



Foreign, Commonwealth  
& Development Office

# FCDO disability update

Progress against DFID's strategy for  
Disability Inclusive Development



*A man on a deaf awareness march in Kapsabet, Kenya. Jeffrey DeKock/ICS.*

November 2020

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# Executive Summary

**Since its publication we made great progress against DFID's [Disability Inclusion Strategy](#)** – thanks to high level commitment, staff enthusiasm and the advice of people with disabilities. Whilst we are in a relatively early stage of a long-term process and there is much more to learn and deliver – there are encouraging signs of progress for FCDO to build on.

**On top of delivery against the strategy, we have adapted and surged our support** to focus on new priority areas. COVID-19 in particular provided unprecedented challenges which teams across DFID rose to, pivoting policy and programming to provide critical support to people with disabilities.

**Unfortunately, this meant we had to pause some deadlines**, including our systematic assessment of the standards so as not to detract from ongoing COVID-19 responses – even though many country offices and central departments had made substantial progress towards the standards.

**This report documents some of that progress.** It is not fully comprehensive of everything achieved by DFID and FCO in the past few years but gives a flavour of the breadth and depth of work.

## Progress on Priority Areas

We have seen considerable progress across our four strategic pillars for action, for example:

- **On inclusive education**, our programmes are helping children with disabilities attend school and learn. Most notably, our flagship education programme, the Girls' Education Challenge (GEC) Transition Fund, is supporting more than 100,000 girls with disabilities.
- **On social protection**, we are delivering disability inclusive systems across the spectrum of social protection – such as in Myanmar, where a series of four projects provided a mix of labour market interventions, social assistance, and cash transfers for 7,800 people with disabilities.
- **On economic empowerment**, we have mobilised job opportunities, addressed barriers to employment and more. For example, DFID partnered with the Kenya Commercial Bank to include 1,200 people with disabilities in their youth entrepreneurship programme.
- **On humanitarian action**, we have focussed first on the disproportionate lack of data in this area. Our top achievement here has been the design, delivery and dissemination of new e-learning on how to use the Washington Group Questions in humanitarian settings.

## Cross-cutting Areas

- **On Stigma & Discrimination**, we are testing innovative interventions to reduce negative norms under our flagship Disability Inclusive Development programme.

- **On Assistive Technology (AT)**, our two major initiatives are progressing well. We have doubled our investment in the [AT2030](#) programme and will now reach 15 million with AT.
- **On gender and disability**, we have put funding and focus into large scale initiatives, to better understand, include and empower women and girls with disabilities.

**We have also stepped-up on mental health for all.** Most notably, we have published a full Approach Paper and Theory of Change to provide global direction on this oft-neglected area.

### Progress on Mainstreaming

We are continuing to encourage and support business units to deliver on the standards, and there is clear evidence that considerable progress took place across DFID.

- **On our approach and culture**, all offices appointed a disability champion to lead work on this agenda across the organisation. We have a network of 65 champions pushing for disability inclusion, who have dedicated time and responsibility for progress here.
- **On engagement and empowerment of people with disabilities**, we have stepped up efforts. In Afghanistan DFID co-ordinated three roundtables with local Organisations of Persons with Disabilities (OPDs)<sup>1</sup> and supported the government to build their capacity.
- **On influencing**, we are ensuring the ambitious commitments from the Global Disability Summit are delivered. The first self-reporting survey showed that 85% of commitments were already completed or underway. A second survey has now launched.
- **On programming**, the UK was one of the first donors to implement a policy marker, allowing us to track how many programmes are supporting people with disabilities. This tells us there was a 36% rise in the number of programmes marked as disability inclusive from 2017-2020.
- **On data, evidence and learning**, we are increasing the number of programmes that disaggregate by disability. We also launched the [Disability Inclusion Helpdesk](#) in 2019, which has already delivered 43 evidence and technical queries for teams across DFID and the FCO.

### Lessons Learnt

**We learnt a lot in the first 18 months of delivery**, and we continue to adapt our approach according to feedback from colleagues and advice from OPDs. Lessons learned include:

- **For this kind of cultural change, incentives are critical**, and given competing demands it is important to explain the benefits of inclusion and provide practical support and expertise.
- **Strong leadership is imperative.** As well as top down leadership the role of disability champions has been critical in spearheading change right across the organisation.

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<sup>1</sup> We are using the term 'Organisations of People with Disabilities' (OPDs) rather than DPOs to align with the UN CRPD.

- **There is benefit in joining voices across the inclusion agenda**, sharing lessons and collectively making the case to leave no-one behind.

**Looking ahead, the creation of FCDO provides the opportunity to** amplify our voice on disability with more partners and across a wider stage, to use international events to maximise momentum and to share learning, including towards reaching the Sustainable Development Goals (SDGs). Inclusion, diversity and belonging is at the heart of the new department and FCDO will build on the previous approaches to ensure we live our values.

**COVID-19 has underscored that now is the time to take action**, placing us at what the UN Deputy Secretary General calls a 'watershed moment' for disability inclusion; where we must embed inclusion into the COVID-19 response and recovery to build back better than before.

# 1. Introduction

Two years ago we set a high ambition for disability inclusion.

**In July 2018, the UK government co-hosted its first ever Global Disability Summit** with the International Disability Alliance and government of Kenya – bringing decision makers from around the world together to advance the disability inclusion agenda. Nearly 1,000 new ambitious commitments were made and are now bringing about real and lasting change for people with disabilities. 320 organisations and governments signed a [Charter for Change](#), aimed at driving implementation of the United Nation’s Convention on the Rights of Persons with Disabilities (UN CRPD).

**Capitalising on this new momentum, DFID published its first-ever strategy on disability inclusion.** This was a five-year strategy which built on DFID’s previous Disability Framework and set out a clear vision: a world where all people with disabilities, of all genders, and in all stages of their lives, are engaged, empowered and able to exercise and enjoy their rights on an equal basis with others, contributing to poverty reduction, peace and stability. A world where no-one is left behind.

**To achieve our vision, we underpinned our work with four essential outcomes** and fundamental shifts which are critical for change to occur. These include: all human rights are recognised, respected and fulfilled, as under the UN CRPD; full and active participation; equal access to opportunities and outcomes; and evidence-based understanding of disability-related exclusion.

**This also included our blueprint for how we would achieve this change:** taking a twin-track approach of specific and focused action; whilst also mainstreaming disability inclusion across all that we do. We recognised the importance of putting people with disabilities at the heart of our approach, as it is only by continuing to listen to people with disabilities that we will change lives for the better.

**We prioritised four strategic pillars for focused action:** (i) inclusive education; (ii) social protection; (iii) economic empowerment; and (iv) humanitarian action – given their close fit with the SDGs and support across the life cycle.

**We complemented this with three cross-cutting areas** vital to disability inclusion, to be addressed consistently and systematically in all of our work: (v) tackling stigma and discrimination; (vi) empowering girls and women with disabilities; (vii) access to appropriate assistive technology.

**And we also committed to stepping-up on mental health for all** and breaking the cycle of poverty, discrimination and stigma facing people with mental health conditions and psychosocial disabilities - a too-long neglected issue in international development.

**Alongside this focus we introduced new standards** to drive the mainstreaming of this agenda across all we do. The five new standards required all DFID business units to change culture and practices, engage meaningfully with OPDs, influence others, adapt programmes and collect disaggregated data.

**To ensure full accountability, we set ourselves stretching deadlines** and published a delivery plan to accompany our new strategy. The delivery plan presented actions and a timeline for delivery. Along with the standards, it was used for monitoring and accountability by a director-led Inclusion Board.

### Summary of progress

**Since the publication of the strategy, we have achieved some great things, but recognise how much more there is to do.** We are in a relatively early stage of a long-term process to make our work more disability inclusive and there is still much more to learn and deliver. There are, however, many encouraging signs of progress as we begin to see the fruits of the ambitious approach adopted in the strategy – whether it be setting up award-winning programming on disability and mental health in Ghana, leading a new policy on the safeguarding of people with disabilities, or supporting more than 100,000 girls with disabilities with access to a quality education.

**This progress was only possible thanks to the advice and support of people with disabilities** and their relevant advocacy groups. We would like to thank them for their support, guidance and advice, as we look forward to continuing to partner with them in the future.

**We also adapted our approach to surge to new and pressing challenges**, on top of progressing our strategy commitments. COVID-19 in particular provided unprecedented challenge which teams across DFID rose to, pivoting policy and programming to provide critical support to people with disabilities.

**Unfortunately, this has meant slower progress on some goals to focus on the urgent new demands.** Whilst we know that many country offices and central departments had already met the deadline to reach the minimum standards, we paused our systematic assessment so as not to detract from ongoing COVID-19 responses.

**With the creation of FCDO, we remain ambitious and committed to these long term aims.** There is continued Ministerial and organisational support, and the organisational mission remains to ensure our work is inclusive of people with disabilities. They have a right to participate and the whole of society benefits when everyone is included and services are accessible.

**We are releasing this report now to** share information on progress and learning from our experiences. It follows the format of the strategy, summarising some key achievements against each of the key strategic pillars and cross-cutting areas; the additional work area of mental health; and the disability inclusion standards – before reflecting on some lessons learnt at the end.

**This report is not fully comprehensive of all the work on disability** across DFID or FCO, as we have been unable to undertake a systematic assessment during the global pandemic. However, it gives a flavour of the breadth and depth of work ongoing, and the commitment from staff in many different country offices and departments to deliver real and lasting change for people with disabilities.



## 2. Adapting our focus

Since releasing the Disability Inclusion Strategy in 2018, we have responded to emerging new challenges and adapted our approach, building on the original aims of the strategy.

### Safeguarding

**The first area we scaled up was on safeguarding**, after it became clear that safeguarding in development had been overlooked for far too long. Recognising that people with disabilities are disproportionately at risk of physical abuse, sexual harassment and exploitation – and that women, children and those displaced are at greatest risk – we committed to scaling up in this area, fast. DFID created a new Safeguarding Unit and disability was placed as one of the priority areas.

**Given the limited evidence, we focussed on first improving the evidence base**, recognising it would take time to get our approach right. The Disability Inclusion Helpdesk summarised the evidence and we collaborated with BOND's Disability and Development Group to explore the best way to build the evidence base, identify best practice, and learn lessons from the field. This learning was fed into a new DFID commitment to spend up to £20 million on research relevant to safeguarding over five years under a range of programmes. An independent reference group gave challenge and critique on our safeguarding policy work, composed of multi-disciplinary practitioners and academics including disability specialists and people with disabilities.

