health services needed by disabled people specifically because of their impairments, including early identification and intervention, services to minimize and prevent further disability, and access to 'assistive devices' such as wheelchairs, prostheses and hearing aids<sup>8</sup>.

**9.8** The health needs of disabled people are often missed out in Health SWAPs and DFID can play an important role in mainstreaming key interventions into the health sector. Important interventions include disability equality training for service providers, designing or modifying health facilities, producing health information in accessible formats, and empowering disabled people to make genuine choices and draw on peer support and expertise. These interventions help disabled people to realise their potential and access other rights such as education and political participation.

**9.9** Disabled people can be particularly vulnerable to HIV and it is often wrongly assumed that they are not sexually active. HIV programmes need to be inclusive, with information and services that are accessible to disabled people.

**DFID Zimbabwe** worked with the British Embassy to support the Zimbabwe National Association of the Deaf to hold a workshop training deaf people to be peer educators on HIV/AIDS. **DFID Malawi** provided support to the Federation of Disability Organisations in Malawi to ensure that disabled people are included in HIV/AIDS policies and have equal access to information.

<sup>8</sup> The term 'rehabilitation' is often used to refer to these services and aids.

## Action: Ensure water and sanitation programmes consider accessibility of toilets and water points

**9.10** Of all poor people, disabled people have the least access to safe water and sanitation facilities and this contributes to keeping them poor and unable to improve their livelihoods. Most disabled people do not need separate 'special' facilities – with a little awareness and planning minor changes can often enable disabled people to access ordinary water points and toilets. Accessible facilities benefit everyone in the community, including elderly people, pregnant women and children.

**9.11** Some good starting points for engaging with WATSAN programmes include: raising the issue of disability and vulnerability; providing information on accessible water and sanitation (see Annex A); encouraging collaboration between DPOs and WATSAN providers; requiring WATSAN proposals to explicitly consider disability/vulnerability; including disability-related questions in baseline surveys.

**In Mali** WaterAid collaborated with SightSavers International to adapt village wells for people with disabilities. In consultation with blind users, simple adaptations made the wells easier and safer to use – the opening of each well was narrowed to reduce the danger of falling, a metallic plate was installed above the pulley wheel alerting the user to the position of the water container, and a trench was dug for disabled users to draw water easily to their gardens.

## Action: Design social protection programmes to include disabled people

**9.12** We know very little about disabled people's access to social protection or the impact it has on them. It is therefore vital that programmes are well monitored and evaluated in relation to disabled people to generate information that can inform future programme design. In the meantime we need both to ensure disabled people are included in mainstream social protection programmes and also to consider the need for targeted schemes that are disability-specific. Both types of assistance need to be accessible, taking into account physical, social and economic barriers. The participation of disabled people in the design, delivery and monitoring of social protection programmes will ensure that access issues are addressed.

**9.13** It is important that governments do not see social transfers (i.e disability benefits) as the only action to take on disability issues. Social assistance programmes need to be developed alongside accessible services, measures to provide work, legislation and other interventions to tackle discrimination and the exclusion of disabled people.

## Action: Encourage inclusion of disabled people in all civil society programmes

**9.14** Most civil society programmes have a stated intention to target the poorest and most marginalised people, but often the implementing CSO has not effectively considered the programme's impact on disabled people and valuable opportunities to reach this group are missed. Disabled women for example may be excluded from a programme of self help groups and micro-credit and specific efforts may be needed to ensure they are able to participate. When considering funding for CSOs you could ask if applicants have thought about how disabled people will be affected by the programme. When designing a civil society programme you could set indicators for the involvement of disabled people and their organisations.

**DFID Malawi** provides support to the £10m Tikambirane programme which helps poor people realise their civil and political rights. One of the indicators for the programme is 'Increased capacity of disabled person's organisations to engage constructively with the government on maternal health and girl education issues'.

## **Action: Ensure that humanitarian aid and interventions in situations of conflict or disaster are inclusive of disabled people**

**9.15** Violent conflicts and disasters inevitably increase the likelihood of injuries and impairments that lead to disability. It has been estimated that for every child killed as a result of violent conflict, three are injured and permanently impaired. Disabled people are one of the most vulnerable groups both during and in the aftermath of natural disaster or conflict, but they are often ignored or excluded at all levels of intervention.

**9.16** When planning interventions, it is important to consider **all** disabled people living in the affected areas, not just those immediately affected, to ensure adequate distribution of goods and services. Many of the needs of disabled people are the same as everyone else affected – it is **how** they are provided that matters. Local DPOs are key in planning and responding to emergencies. Funding approval mechanisms need to include questions related to disability, including how the agency plans to involve and meet the needs of disabled people. Those with specific needs are experts about these and should be involved at all levels of planning, implementation and evaluation. Programme evaluations should include indicators to assess whether disabled people have had access to services.

**DFID**-funded research into the inclusion of disabled people in the aftermath of the Indian Ocean tsunami in Sri Lanka highlighted how disabled people were excluded from immediate humanitarian relief programmes through inaccessible shelters, systems for allocation of food rations, cash-for-work schemes, inaccessible water and sanitation points, and longer term development plans. ([www.disabilitykar](http://www.disabilitykar))

## 10. DISABILITY EQUALITY IN COUNTRY OFFICES

### Action: Carry out an Accessibility Audit of the DFID office

**10.1** DFID's Disability Equality Scheme was published in 2006 and states DFID's commitment to apply the principles of the Disability Equality Duty to our development work overseas. As part of this you could consider inviting a DPO to carry out an 'Accessibility Audit' of the DFID office.

**DFID India** is proactively implementing the corporate diversity strategy, with a special focus on disability. Office wide sensitisation and awareness sessions have helped to make DFID India staff aware of disability related issues, and ensure recruitment processes are open and inclusive. **DFID Bangladesh** has carried out a detailed Accessibility Audit of the office to guide improvements in access for disabled people.

### Action: Encourage the office to provide disability equality training for all staff

**10.2** A disability equality training toolkit has been developed for Country Offices and is available from LDS. The Equity and Rights team can also advise on training, provide trainers and support the mainstreaming of disability equality across DFID programmes.

## ANNEX A: SELECTED RESOURCES

### Donor policies and guidelines on disability and development

**European Union:** *EU Guidance Note on Disability and Development (2004)*  
[http://ec.europa.eu/comm/development/body/publications/docs/Disability\\_en.pdf](http://ec.europa.eu/comm/development/body/publications/docs/Disability_en.pdf)

**Finland:** *Label us able. A pro-active evaluation of Finnish development co-operation from the disability perspective (2002)* <http://www.oecd.org/dataoecd/6/46/35181644.pdf>.

**Norway:** *The inclusion of disability in Norwegian development co-operation: Planning and monitoring for the inclusion of disability issues in mainstream development activities (2002)*  
[http://www.norad.no/default.asp?MARK\\_SEARCH=YES&SEARCH\\_ID=s1&V\\_ITEM\\_ID=3457](http://www.norad.no/default.asp?MARK_SEARCH=YES&SEARCH_ID=s1&V_ITEM_ID=3457)

**UK:** *DFID Issues Paper. Disability, Poverty and Development (2000)*  
[www.dfid.gov.uk/pubs/files/disability.pdf](http://www.dfid.gov.uk/pubs/files/disability.pdf)  
*DFID: Disability Equality Scheme (2006-2009)* [www.dfid.gov.uk/news/files/draft-des.pdf](http://www.dfid.gov.uk/news/files/draft-des.pdf)

**UN:** *Convention on the Rights of Persons with Disabilities (2006)*  
<http://www.un.org/esa/socdev/enable/plenaryofga06.htm>

**USA:** USAID disability policy (to date) [http://www.usaid.gov/about\\_usaid/disability/](http://www.usaid.gov/about_usaid/disability/)

### Useful handbooks and tools

Access for All: Helping to make participatory processes accessible to everyone (2000), SCF

Disability and Social Assistance (2007), Sightsavers

Disability considerations in disaster relief and rebuilding: Guidance for funders (2006), DFN  
<http://www.disabilityfunders.org/epdr-guidance.html>

Disability dimension in development action. Manual on inclusive planning. (2003), STAKES  
<http://idc.stakes.fi/EN/Policy/disability/disabilitydimension.htm>

EDAMAT: A practical tool for effective disability mainstreaming in policy and practice, (2006), LCI  
<http://www.edamat-europe.org/>

Guidelines for planning in the re-building process. (2004), ITDG South Asia  
[http://www.itdg.org/docs/region\\_south\\_asia/guidelines-planning-rebuilding.pdf](http://www.itdg.org/docs/region_south_asia/guidelines-planning-rebuilding.pdf).

Health Handbook for Women with Disabilities (2007), Maxwell, Belser, and David  
[http://www.siyanda.org/static/maxwell\\_handbook\\_disability.htm](http://www.siyanda.org/static/maxwell_handbook_disability.htm)

Handbook on Mainstreaming Disability, (2006), VSO

Handbook: Making PRSP Inclusive (2006), Handicap International and CBM,  
<http://www.handicap-international.de/projekte/prs01.html>

Water and sanitation for disabled people and other vulnerable groups: Hazel Jones and Bob Reed, WEDC (DFID-funded) [www.wedc.lboro.ac.uk/wsdp](http://www.wedc.lboro.ac.uk/wsdp)



## **Research and sources of information on disability and development**

Atlas Alliance (Norwegian DPOs working in development): [www.atlas-alliansen.no](http://www.atlas-alliansen.no)

Disability Awareness in Action: [www.daa.org.uk](http://www.daa.org.uk)

Disability Knowledge and Research Programme (2005-2006), DFID-funded  
<http://www.disabilitykar.net/learningpublication/references.html>

International Disability Equality Agency (IDEA): [www.disabilityequality.org](http://www.disabilityequality.org)

SINTEF Reports on living conditions of disabled people in Malawi, Zimbabwe, Zambia and Namibia (2006): [www.sintef.no](http://www.sintef.no)

Siyanda has a number of articles on gender and disability: [www.siyanda.org](http://www.siyanda.org)

SOURCE (centre on health and disability): [www.asksource.info](http://www.asksource.info)