**We also took concrete action** alongside this, introducing disability as a key consideration in the development of the enhanced due diligence introduced in 2018 for tackling sexual exploitation and abuse and sexual harassment. Networks that represent people with disabilities provided valuable inputs through the early market engagement of the Resource and Support Hub, and expertise is embedded in the consortium through Sightsavers.

**We raised this issue at an international level.** Most notably, disability was a key focus of the DFID led 2018 Summit on safeguarding, where 22 donors (90% of Official Development Assistance) signed a commitment document that recognised the extent of this issue and reference it in their individual commitments. We also successfully advocated for the inclusion of disability in an instrument to support improved management and prevention of sexual exploitation and abuse being developed by the OECD Development Assistance Committee.

### Shifting our approach in the context of COVID-19

We surged our response a second time to put people with disabilities at the centre of the defining moment of 2020: the COVID-19 response.

**We know that people with disabilities are disproportionately affected by COVID-19**, and we adapted our support rapidly and across the whole organisation to mitigate risk of people with disabilities becoming the forgotten group of the crisis.

**Our first focus was on the evidence base**, ensuring DFID staff were well briefed on the risks to people with disabilities, and mitigating modifications to COVID-19 responses. The Disability Inclusion Helpdesk provided invaluable expertise, surging their support to provide

regular evidence updates, high quality guidance and tailored advice to specific teams and response areas. For example they advised the Growth Research team on how they could improve their guidance on ensuring the inclusion of people with disabilities when conducting phone and remote surveys. This evidence on COVID-19 risks and responses has exposed the inequality gap for people with disabilities across all areas of society and underscored the importance of pursuing an approach of inclusion by default in the future.

**At the same time, DFID ensured new COVID-19 programmes supported people with disabilities.** For example, a partnership with Unilever is providing £50m of new funding to provide accessible information on hygiene practices and to address physical barriers to sanitation and hygiene facilities including for people with disabilities and older people. This is being supported by the Programme for Evidence to INform Disability Action (PENDA), which will evaluate the programmes being delivered and provide technical expertise to Unilever and downstream partners on accessible WASH. They have delivered three seminars on hygiene and disability-inclusive COVID-19 response. Likewise, with funding delivered through the Rapid Response Facility (RRF), Humanity and Inclusion is working with OPDs in Central African Republic to ensure people with disabilities are included in a large-scale hygiene awareness campaign and receive adapted hygiene kits. All RRF partners have been encouraged to use the Inter-agency Standing Committee Guidelines (IASC) on Inclusion of Persons with Disabilities.

**Likewise, central programmes specifically targeting disability inclusion shifted,** such as the Disability Inclusive Development programme led by Sightsavers, which is adapting interventions to provide critical COVID-19 support to people with disabilities. This includes support across a wide spectrum of risks and countries, including: reaching millions with accessible public health messages (eg national radio broadcasts in Nigeria); delivering humanitarian food and hygiene packages in Bangladesh and Nepal; ensuring COVID-19 treatment centres are accessible and training healthcare workers to tailor medical consultations in Bangladesh, Nepal and Nigeria; providing home education and psychosocial support for children with disabilities; and supporting micro-enterprises and small businesses led by people with disabilities in Kenya to mitigate the impacts of COVID-19. In all cases, the interventions will record evidence about what does and does not work. The programme's research component (PENDA) is also undertaking real-time monitoring of the COVID-19 response with people with disabilities in Uganda, Bangladesh, Zambia and Ghana to understand additional risks, experiences, and proposed solutions.

**We are also supporting OPDs to cope with the impact of COVID-19** through our new Disability Capacity Building programme which supports the global disability rights movement. 88 per cent of grants given out by the Disability Rights Fund (DRF) have already been adjusted and this has enabled OPDs to influence their governments' responses. For example, as a result of advocacy efforts by the DRF, the Ugandan government included NUDIPU (the national umbrella OPD) in the National Task Force on COVID-19 at the Office of the Prime Minister. A further grant was given by DRF to access technical assistance to support them to make a series of recommendations on how the Ugandan government's Covid-19 response could be more inclusive.

**Other programmes also pivoted** to provide a wide range of COVID-19 support to people with disabilities. For example at the country level, in Pakistan we are supporting mechanisms

to provide psychosocial support and referral services for women and girls with disabilities who are exposed to domestic and gender-based violence. At the central level our Women's Integrated Sexual Health programme is providing information in accessible formats and supporting governments to meet the health needs of women with disabilities. See box 1.

### **Box 1: Adapting programming to respond to COVID-19 in Ghana**

Under the Leave No One Behind programme, DFID Ghana contracted a consultancy firm to deliver disability and mental health activities as part of their COVID-19 response, including:

- **Development of accessible materials on COVID-19**, directly reaching 17,000 people with disabilities and indirectly an additional 700,000 with accessible information on COVID-19.
- **100 key media actors trained**, to ensure media coverage of COVID-19 is disability inclusive and addresses mental health considerations.
- **Rapid assessment of gaps and needs** for identifying people with disabilities, including recommendations for filling gaps and a COVID-19 readiness assessment of three psychiatric hospitals. This has been shared with the Government of Ghana.
- **Up to 136,250 healthcare workers provided with guidance** on mental wellbeing and rights-based approaches/equitable treatment of people with disabilities; an additional 100 healthcare workers trained to cascade the learning.
- **Up to 10 civil society organisations, including OPDs, provided with grants** to address COVID-19 recovery in terms of mental health and psychosocial support.

**Many parts of the FCDO are working closely with implementing partners** to reach people with disabilities with vital messaging and support. In Nepal and Nigeria, country offices have partnered with Voluntary Service Overseas (VSO) to develop life-saving child-friendly messaging in accessible formats including sign language and Braille. In Kenya and South Sudan Leonard Cheshire is developing accessible materials to support learners, parents and communities during school closures, whilst building the capacity of teachers to adapt existing materials and deliver them online or via phone.

**At the international level, we have been using our channels of influence** to encourage the global responses to support people with disabilities. For example, we successfully encouraged a greater focus on people with disabilities and older people in the second version of the Global Humanitarian Response Plan. As co-chairs of the Global Action on Disability donor network we hosted a high-level event in June to highlight to global leaders the impact of COVID-19 on people with disabilities. The event launched a Call to Action which has been signed by 180 organisations.

**Across all this work, there is a global urgency to identify and reach the most marginalised.** The UN Deputy Secretary General, when opening the high-level event, termed the pandemic a 'watershed moment' for disability inclusion. The current moment has both revealed the devastating impact of inequality and presented opportunity to embed inclusion into the COVID-19 response and recovery to build back better than before. It is therefore more crucial than ever to ensure people with disabilities are routinely included across our programmes, policies and influencing work – to harness opportunities and make the case for the inclusion of people with disabilities now.

## 3. Progress on Priority Areas

We have seen considerable progress across our four strategic pillars for action: (i) inclusive education, (ii) social protection, (iii) economic empowerment, and (iv) humanitarian action. Many of the deliverables in the strategy delivery plan have already been achieved or substantially progressed. This section shares some of that progress across each of the priority areas.

### (i) Inclusive Education

We are committed to ensuring children with disabilities are able to access a quality education that enables them to learn and thrive. This was recognised not only in the Disability Inclusion Strategy, but also in DFID's Education Policy 2018, which included commitments to increase the number of targeted programmes for girls and boys with disabilities and demonstrate global leadership.

**FCDO education programmes are helping children with disabilities attend school and learn.** This includes meeting the needs of girls with disabilities, who face compounded exclusion on the account of disability and gender. Our flagship education programme, the Girls' Education Challenge (GEC) Transition Fund, is reaching more than 100,000 girls with disabilities, and targeting a further 18,000 through the specialised Leave No Girl Behind funding window. All projects under the fund use the Washington Group Questions on disability and to identify and support girls with disabilities.

**This commitment to education for all includes those living in conflict settings**, with the UK investing £90m into the Education Cannot Wait global fund. Grants active in 2019 reached 10,500 children with disabilities, 45 per cent of whom were girls – providing a variety of support across a range of geographies. For example, in Uganda, 1,219 children received assistive devices which enable them to learn with their peers. We are also developing tools to provide mental health and psychosocial support for education in emergencies. The Better Education Statistics programme is supporting development of a Minimum Services Package consisting of costed and tested interventions linked to improved child wellbeing and learning outcomes.

**We also know we must have the input and leadership of people with disabilities.** A number of GEC programmes have already been striving for this goal, working closely with OPDs in their work. For example, the Leonard Cheshire Inclusive Education programme in Kenya has worked with OPDs to plan community mobilisation events to raise awareness of the importance of educating girls with disabilities. They have also worked closely with the National Council for People with Disabilities (a government body whose members include OPDs) to provide dignity kits to girls with disabilities.

**We have supported partner governments to create enabling policy environments** which allow safe, inclusive and effective education systems to flourish. FCDO is supporting the Safe to Learn Call for Action, which fifteen countries have signed to generate political momentum to end violence in schooling. It highlights the need for disaggregated data on violence to support more inclusive interventions. We have also funded Inclusive Education Sector Planning modules to help governments design and implement evidenced-based

systems. This was successfully piloted with 80 government officials across Africa and will be rolled out across South Asia.

**We have also been supporting country governments to implement inclusive education policies** and priority programmes at the country level. For example, in 2019, the UK supported the Government of Ethiopia to train teachers and adapt resources for 212 Inclusive Education Resource Centres and enrolled an additional 9,750 students with disabilities. Likewise, in Pakistan, the UK supported the Punjab government to develop a new plan to improve access to and quality of government schools for over 35,000 children with severe disabilities. Many governments made commitments to Inclusive Education at the Global Disability Summit, and we have been providing technical support to help them fulfil their commitments (see box 2).

#### **Box 2: Supporting Governments to meet their GDS Commitments**

In Punjab, Pakistan, DFID provided technical assistance to the provincial government to develop an Inclusive Education Strategy (2019-2024). DFID worked closely with the Government of Rwanda, which now has a costed Inclusive Education plan and will be sensitising 12,000 teachers in inclusion, approximately one per school.

**We know we must keep learning about what works to ensure we achieve our vision.**

That's why the UK joined Norway and the World Bank to establish the Inclusive Education Initiative (IEI) Trust Fund to build the evidence base and test what works at scale. IEI is supporting the governments of Ethiopia, Nepal and Rwanda to build their capacity to deliver comprehensive and cost-effective interventions, complemented by the development of Global Public Goods on issues such as data collection, disaggregation and effective classroom support. This includes research and development of the World Bank's Teach Tool, containing open source materials, literature reviews and studies related to inclusive education. We are also providing funding for UNICEF's Child Functioning Module which collects data on children with disabilities and to UNESCO's Institute of Statistics to publish improved disability disaggregated education data. The UK supported the creation and publication of this year's major Global Education Monitoring Report, exploring the issue of Inclusive Education.

**We are continuing to tackle the drivers of institutionalisation.** Children and young people with disabilities are often the first to be placed in institutional care and suffer the most from its consequences. Since our commitment on de-institutionalisation in 2018, we have produced an internal position paper and Theory of Change on systems approaches to child protection including moving towards family and community-based services for children. UK Aid Direct and UK Aid Match no longer accept applications for funding of orphanages or other residential children's institutions. With our support VSO has developed guidance on exploitative 'voluntourism' to orphanages and FCO published new guidance for volunteering overseas.

**We are also addressing the risk of educational exclusion from the COVID-19 pandemic,** by ensuring that remote education systems are accessible for children with disabilities. In Tanzania DFID provided support to the Ministry of Education on accessible and assistive technologies to support learners with disabilities. In Kenya, we successfully

supported the expansion of the sign language content being used in the national TV education responses. The UK is the biggest bilateral donor to the Global Partnership for Education, which is supporting countries like Nepal to mitigate learning loss through disability inclusive content and communications on returning to school. Throughout this work, we are partnering with OPDs to make our response as inclusive as possible.

## (ii) Social Protection

Social protection supports people with disabilities to meet their basic needs and live independently, take advantage of education and economic opportunities. This includes older people with disabilities, who often experience barriers to accessing services and enjoying their rights. This is why social protection is one of the four thematic pillars – taking a life-course approach to ensure the delivery of transformative change for all people with disabilities of all ages.

**We have supported the delivery of more disability inclusive social protection policies, programmes and systems**, and there is evidence of delivery across the spectrum of social protection assistance. For example, in Uganda, an additional £2m has been provided to facilitate a ‘top up’ grant to those senior citizens who are severely disabled, as identified in the National Household Survey. In Ghana, the award-winning ‘Leave No One Behind’ (LNOB) programme is providing financial and technical assistance to address access barriers that people with disabilities and mental health conditions often face. And in South Sudan, cash-transfers are directly supporting girls (including marginalised children) to ensure their basic needs are met during the pandemic.

### Box 3: DFID Myanmar’s Livelihoods and Food Security Fund (LIFT)

LIFT increased its programming targeting people with disabilities in 2019, reaching 7,800 people with disabilities with activities designed to build resilience to shocks and increase access to livelihood opportunities, through four projects:

- 1. Disability awareness training and workshops** were conducted with a wide range of actors including over 13,500 people with disabilities (56 per cent women) to discuss disability rights, laws, and livelihood opportunities.
- 2. Promoting access to Essential Social Protection Services for Vulnerable Households with Persons with Disabilities**, by forming 282 disability-inclusive community-based organisations (CBOs) with the purpose of increasing access for people with disabilities to social protection services. These CBOs also act as a change agent in communities to increase participation of people with disabilities in community life and reduce discrimination and exclusion.
- 3. Improving livelihood opportunities**, with 300 people with disabilities and their households attending vocational and livelihood training.
- 4. Electronic cash transfer pilot**, providing payments to 4,613 people with disabilities (54% women). This also provided people with disabilities the option to collect payments themselves or arrange for a proxy, increasing their participation.

**On top of this**, by including Myanmar’s Department of Social Welfare in the design of the inclusive self-help groups, we successfully influenced them to adopt the community based organisation model and replicate it as part of the National Social Protection Strategic Plan.



**And we are starting to see results.** A good example of this is in Myanmar, where a series of four projects were undertaken in 2019, on top of existing social protection support, to provide a mix of labour market interventions, social assistance, and cash transfers for 7,800 people with disabilities – and ultimately influence the Department of Social Welfare to adopt reform and improve their own approach (see box 3).

**We are working with others to develop disability-specific social protection tools and guidance.** DFID part-funded a new ILO and UNICEF project through the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD). The project is strengthening the Inter-Agency Social Protection Assessment tools to ensure they are disability inclusive. In the long term, this will improve coverage and adequacy of social protection for people with disabilities, whilst in the short term providing critical data and understanding of what disability inclusive social protection is. UNPRPD has also pivoted their social protection programme to respond to COVID-19 and are tracking the global social protection response, producing a series of thematic papers on disability-inclusive social protection and papers to help OPDs build their capacity on social protection.

**We are strengthening the evidence base further,** particularly in light of increasing need under COVID-19. The PENDA research programme has produced an evidence paper on Social Protection and COVID-19, available on its Disability [Evidence Portal](#). As part of UK Aid Connect, Leonard Cheshire shared a paper on the extra cost of disability inclusion in social protection with a wide audience, including country offices. This will inform further research on inclusive social protection.

**Staff across the country network are taking a similarly comprehensive approach to evidence** on disability inclusive social protection mechanisms. For example, we supported the Government of Uganda to complete a national situational survey of people with disabilities and undertake analysis on how disability inclusive existing social protection policies and programmes to inform future programming. Similarly, the office in Ghana is currently strengthening the second phase of the Government of Ghana's flagship social protection programme by commissioning a scoping report on how inclusive the first programme was, including potential improvements (see box 4).

**Box 4: Using evidence to improve inclusive social protection programming in Ghana**

DFID Ghana commissioned a Rapid Scoping Study of the Government of Ghana's flagship social protection programme, Livelihood Empowerment Against Poverty (LEAP), to strengthen disability inclusion in their successor programme. The recommendations of the report have been discussed jointly with government and OPDs to develop an Action Plan owned by the Government of Ghana. This includes priority actions to strengthen disability inclusion from policy and design (e.g. using the Washington Group Questions (WGQ) in two national questionnaires) through to implementation (e.g. undertaking a safeguarding review to assess risks to women with disabilities at paypoint distribution sites). Progress is already being made under this action plan, with training of enumerators to use the WGQ already underway in three regions, and an advisory group of OPDs already set up to mainstream disability across the new programme.

**COVID-19 has brought into sharp relief the vulnerability of older people** to the direct and indirect impacts of the virus. Disability and ageing were integrated into our COVID-19 technical assistance facility (SPACE), with dedicated expertise available to country teams and disability integrated into analysis and guidance. This includes producing new guidance on gender and social inclusion that also integrates advice on the risks facing older people and the importance of including them in social protection programmes. DFID also produced separate internal guidance on older people and COVID-19, with a teach-in for the Social Development cadre on age-inclusive responses to the pandemic.

### (iii) Economic Empowerment

Our work in economic empowerment spans a variety of sectors and approaches, from mobilising job opportunities to making development finance work for people with disabilities. Through our programmes, people with disabilities have found employment in the private sector and started their own businesses.

**We are funding programmes to actively address the negative attitudes which act as a barrier to employment.** For example, through UK Aid Connect, our partners, Sightsavers and Leonard Cheshire, have recently upskilled 250 managerial and senior level staff in disability inclusion to increase their confidence to hire and support people with disabilities. Our partners have also been establishing and strengthening Business and Disability Networks in Uganda, Nigeria, Kenya and Bangladesh to share best practices in relation to disability inclusive employment. There is evidence of this work at the country level too. In India, 'The Skills For Jobs India' programme has implemented nine employer engagement workshops in different cities to dispel myths about hiring people with disabilities. As a result, 250 youth with disabilities were successful in gaining employment in six companies, with almost half of the companies employing people with disabilities for the first time.

**We are also working to close the skills deficit many people with disabilities experience as a result of systemic exclusion.** In Bangladesh, the Disability Inclusive Development programme, led by Sightsavers, is funding a BRAC initiative to enable people with disabilities to access vocational training and job placements. This has previously demonstrated significant results at small scale – boosting beneficiaries' earnings by 44%. The new project is expanding the scale of the intervention, seeking to double the proportion of people with disabilities in the cohort from 7% to 15%. In the Caribbean, the Youth Skills for Economic Growth programme has been training disadvantaged young people in sectors such as renewable energy; tourism and construction. The programme has exceeded its 10% minimum target for people with disabilities, with 30% of trainees in the 1st cohort.

**We are supporting people with disabilities to secure employment throughout value chains and within private sector companies.** For example, the 'Northern Uganda Transforming the Economy' is piloting the placement of people with disabilities as village agents – to act as intermediaries between farmers and firms so that farmers produce the type of crops required by large companies. Similarly, Kenya is continuing to scale up their 'Private Sector Strategic Partnership', working with the Kenya Commercial Bank to ensure 1,200 young men and women with disabilities are part of their youth entrepreneurship programme. As part of this, DFID Kenya supported telecoms company SafariCom to convene private sector organisations, OPDs, civil society and government ministries – to



come together quarterly, to share, learn and advance disability inclusion in employment policies.

**We are also addressing the accessibility challenges that impede the inclusion of people with disabilities in employment.** Our central departments are taking a proactive approach to this. For example, the Private Infrastructure Development Group (PIDG) has developed a 5-year strategy (2019-2023) which references disability inclusion for the first time. It includes commitments to: conduct training to raise awareness; embed questions and prompts in Terms of Reference; and pilot a project to assess impact on people with disabilities. Similarly, DFID's Growth and Resilience Department produced a guidance paper in 2019 on disability inclusive infrastructure in low income countries. Country offices are also supporting this work, with India's partnership on Building Accessible, Inclusive Indian Cities working in collaboration with the UK's Global Disability Innovation Hub to align and share evidence and learning.

**This work also includes the provision of accessible transport,** which is key for connecting people with disabilities to jobs. We are funding an applied research programme (High Volume Transport) to look at ways transport can be made inclusive. It launched a policy brief on Disability Inclusive Public Transport at the World Road Congress in October 2019.

**Throughout this work, we are encouraging the active engagement of OPDs,** and building their capacity to advocate for their rights. For example, in response to gaps identified in their ability to access data, the Leonard Cheshire-led innovation to Inclusion (i2i) partnership has created an online monitoring tool to help OPDs track data on implementation of the UN CRPD and SDGs. The approach has already yielded results. OPDs led a survey on the impact of COVID-19 on people with disabilities, including on their employment prospects, which was shared at the High-Level Political Forum with representatives of the Bangladesh and Kenyan governments. The results of the survey have been used to inform an [advocacy toolkit for OPDs](#).

**We are also advocating for inclusion at the heart of development finance,** with Private Sector Department working with international finance institutions to ensure development financing benefits people with disabilities. CDC, the UK's Development Finance Institution, invests in businesses to improve the lives of people living in Africa and Asia. CDC are developing disability inclusion guidance to be integrated into their Environmental, Social and Governance Toolkit for fund managers. This will reach a broad audience of private equity investors in emerging markets with huge potential positive impact.

**We are also supporting innovative programmes to make sure that development finance works for vulnerable people.** We are a key partner in the world's first Humanitarian Impact Bond, a physical rehabilitation programme helping people re-gain mobility in conflict-affected areas. Spearheaded by the International Committee of the Red Cross, the project secured upfront investment from the private sector to finance the construction and operation of three new physical rehabilitation centres in Africa (Nigeria, Mali and Democratic Republic of Congo) over a five-year period (2017-2022). The centres provide assistive devices and physiotherapy to help people with mobility impairments, including victims of conflict, retain their independence.

**COVID-19 has presented a unique challenge to DFID's economic empowerment programmes.** As well as supporting people with disabilities mitigate the immediate economic implications of lockdown, there is also a need to look to the future and build resilience (box 5).

**Box 5: Pivoting to COVID-19: Disability Inclusive Development (DID) programme**

DID interventions implemented by BRAC in Bangladesh have moved away from providing training and access to job markets, to social protection and food security support, the provision of accessible information and awareness raising packs, and home-based solutions to educate children while the schools are closed. In total, they expect to support over 3,100 people with disabilities, including 600 people with deafblindness, to give them the best opportunities to re-enter active employment after the crisis is over.

**(iv) Humanitarian Action**

DFID made progress towards the goal of ensuring humanitarian response efforts are fully inclusive of people with disabilities. Globally, we were starting from a much lower baseline in this area, and there is a long road ahead. We are committed to the full journey and will continue to lead and influence others globally to strive for long-term system-wide change.

**Given the disproportionate lack of data in this area, we focussed first on promoting the systematic collection and use of disaggregated data.** Our top achievement here has been the design, delivery and dissemination of new e-learning on how to use the Washington Group questions in humanitarian settings. This was completed by Humanity and Inclusion to a very high standard and effectively focussed on end usability for humanitarians on the ground – being made available in four different languages, on open access free sites, and on mobile phones or tablets. We took a systematic approach to dissemination, including: participating in numerous international conferences (United Nations High Commissioner for Refugees NGO consultations, World Data Forum); leading trainings with four organisations; and organising two global level workshops, to bring humanitarian, data and disability actors together to drive this agenda forward. The reception was so positive we agreed a cost-extension for additional dissemination, with the toolkit already being referenced in high-level guidance, such as in the IASC guidelines on Inclusion of Persons with Disabilities, and in the guidance for including people with disabilities in humanitarian response plans (see box 6 below).

**We are also improving the evidence base** by allocating an additional £5m to test innovative approaches to disability inclusive humanitarian responses and improving our understanding of what works and why. This programme is well underway, with two challenges calls just opened, on meaningful participation and inclusive preparedness. It has already produced new learning, with partner Elrha publishing a [gap analysis](#) on the inclusion of people with disabilities and older people, alongside rapid reviews on disability and [Gender Based Violence](#) and [Water, Sanitation and Hygiene](#).

**We have made progress towards our goal of equitable access to essential humanitarian services for all people with disabilities.** We know that equitable access

means that different individuals will require different assistance, and our programmes must specifically consider differing needs of support. That is why we started our first-ever pilot inclusion audit of DFID Nigeria's humanitarian portfolio. The results were very successful, with our reviewers, CBM and Nigeria's Joint National Association of Persons with Disabilities, providing a comprehensive report, with specific recommendations for improvement, dissemination, and follow up support. The recommendations were used to drive forward two new training processes: (i) capacity building for humanitarian implementing partners on disability inclusion in emergency responses; and (ii) training of OPDs on advocacy for disability inclusion. We plan to roll this out across the humanitarian portfolio more widely when the conditions are right, and we are already seeing other country offices electing to proceed with their own inclusion reviews of humanitarian programming in Bangladesh and Uganda. This analysis is already impacting programming, such as in Uganda, where refugees with disabilities are being given specific consideration, including being able to nominate trusted alternates to collect food on their behalf.

**We have placed greater focus on mental health and psychosocial support, including for people with disabilities.** Our main focus area is on education in emergencies, as we know children cannot learn effectively if they are distressed or traumatised. The UK is one of the first donors here and has invested £90m into our Education Cannot Wait programme, to support children in crisis settings while they are out of school, including with Mental Health and Psycho-social Support (MHPSS) interventions. In 2018, we also matched up to £500,000 raised by War Child in public donations, to provide targeted psycho-social support to 400 children and further generalised support to 3,000 children traumatised by war in the Central African Republic.

**We have advocated for the safety and protection of girls, women, boys and men with disabilities.** This is particularly important as we see spikes in violence under the COVID-19 pandemic. In 2019 we signed up to a letter endorsing the new IASC guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, which emphasise that people with disabilities should not only be recipients but actors in the humanitarian response. We have started to roll these out across the organisation, including across our new £18m funding delivered through the Rapid Response Facility, where partners are reporting disability-disaggregated data. We will continue to roll out the guidelines, particularly across key advisory cadres, and ensure that their implementation is driven by further improvements to our Humanitarian Funding Guidelines and associated formats. A partnership between the UK Emergency Medical Team and the International Spinal Cord Injury Society and World Confederation of Physiotherapists has strengthened trauma care and disaster response to spinal injury, combining the development of international standards for spinal cord injury care.

**We are also continuing to strive for system-wide change on this issue.** We know that change is not possible without a shared responsibility and we will continue to lead and influence others globally. That is why we have pursued reform of the international humanitarian system to ensure disability inclusion is effectively and comprehensively addressed, and we have had early success. For example, the UK championed and was successful in ensuring the inclusion of psychosocial support in the Global Compact on Refugees and in UNHCR updated guidance. We have also influenced greater disaggregation of data by disability status in humanitarian response plans (see box 6). And we have increased the number of inclusion experts on our database of humanitarian contracts, which we draw on for additional, expert support, ensuring we have the necessary expertise to continue supporting this agenda further. At country level, in South Sudan we have supported OPDs to participate in the humanitarian coordination system.

**Box 6: Influencing data disaggregation in humanitarian response plans**

We have utilised our core funding agreements with the UN Humanitarian Agencies, to link payments to progress on a number of priority areas, including understanding the needs of disabled people in humanitarian responses. As a result of continuous DFID engagement and pressure, the agencies have worked together to draw up guidance on assessing the needs of disabled people, pilot that guidance and also improve the data sources. Following this work, we are now seeing data disaggregated by disability status reflected in humanitarian response plans. The relevant agencies have cited that this progress has come about as a result of DFID pressure and our funding of agencies for joint performance, which has promoted working together.

## (v) Cross-cutting themes

We have also seen consistent progress across our three cross-cutting areas: tackling stigma and discrimination; empowering women and girls; and access to assistive technology. We have taken a two-pronged approach to these areas, providing specific central funding to address these areas, whilst also integrating focus across the entire portfolio and our key strategic pillars.

**On stigma and discrimination, we have integrated key deliverables across our major central programmes.** Addressing stigma and discrimination is one of the key research areas of our £30 million Disability Inclusive Development (DID) programme which tests innovative interventions, before trialling them at scale (box 7, see more on [Inclusive Futures](#)). Likewise, our new £25 million Disability Capacity Building programme is empowering OPDs to advocate for their rights and building their capacity so they can play a leading role. Through longstanding funding to the Disability Rights Fund we have supported OPDs to attend UN forums and have found this elevates their community and professional standing upon return. We have also partnered with the Department of Health and Social Care to promote a new [Time to Change mental health anti stigma toolkit](#), sharing findings from five countries to help low- and middle-income countries implement community-based anti-stigma campaigns.

**We are also seeing actions to address stigma and discrimination integrated at the country level.** For example, in South Sudan the £78m Girls' Education phase 2 programme has a specific focus on changing attitudes around educating girls, and also boys, with disabilities through mentoring, radio and community mobilisation. It will also campaign against sexual and gender-based violence.

### Box 7: Disability Inclusive Development (DID) programme on stigma and discrimination

BBC Media Action is testing how a radio drama can be used to reduce stigma against people with disabilities in Nigeria. They intend to write, record and broadcast 52 episodes of a radio drama designed to challenge negative stereotyping around disability and promote inclusion of persons with disabilities. The drama, delivered in English and Pidgin, features characters and themes that tackle discrimination in relation to education, health, livelihoods, community life and other topics.

The initial broadcasts were reaching over 15 million people who regularly tuned in to one of 150 local radio stations across the whole of Nigeria. Although the recording of new episodes has been interrupted by COVID-19, BBC Media Action has switched its time and focus onto public health messaging to help tackle the pandemic. As part of this they have been testing how public service announcements can be made disability-inclusive and ensure that people with disabilities get relevant messages outlining what actions they can take to stay safe.

Once the crisis is over, BBC Media Action will complete the radio broadcasts. They will share what evidence they have collated from both workstreams – tackling stigma and tailoring public health messaging – and these lessons will be applied elsewhere.

**The UKAid funded International Citizen Service is playing its part in addressing stigma.** Between 2018 and March 2020, 20% of applicants and 7% of participants were young people with disabilities. The programme has adopted principles of social inclusion, for example developing inclusion toolkits for staff and strengthening monitoring and reporting. Sign interpretation is used and volunteers trained on community engagement and feedback.

**On gender, we have put funding and focus into large scale initiatives** to create a step change on how we understand, include and empower women and girls with disabilities. The first of these is the United Nations Trust Fund special window to address violence against women and girls with disabilities. We provided £2m of funding into this window, which has already been awarded to a new set of grants for projects totalling £5.6m across 12 countries. To give a couple of examples – in Haiti, Beyond Borders is partnering with two OPDs to change social norms to prevent violence against women and girls with disabilities (see box 8). In Uganda, the women’s organisation Integrated Disabled Women Activities is working to eliminate sexual gender-based violence against women and girls with disabilities by building the capacity of those with disabilities and OPDs to promote their rights and act as advocates.

**Box 8: United Nations Trust Fund (UNTF) Project in Haiti – Beyond Borders**

This project is working with two disability rights organisations to change social norms to prevent violence against women and girls with disabilities in Lavale, then scaling up across Haiti. With support from the Trust Fund, the project is already well under way, focusing initially on capacity building. Beyond Borders and partners have built a cadre of professional trainers on the rights of people with disabilities and the root causes of violence against women and girls. They have created a resource pack to work alongside successful violence prevention methodologies. This includes guidance to incorporate issues relating to women and girls with disabilities into existing violence prevention programmes, evaluation methods, and activities like training, posters, chats and dramas. These deal with issues such as sexual and intimate partner violence, social exclusion and discrimination in the workplace.

**We also funded new evidence to better understand the links between violence against women and girls (VAWG) and disability** under DFID’s flagship What Works to Prevent VAWG programme, which ended earlier this year. This included the Washington Group Questions in all its quantitative impact evaluations and conducted 58 in-depth qualitative interviews with women and men with disabilities. The data shows that women with disabilities are at two to four times higher risk of experiencing intimate partner violence (IPV) and that risk of recent IPV increases with severity of disability. The findings have been published in two journals, with another two papers in peer review. Our successor programme, What Works: Impact at Scale, will take this work further by investing in the adaptation of proven interventions and pioneering new approaches to meet the specific needs of those at greatest risk of violence, who are all too often women and girls with disabilities.

**On assistive technology (AT), our two major initiatives launched to improve access at the Global Disability Summit are progressing well.** Due to the success of our first initiative, the AT2030 programme, at driving innovations in assistive technology and answering critical research questions, we have doubled our investment from £10m to £19.8m (plus 100% match



funding). This means we will now directly reach up to 9 million people with AT and its services and up to a further 6 million people indirectly. This includes humanitarian settings, where, for example, Humanity and Inclusion is testing 3D printing of orthotics and prosthetics in a refugee camp setting. AT2030 is also delivering innovative solutions to ensure AT is relevant to contexts where we work. One element, 'Innovate Now' is Africa's first AT accelerator aiming to disrupt the market and drive innovation. For example, Lincell Technology, winners of 2020's first cohort, designed and built an electric wheelchair to withstand Kenya's tough conditions, using recycled laptop batteries.

**The second initiative, ATscale the global partnership for Assistive Technology, is also progressing well:** the UK has committed £20m, a significant contribution towards the goal of reaching 500 million more people with lifechanging AT by 2030. ATscale is due to publish a ground-breaking report on the substantial investment case for AT, and in partnership with AT2030, has published five product narratives outlining the barriers to access for priority products - wheelchairs, eye glasses, prosthetics and orthotics, hearing aids and digital AT. The first investments recommended by the product narratives are underway, and the partnership has developed a governance and institutional structure to dramatically scale up its activities.

**Box 9: Amparo Confidence Socket - winner of the 'Special Award: Innovating for Disability' at the Financial Times/IFC Transformational Business Award in 2019**

Over 25 million people around the world, most of whom live in lower and middle income countries, do not have access to the prosthetic services they need. The new 'Amparo Confidence Socket' (the part of the prosthetic that connects with residual limb) can be moulded directly on the person's limb, offering many advantages including; it is faster and easier to fit; can be remoulded over time; fitting requires one instead of multiple visits; it is designed for field use and; as the equipment can be packed into a suitcase, clinicians can reach remote areas.

Through the AT2030 programme, the Global Disability Innovation Hub and local Kenyan partners partnered with Amparo to conduct a clinical trial. Whilst final data collection was paused due to COVID-19 restrictions, this research has already provided a deeper understanding of the barriers to overcome to take this revolutionary model to scale – testing opportunities for partnerships and funding, as well as technical capabilities in the region.

**Lessons learnt from these initiatives are also improving our ability to mainstream support on AT.** For example, in Pakistan we are supporting 158 deaf children to complete school through the NGO Family Education Services Foundation (FESF), who are doing award winning work through helping children to use new digital learning materials. Similarly, in Jordan, assistive technology is being integrated into humanitarian programming, with people with disabilities provided with assistive devices (e.g. crutches, wheelchairs, prosthetic limbs etc). In India we are supporting four innovators to adapt their AT solutions (for visual impairment and speech) in other countries in South Asia and West Africa. And in Sierra Leone the 'Leh Wi Lan' programme is funding visual impairment screenings and has provided over 2000 children with prescription glasses and solar lamps to support their learning at home.

**We are also supporting mobile technology.** A new Assistive Technology programme is funding GSMA, the global representative body for mobile operators. It has published a landscaping report into opportunities for AT in Africa and Asia and launched an Assistive Tech Innovation Fund.

## (vi) Mental Health and Psychosocial Disabilities

We have also stepped-up as a global leader on mental health for all; one of the key focus areas in our strategy that has been neglected for too long in international development. As this is a new area, for us and the development community at large, our priority has rightly been focussing on getting stronger foundations in place to ensure quality.

**Most notably, our first step has been to publish a full [Position Paper and Theory of Change](#).** This outlines our commitment to taking a comprehensive and rights-based approach that promotes wellbeing for all, improves access to quality services and support, and realises the full rights and inclusion of people with psychosocial disabilities. It sets out the role development can play to improve mental health and wellbeing for all, and in turn, how improved mental health can play a role in attaining key developmental outcomes. This covers the full continuum of mental health, including everyday well-being, psychological distress, mental health conditions, and psychosocial disabilities.

**Both these products were the result of extensive consultation with the sector**, as well as development and humanitarian practitioners, and an external working group of critical friends. Designed with the global community in mind, they are intended to be as practical as possible, with the Theory of Change identifying several entry points across the five critical pathways for change. To support the reading of these products, DFID also co-produced the [K4D Topic Guide to Mental Health for Development Professionals](#) – to act as an introductory guide for development and humanitarian practitioners. This new Topic Guide has already been downloaded several thousands of times. Both the Approach Paper and ToC were published online last month, so they can be used as global tools as organisations across the world work to response to the significant mental health challenges presented by COVID-19.

**We have also improved learning and knowledge on mental health.** We designed and rolled out an ambitious learning journey for DFID staff to equip us to step up and “do more and do better” on mental health. All four training courses have already been rolled out reaching approximately 120 advisors and programme staff working in a range of areas. This also produced new learning materials – from educational videos to infographics and our new DFID-K4D Topic Guide – which have been made available to the wider public via K4D and the Mental Health Innovation Network.

**We have made significant new financial pledges.** Centrally, we matched £2 million of public donations to support mental health programmes across Sub-Saharan Africa, as part of Comic Relief. At the country level, we have introduced flagship programming on Mental

### Box 10: DFID Ghana’s £39.2 million ‘Leave No One Behind’ programme

The Disability Inclusion team seconded the mental health policy lead to support DFID Ghana with a deep dive on mental health and the development of a flagship programme on Mental Health and Psychosocial Disability. With extended dedicated support from our mental health lead, the programme pioneers a new approach that not only addresses the care gap by providing approximately 250,000 people with access to services but strengthens the quality of care, overturns stigma and discrimination and empowers and supports participation of people with psychosocial disabilities.



Health, such as the award-winning DFID Ghana £39.2 million 'Leave No One Behind' programme, which will provide 250,000 people with access to quality mental health services (see box 10). We have also led the way in driving innovation including through our research programme 'PRIME' (programme for Improving Mental Health Care) which has generated new evidence on what works to integrate mental health in primary health care across 5 countries.

**This includes mental health and psychosocial support in conflict** because we know supporting only those with physical disabilities is not enough. That's why our country programming has provided refugees with mental and psychosocial support in a number of countries, including: over 98,000 Palestinian refugees, 125,000 refugees in Turkey, and over 110,000 migrants in Yemen. This includes support for children, such as through the Syria Education programme, where 59,700 children in 172 schools benefited from psychosocial support in 2018. Similarly, in South Sudan people with disabilities exposed to violence are being empowered with help to develop positive coping mechanisms. This is on top of the funding provided to War Child and through our Education Cannot Wait programme to deliver MHPSS services in conflict settings.

**We have also made significant contributions to the international effort on this agenda.** In October 2018, the UK hosted the first ever Global Ministerial Mental Health Summit. DFID worked closely with Department of Health on shaping of this Summit. Building on this legacy, the UK has set up the first donor group on mental health and psychosocial support in crises, in partnership with the Government of the Netherlands. We are continuing to support the group, which currently has 15 donors on board.

**Now is a particularly important moment on mental health**, as COVID-19 and lockdown responses are contributing to social determinants of poor mental health across all areas of life. This goes beyond the traumatic effects of illness and death to, for example, the impact of collapsed livelihoods, over-crowded living conditions, disrupted education, and increased intimate partner violence. Many studies have suggested significant increase in mental ill-health within the general population (e.g. a three-fold increase in prevalence of depression in affected areas of Ethiopia). Importantly, this may then result in a vicious cycle, whereby consequential poor mental health and mental illness, such as depression and anxiety, may in turn lead to poor uptake of public health responses.

**Under this critical moment, we are looking to others to continue their leadership on this agenda.** Mental health must be included in country health systems as a crucial part of Universal Healthcare, and governments must make fully integrated provisions in their COVID-19 responses. Actors should continue to follow WHO's lead and guidance on how to develop a fully integrated approach, and we will continue to advocate for full integration and delivery of this approach at the country level. This is also the opportunity to implement the recommended actions and interventions from the WHO Mental Health Action Plan, which includes interventions that can be delivered in a low-resource setting, so we can use the current focus on improving health provision to leap forward on mental health.

## 4. Progress on Mainstreaming

As part of the Disability Inclusion Strategy, DFID included five standards designed to mainstream inclusion through our office environment to our programming on the ground. The five areas were:

- (i) Office wide approach and culture
- (ii) Engagement and empowerment of people with disabilities
- (iii) Influencing
- (iv) Programming
- (v) Data, evidence, and learning

The standards were split into minimum requirements and high achievement and were applicable to DFID country offices as well as central departments. We set ourselves an ambitious deadline, striving for all to meet the minimum standards, initially by the end of 2019 and then by June 2020. Four country offices were aiming to reach high achievement by the same date. However, due to unforeseen circumstances outlined in earlier chapters, in particular the COVID-19 pandemic, we decided to pause this deadline so as not to detract from ongoing emergency work. Business units were actively encouraged and supported to keeping working towards the standards. There was a huge amount of progress across DFID, some highlights of which are included below.

### (i) DFID's approach and culture

Leadership is vital to achieve a more inclusive office culture. Every Head of Department was asked to appoint a disability champion; and put in place an action plan.

**Disability champions have been particularly critical players** in maintaining momentum and achieving results against the minimum standards. The champions were represented at a variety of grades within DFID, and in some cases, offices appointed more than one champion. For example, in Pakistan the DFID Head of Office was the Disability Champion and was supported by the rest of the Senior Management Team. Collectively, across the organisation, this led to a network of 65 champions with dedicated time and specific responsibility for pushing this agenda forward across their own department, incentivising colleagues to step up and do more.

**These champions have led the development and implementation of new Disability Action Plans.** These provide a framework for implementing disability inclusion in each department, and often have been shaped by consultation across the whole office. For example, the disability champion of the Occupied Palestinian Territories Department conducted a session on their action plan to gain buy-in and support from across the whole office. (See box 11 for another example.) Similarly, at the central department level, Research and Evidence department has a senior-level commitment to disability and has developed an action plan which is reviewed regularly.

**Progress continued despite COVID-19.** For example, the Extreme Poverty and Southern Africa Group in Africa Regional Department developed a light touch tool to ensure work towards maintained standards continues as set out in their Disability Inclusion Action Plan.

#### **Box 11: DFID Zimbabwe**

The Zimbabwe office's Social Development Advisor acts as Disability Champion, working with team-level champions. A comprehensive Leave No One Behind action plan is the guiding framework for the office, with actionable recommendations. The Strategy process was collaborative involving actors from across the office and Leave No One Behind "clinics" are held quarterly with teams to review progress and identify opportunities – including using disability disaggregated data to scrutinise the inclusiveness of programmes. The champions have worked with Human Resources Hub to ensure the recruitment best practices used for Home Civil Servants are also used for Staff Appointed In Country (SAIC).

**Some departments, including Country Offices elected to undertake a Disability Audit** of their programmes to identify opportunities and gaps, and use this as basis for their action plan. For example, DFID Kenya was assisted by a secondee from Sightsavers to complete an additional audit of their programmes. The outcomes and recommendations will be integrated into their ongoing action plan. See the section on programming for more details.

**Key to our approach in creating an office culture where people with disabilities can excel, was upskilling our current staff.** At the organisational level, the Disability Inclusion team created guidance for line managers on supporting staff with disabilities and attended all-staff meetings and Awaydays across the office to encourage an inclusive culture. They also encouraged all staff to make use of trainings provided by the internal training platform, Civil Service Learning, which features a course on 'Becoming Disability Confident'. At the departmental level, the Disability Inclusion team and Helpdesk have both led disability sensitivity trainings across a range of departments. Departments have also led their own trainings, providing a platform for staff with disabilities who are keen to share their thoughts on how the office culture could be more accessible. See box 12.

**Teams also looked at their physical office space, recruitment, and management practices to ensure they were accessible for people with disabilities.** For example, in Pakistan the action plan has a strong focus on ensuring recruitment and the office environment is accessible. The office completed an audit of language and accessibility for recruitment and ensured that statements to encourage persons with disabilities to apply are prominent in adverts. New ramps were built in the office to improve access. Similarly, in Ghana, the office offered internships to visually impaired graduates from the University of Ghana. The students provided valuable and effective support in a variety of areas, including recommendations to the office about how working practices and culture could be more accessible – as well as gaining experience of working with the UK government.

#### **Box 12: Africa Regional Department**

Africa Regional Department (ARD) ran a session with the Disability Inclusion Helpdesk to think through how their programming could be more inclusive and were joined by a representative from a Kenyan OPD to give their perspective. As a department, ARD also held a session with staff with disabilities to give their thoughts on how the office culture could be more accessible and incorporated these insights to strengthen their Action Plan and their HR – focussed People Plan.

## (ii) Engagement and empowerment of people with disabilities

To deliver results for people with disabilities, we must ensure our policy approaches and programme decisions are guided by the lived experience of people with disabilities. That is why this standard is so critical, as it encourages central departments and country offices to engage in a meaningful way with OPDs<sup>2</sup>, on at least an annual basis. This includes engaging with people with disabilities often excluded from discussions, including women, youth and people with psychosocial disabilities.

**We set the foundations for this by investing in OPDs** to promote their meaningful engagement and help develop a strong disability movement. Our new Disability Capacity Building programme aims to support the development and growth of an organised, capable, diverse, representative and accountable global disability rights movement. It is leading by example, by engaging with OPDs to inform the business case and logframe. The programme will strengthen the diversity and representation of the disability movement by including underrepresented groups. It is supporting people with disabilities to advocate for equal rights and participation in society at global, regional and national levels. For example, building on the work of the predecessor Disability Catalyst programme, the Disability Rights Fund is funding OPDs to advocate for progress against government commitments made at the Global Disability Summit. The programme is also funding the International Disability Alliance (IDA) to run a Global Survey of OPDs and analyse the findings to understand what participation OPDs have had with UN agencies and governments.

**Our other disability-specific programmes continue to lead the way.** The Disability Inclusion team has ensured that people with disabilities have an active role in planning and implementation across our flagship programmes. For example, IDA has a leadership role in the consortia delivering the Disability Inclusive Development (DID) programme. As a member of the executive steering committee, IDA provides strategic and technical input on planned interventions and ensures meaningful OPD consultation and participation. They also provide training and support to DID partners to implement disability-inclusive and UN CRPD compliant practices. A representative from the UK disability movement also sits on the programme's executive steering committee.

**We have also been building relationships with those in the disability movement in the UK** with linkages to disability communities in developing countries. In June 2019 we jointly hosted a conference with Reclaiming our Futures Alliance, a network of UK grassroots disabled peoples' organisations, to gather feedback on the implementation of DFID's Disability Inclusion strategy.

**Since the strategy was published, we have seen progress across the board.** In particular, country offices stepped up their efforts to engage OPDs meaningfully in their programmes and policies. To cite some examples – in Afghanistan, DFID co-ordinated two Kabul based roundtables and one in Mazar-e-Sharif, with a wide variety of local OPDs and is supporting the government to build OPD capacity. In Myanmar, as part of the Livelihoods and Food Security Fund more than 13,500 people (56 per cent women) came together including people with disabilities, their household members, communities and government

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<sup>2</sup> We are using the term 'Organisations of People with Disabilities' (OPDs) rather than DPOs to align with the UN CRPD.

staff to explore how to progress disability rights and laws, as well as livelihood opportunities for people with disabilities.

**We are already beginning to see impact from this engagement at the national level.**

For example, DFID Bangladesh undertook a series of consultation with OPDs, NGOs and the private sector to strengthen their partnership with OPDs and identify joint priorities at the national level. One consultation helped to identify priorities to influence the government and private sector's agenda to increase access to employment opportunities for people with disabilities. This year's two consultations helped identify differential needs of people with disabilities during the current pandemic; on the basis of which, the profile of people with disabilities continues to be raised with programme partners and the Government of Bangladesh. See box 12 for another example.

**Box 12: DFID Ghana's approach to engaging with OPDs**

DFID Ghana consistently engaged and consulted with OPDs and the Government of Ghana's disability agency – the National Council on Persons with Disabilities - on the design and implementation of their programmes and a new campaign on disability. The campaign will aim to encourage the Government of Ghana to fulfil the eight commitments made at the Global Disability Summit. It has involved groups that are often excluded such as women and girls and people with psychosocial disabilities, intellectual disabilities and albinism.

**There has also been strong engagement from DFID's central departments.** For example, Africa Regional Department's flagship sexual and reproductive health rights programme enlisted two disability-inclusion expert organisations, Leonard Cheshire and Humanity and Inclusion, to mainstream disability inclusion in the provision of sexual and reproductive health rights across 27 countries in Africa and Asia. Likewise, the Safeguarding Unit consults with a group of representatives of survivors and victims of sexual exploitation and abuse and sexual harassment, which includes people with disabilities. The Independent Reference Group which challenges and critiques DFID's policy thinking on safeguarding also includes members with a disability. On programming, Research and Evidence Division's AT2030 programme engages with people with disabilities as a core part of design and implementation. See box 13 for another example. There is guidance and support to help central teams do more.

**Box 13: Engagement within Governance programmes**

Under GOSAC's Supporting Open Government and Transparency programme, FCDO contributes to the Open Government Partnership Trust Fund. The fund aims to support civil society and governments to co-create action plans to ensure governance is accountable, transparent and inclusive. The Open Government Partnership has awarded co-creation grants to enhance the quality of inputs and diversity of participants, including people with disabilities. Awardees report that this has led to increased engagement of people with disabilities and a more inclusive co-creation process. As a result, the actions in Open Government National and Local Action Plans will be more inclusive and more ambitious. The Open Government Partnership's response to COVID-19 has also considered the needs of people with disabilities. They have published a guide on inclusion and gender with specific attention to disability inclusion.

### (iii) Influencing others

Real change for people with disabilities will only come from changing the way the whole international community does business. The greatest impact will come from broader systemic change, influencing the multilateral system, governments and other donors. The influencing standard encouraged country offices and central teams to amplify the voices of people with disabilities in their work with external stakeholders.

**We are still seeing the impacts of the Global Disability Summit (GDS18)** and continuing to build on that momentum. GDS18 was a pivotal moment in securing unprecedented commitment on disability rights from a range of actors and we are still seeing the impacts two years on. At our one year on event at the United Nations General Assembly (UNGA) last year, IDA's Executive Director said *"It is incredible to see the success of the Global Disability Summit—one year later we are seeing significant systematic political commitments and we feel that the change is happening."* We are also delighted that the Government of Norway is developing plans to hold a follow up summit, to refresh the commitments and build on the momentum from GDS18.

**Now our focus is on ensuring these commitments continue to be translated into results.** That is why we have built an international system of accountability – founded on the principles of the UN CRPD – led by IDA, in a truly consultative way. As part of this, last year we launched a self-reporting survey for organisations to report progress against their Summit commitments. Analysis of the 100 responses showed encouraging progress with 85% of commitments already completed or underway; as well as 70% of responses reporting that the Summit had made it easier for their organisation to work in a more disability inclusive way. These findings are published in our 'one-year on' report published last Autumn. The second self-assessment survey is currently underway and IDA will publish a second progress report with the data gathered.

**Country offices have also supported the delivery of GDS18 commitments.** To cite a few examples, DFID Myanmar provided technical assistance to government and civil society for the implementation of seven commitments. In Nigeria, DFID supported Jigawa state in the drafting and passing of a disability law and action plan which OPDs had been pushing for 17 years, and supported the Kano state government to finalise its Disability Act. In Kenya, the disability secondee is supporting the Ministry of Labour and Social Protection to develop an action plan on the [Inclusive Data Charter](#), one of the commitments from the Global Disability Summit. Staff across the organisation also continue to raise the importance of continuing to do more on disability inclusion more broadly. For example, in Mozambique the UK discusses disability inclusion regularly with key stakeholders, and is recognised by Mozambique's Ministry of Gender, Children and Social Action which leads on disability, as one of the most committed donors in this area.

**Key to our approach to working with governments was ensuring OPDs have a voice** in high-level discussions. For example, DFID Pakistan collaborated with OPDs to advocate for implementation of commitments made at GDS18 and has supported four events bringing together people with disabilities and government representatives to review progress. Similarly, in Afghanistan, DFID was the main contact point with the Government of Afghanistan during the creation of the government's new Ministry for Labour, Social Affairs,



Martyrs and Disabled, and supported constructive dialogues between OPDs and the new Ministry, in partnership with Humanity and Inclusion.

**We also are continuing to provide global leadership beyond GDS18.** A key example of this was in co-chairing the Global Action on Disability (GLAD) donor network with IDA since 2018. Most recently, and in our role as co-chair, DFID helped to organise a virtual High Level Meeting on 25 June 2020 to step up action on ensuring a disability inclusive COVID-19 response and recovery. The UN Deputy Secretary General opened the event and celebrated the GLAD Network's continuing efforts to promote collaboration among donors working in development. Over 180 governments and organisations have now signed the 'Call to Action' which was the outcome document of the event. DFID was also proud to receive an award from IDA for outstanding contribution to disability inclusion in 2019.

**We built on strong relationships with UN agencies to ensure disability inclusion forms part of their approach.** A key example of progress here is the UN-wide Disability Inclusion Strategy (UNDIS) which was launched by the UN Secretary General in June 2019. The UN Special Rapporteur on the rights of persons with disabilities said in 2019 *"the Global Disability Summit had a major impact on the UN's ambition to become disability inclusive. Without the global attention and the momentum built up by the Summit it is unlikely that the UN Disability Inclusion Strategy would have had such support from UN Principals or been developed with the same energy and commitment."* We are influencing UN agencies to implement UNDIS, building on the incentives provided from the disability inclusion and leave no one behind targets in the results framework in DFID's core funding agreements. Since their introduction, they have been consistently met by all UN agencies. DFID's Human Development Department was successful in securing language around disability inclusion within the Political Declaration on Universal Health Coverage at a High Level Meeting at the UN General Assembly. The declaration called for increased access to health services and the removal of all systemic barriers.

**DFID also played a key role in securing disability inclusion as a cross-cutting theme for the first time in the replenishment of the World Bank's International Development Association fund (IDA19).** This was a significant opportunity for the World Bank to demonstrate its commitment to disability inclusive development, in line with its ten commitments made at GDS18. As a result, disability inclusion was mainstreamed across several policy commitments under the special themes, and a relevant indicator was included in the Results Measurement System.

**Across this work, we have found we are most effective at influencing when we work with others.** For example, at the international level, the UK and Poland co-led the first ever UN Security Resolution on disability inclusion in armed conflict which was adopted in June 2019. Leveraging our combined influence, a joint statement the following year was endorsed by 69 countries. There is also work across UK departments to co-ordinate effective messaging with stakeholders. For example, in the lead up to the 2019 G20 Summit, DFID worked closely with the Treasury to submit a paper on inclusive infrastructure. We continue to work with the private sector, key stakeholders in the drive to leave no one behind. For example, the office in Ghana has begun discussions with Standard Chartered bank on supporting the annual Disability Career Fair, in partnership with the Ghana Federation of Disabled Persons Organisations and the British Council.

## (iv) Programming

We improved our understanding and approach to inclusive programming, introducing new checks and balances to encourage greater inclusion of people with disabilities. Under this standard, (i) new programmes were expected to be inclusive of people with disabilities, by requiring new Business Cases and Terms of Reference for suppliers to consider the needs of people with disabilities; and (ii) existing programmes were assessed through departmental level stocktakes.

**We have introduced measures to track progress.** In 2017 DFID introduced a new policy marker to track how many programmes include elements to support people with disabilities. The UK was one of the first donors to implement this policy spend marker systemically. We led a global effort to get the marker adopted by the OECD-DAC<sup>3</sup>, which was agreed on a voluntary basis in June 2019. The marker tells us two things: (i) how much programme funding is exclusively dedicated to supporting people with disabilities; and (ii) how we are mainstreaming disability inclusion across programming.

**This marker data demonstrates progress.** DFID had approximately £140m of dedicated spend in June 2020, from active programmes marked as having principal (100%) spend on disability inclusion. There was a 38% rise in the number of programmes marked as disability inclusive from our baseline of 202 (Nov 2017) to 278 (September 2020), a rise from 19% to 35% of all active programmes. Across the four priority sectors, the proportion rose from 27% to 44%. We reported marker data for the first time as part of our 2018 ODA data return to the OECD-DAC, published in December 2019.

**We are seeing signs of promising progress in programming.** In February 2019 a baseline assessment showed that from a low base there was promising progress, particularly at country level. 14 country offices were carrying out a stocktake of programmes to assess whether they were disability inclusive. There have been more stocktakes since then, which have been undertaken in a comprehensive manner. For example, the Better Delivery Department tested their review of programming with members of the disability inclusion community to identify any accessibility issues they had not picked up. Stocktakes have also often led to new checks and controls being introduced to ensure disability is

### Box 14: DFID Pakistan's approach to ensuring disability inclusive programming

In 2018, DFID Pakistan developed a 'Disability Programming Action Plan' to set out steps for improving the inclusion of people with disabilities. As part of the plan, they undertook a full stocktake of programming across the portfolio, noting ten programmes reaching people with disabilities directly.

The office also took steps to ensure programming remained disability inclusive, including:

- Adding a tracker to the monthly management review template to ensure that current or upcoming annual reviews are considering the needs of people with disabilities.
- Marking all programmes against the disability spend marker.
- Setting up a resource hub to share reading and good practice in disability programming.

<sup>3</sup> Organisation for Economic Co-operation and Development – Development Assistance Committee



prioritised across portfolios. For example, in Zambia, an inclusion advisory panel is being set up where people with disabilities will be able to provide feedback on the effectiveness of disability inclusion in programming directly to Senior Responsible Owners.

**What is most encouraging is how these stocktakes have been used to inform and improve programming**, addressing gaps and opportunities located within the stocktakes. To give a few examples: following the stocktake Mozambique integrated disability inclusion into the UN Joint Programme on Social Protection which supports people with disabilities to access better social services; the Children, Youth and Education Department used lessons to adapt recommendations in their Disability Inclusion Action Plan; and DFID Tanzania placed children with disabilities at the centre of their future education portfolio. The stocktakes also placed greater focus on the need for new programming to be inclusive of people with disabilities, such as in Iraq, where the stocktake led to new humanitarian and economic reform business cases engaging with disability inclusion.

**We already saw the impacts of this in the quality and breadth of disability inclusive programming** across portfolios. There is incredible breadth of support in countries such as Pakistan, where ten programmes are reaching people with disabilities directly. We have also seen impressive depth of support, with 40% of Private Sector Department's Development Impact Bond Pilot programme being allocated to disability inclusion (ICRC Humanitarian Impact Bond). The number of flagship programmes directly targeting people with disabilities

#### **Box 15: DFID Uganda's pursuit for high standards**

DFID Uganda took a systematic approach to their programme stocktake, including two steps: (i) a full stocktake of their portfolio; (ii) seconding a member of staff from the Disability Inclusion team to provide further analysis and recommendations of how their portfolio could become more disability inclusive. This secondee produced a full report with recommendations for each programme and standard, that was shared with the Head of Office. Examples of programming across the key sectors include:

- Expanding Social Protection – implementation of a new £2m disability component providing a 'top up' grant for severely disabled senior citizens, intended to influence more disability inclusive SP policies and progressively lay ground for a disability grant.
- Transforming the Economy through Climate Smart Agribusiness – new research has been launched on engaging farmers with disabilities, and approximately 400 people with disabilities have been linked up to rice millers as a pilot phase. Key partner Palladium is committed to building their own capability and supported a deaf intern to work with them for six weeks, providing support through an interpreter.
- Humanitarian: Building Resilience and an Effective Emergency Refugee Response – a study on the situation of refugees with disabilities has been launched, and specific consideration in support has been given, such as refugees with disabilities being able to nominate trusted alternates to collect food on their behalf.
- Governance – the new governance programme under design, is proposed to have a cross office strategic fund which will support social-political economic analysis across the office. On inclusion, the fund will support vulnerability and exclusion analytics, data disaggregation, beneficiary assessment – as well support government on implementation of the global disability summit commitments.

is also visibly increasing, with the Research and Evidence Division leading two multi-million programmes solely addressing people with disabilities, as well as including specific funding and indicators for people with disabilities across other programming.

**Box 16: DFID Nigeria Progressing to High Standards in Programming**

DFID Nigeria commissioned in April 2019 an office-wide and portfolio stocktake to provide an independent assessment of progress against the DFID disability inclusion standards. A new set of tools were developed to quantify the assessment and convert the minimum and high achieving statements into measurable targets. The overall assessment was that DFID Nigeria was on track to meet the minimum standards and making progress towards higher achievement. The report stated that the commitment to improving the lives of people with disabilities was clearly evidenced and the country office was doing well, overall, to incorporate elements of disability inclusive development into programming.

## (v) Data and evidence

We took a comprehensive approach to collecting more and better data and evidence, and then learning from that evidence. This was set out in DFID's Inclusive Data Charter Action Plan, laying out the next steps to better understand the situation of the poorest and most marginalised, and make better decisions that positively impact people's lives at all ages.

**First and foremost, we increased the number of programmes that disaggregate by disability status**, to better determine if programmes are successfully reaching people with disabilities. We did this by championing the use of the extended set of Washington Group Questions (WGQs) through DFID's programming portfolio, and we are seeing improvement. Between 2017 and 2019, we saw a 10% point increase in programmes reporting on results in the Single Departmental Plan that could disaggregate data by disability status. For example, the Girl's Education Challenge pioneered use of the WGQ and organised a learning session on their experiences.

**We are supporting people to use the Washington Group Questions**, internally and externally. We set up a community of practice for the WGQs, to share best practice; championed the use of the extended set of WGQs including an additional four questions on mental health and psychosocial support; and funded new e-training on using the WGQs in humanitarian settings. We also encouraged National Statistical Offices to attend training and workshops offered by the Washington Group. DFID Afghanistan supported an individual to attend a London workshop last year, resulting in the National Statistical Office committing to include the WGQ in their main household survey.

### **Box 17: Data in the UK's £141m contribution to the Facility for Refugees in Turkey**

The Facility (FRIT2) is supporting people who have fled the conflict in Syria and now living in Turkey, with humanitarian assistance, education, healthcare, etc.

FRIT2 has ensured the disaggregation of data by disability status by including key targets within its results framework. This is complemented by a drive to collate qualitative information on disability inclusion as part of the regular monitoring and evaluation, including by third party monitors. The intention is to use this data and evidence to improve FRIT programming for people with disabilities and beyond, sharing evidence across programmes in the Middle East and North Africa.

The programme is pushing for greater ambition with the European Commission, recommending more qualitative indicators on disability inclusion and requesting they include reporting on disability in their mid-term evaluation of FRIT.

There is a strong focus on learning and enhancing understanding of the barriers faced by people with disabilities through engagement with OPDs.

**We are seeing the impact of this additional support**, as departments not only integrate the WGQs effectively into their own work, but also advocate for greater use by country governments and organisations (see box 17). To give a few examples: DFID Mozambique supported the National Institute of Statistics to collect data disaggregated by disability status; DFID Kyrgyzstan supported the government of Kyrgyzstan to commit to including the WGQs in the next census in 2020; and DFID Afghanistan successfully influenced the World Bank to include the WGQs in a national household survey, providing expertise from the WG secretariat where appropriate.

**We are also scaling up our approach on evidence** through our Disability Inclusive Development (DID) programme. DID is testing innovative disability-inclusive interventions in six countries in Africa and Asia and scaling them up to see if they remain effective. Interventions are being tested in education, health, livelihoods and on stigma and discrimination. We have used the COVID-19 crisis to test interventions in a humanitarian context and expect to share lessons that can be applied to future pandemics (see box 18). We have also allocated funds for complex areas, such as £5m to test innovative approaches to disability inclusive humanitarian responses.

**Box 18: Example DID project – the InBusiness project in Kenya**

The InBusiness project in Kenya, the first stage of which has now completed, will provide support to around 100 micro- and small-businesses owned by people with disabilities. The small project is testing the best ways to provide training and expertise to help business owners become sustainable. They receive coaching from more experienced peers on business development services such as record keeping, stock management and supply chains. Some of the businesses are owned by refugees in camps. The project has developed strategies for working in such environments and dealing with conflicts with host communities.

Findings from the first stage of the InBusiness project are already being applied to further work with microbusinesses owned by people with disabilities affected by COVID-19, both within and outside of the project, including how the use of mobile cash transactions can reduce infection transmission by removing direct cash payments.

**There is increasing demand for using and collecting systematic evidence** on disability inclusion. The Disability Inclusion Helpdesk has proved hugely successful and has already undertaken 28 evidence and 15 technical assistance queries for teams across DFID. We can also see a shift in demand and use across programming. For example, Iraq is encouraging key partners to meaningfully report on barriers and enablers in cash programming. Likewise, DFID's Human Development Department commissioned and shared guidance on disability inclusion in nutrition programmes.

**We are also seeing the impact of evidence in programmes and policy**, particularly from evidence generated by disability specific programming. For example, the AT2030 programme has developed Country Capacity Assessments to (i) evaluate the capacity within countries to provide AT; and (ii) deliver national recommendations for appropriate and affordable AT. These recommendations are already being used by governments. For example, Liberia piloted a School Eye Health programme, screening over 15,000 students and 650 teachers, to provide 650 students and teachers with eyeglasses. Scaling-up, School Eye Health is now included in Liberia's National School Health Policy.

**We know we will need to learn and have put practical mechanisms in place for systematically cascading learning.** We have a central repository of key documents, guidance and resources available to staff on our intranet, including a platform for interactive discussion. Internal seminars and technical learning sessions have been held on a range of topics, including ones specifically tailored for individual country offices. Some thematic areas and country offices took this a step further and designed approaches to further share learning across the office, such as the Children Youth and Education Department who created their own repository to share learning and best practice.

## Foreign and Commonwealth Office

There are many excellent examples of progress made on disability inclusion in the FCO, a few of which are shared below.

**Some teams started to implement the disability inclusion standards.** For example, the North African Joint Unit has a disability champion and has developed an action plan which includes developing new programmes. Some teams have also taken advantage of the capacity support available. For example, three training sessions have been delivered to Prosperity Fund staff by the Disability Inclusion Helpdesk, and they have commissioned new evidence products.

**UK Missions to the UN in New York and Geneva play an active role on disability inclusion.** They lead on the UK's input to Human Rights Council resolutions, embedding disability inclusion where appropriate. The UK also led with Poland the first ever UN Security Council resolution on disability and armed conflict in 2019, which was commended as a vital first step for better understanding the disproportionate impacts of conflict on people with disabilities. UK Missions also maintain excellent working relationships with a wide network, actively engaging with the UN Special Rapporteur on the rights of persons with disabilities, and co-chairing a 'Group of Friends' of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. They have also delivered successful and well-attended events on disability inclusion, for example at the UN General Assembly and the Conference of States Parties to the Convention on the Rights of Persons with Disabilities.

**FCO also played an important part in the Global Disability Summit's success.** Support from country desks was vital in increasing the reach and influence to gain support and obtain commitments from national governments. Country offices and missions jointly hosted national satellite summits alongside OPDs in Kenya, Zimbabwe, Uganda, Nepal, Jordan and other countries. The partnership with the Kenyan government co-chairs was led by the High Commissioner. This included hosting a pre-summit in Nairobi in May 2018, which brought together people with disabilities, the private sector, government representatives and civil society, and led to a wide range of ambitious commitments across all levels of government.

**FCO programmes, particularly those within cross-government funds, have become more disability inclusive.** For example, the Good Governance Fund (GGF) - which aims to build stability, reduce poverty and increase prosperity in eastern European and Balkan countries - recently incorporated disability as a key consideration across their programme portfolio. In Moldova, GGF supported UNDP to assess 612 polling stations for accessibility and share the findings with the Central Electoral Commission and local public authorities. Likewise, in Armenia, the Women in Politics project is engaging women with disabilities to increase participation in community decision-making.

**Ensuring accessibility to core FCO services has also been a priority.** All Consular IT applications were built with accessibility in mind and these were regularly tested with users. FCO also audited its online services with the Digital Accessibility Centre and their recommendations are being implemented. Online information on [Disability and travel abroad](#) helps people with disabilities plan for travel.

## Living our values

We know we must practise what we preach, to recognise the skills and talents of our staff with disabilities and develop inclusive procurement practices. The creation of FCDO is an opportunity to build on and learn from the best of DFID and FCO. Inclusion, diversity and belonging is at the heart of the new department and FCDO will build on the previous approaches to disability.

**Both departments were Disability Confident employers** and guaranteed to interview anyone with a disability whose application met minimum criteria. As of 30 June 2020, 11.4% of FCO UK-based staff identified as disabled, and 7.7% of senior leaders. This compared with the 13% proportion of disabled people in the UK's economically active population. Employees with disabilities were supported to achieve their potential and contribute to their organisation's core mission through access to Workplace Adjustments. In DFID 17% of staff and 10% of Senior Civil Servants recording their disability status on DFID's HR Management Information System had disclosed a disability or long term health condition in June 2020. This was up from 14% and 9% in September 2018.

**Both departments had thriving staff networks to support staff with issues relating to disability.** In DFID there were four: Disability and Empowerment Network, Mental Health and Listening Network, Parents of Children with Disabilities and the Carers Network. In the FCO, the ENABLE staff association, Carers' Network and Wellbeing Network have been equal sources of support for staff. The DFID Permanent Secretary met with the Disability and Empowerment Network in April 2020 to discuss how best to tackle experiences of bullying, harassment and discrimination. The networks also led events – including encouraging us all to turn [DFID purple for International Day for Persons with Disabilities](#) and to turn FCO green for Mental Health Awareness Week.

**DFID's People Plan aimed to provide a workplace where all:**

- were supported to have confidence in bringing their whole self to work
- were encouraged to have courage and speak about their lived experiences of disability and mental health without fear of stigma

**DFID was proud to partner with Leonard Cheshire's intern scheme.** Nine interns worked in our UK offices over the past three years and one in Kenya. We also brought in three disability secondees from Sightsavers and plan to place a fourth. These short-term posts are important to build the skills and experience of the individuals themselves but also challenge stereotypes among staff.

**The learning from the internships was built into wider plans** to attract, recruit and develop diverse employees, including those with disabilities to help us reach the targets to improve representation of staff with a disability and to improve retention and career opportunities. For example the wording in our job adverts was reviewed to actively encourage applications from people with disabilities and we shared adverts with disability organisations and networks.

**We aim to continually improve implementation of workplace adjustments** and this has become even more important during the COVID-19 pandemic. Microsoft recently ran a workshop on 'Accessibility in the Modern Workplace. Good people management is key to



ensuring employees feel comfortable discussing the adjustments they need. We also piloted a 'Managing with Impact' programme containing a module on inclusive line management.

**In January 2020 DFID signed up to the '[Mental Health at Work Commitment](#)'** and developed a programme of work to achieve these standards. This is based on prioritising mental health; preventing mental ill health, promoting an open culture; and providing effective tools and support. As part of a wider working group, our Mental Health and Listening Network volunteers raise awareness, reduce stigma and improve support around mental health and wellbeing. The network organises events and people speak honestly about their experiences through personal blogs. There are 93 active listeners in Whitehall, East Kilbride and overseas.

**Over the last three years DFID trained 59 Mental Health First Aiders** to be able to help someone in a mental health crisis and connect them to the help they need. In July 2019, 99 Senior Civil Servants were trained as Wellbeing Confident Leaders and have been cascading this learning to their teams. This training (and follow up) was actively supported by our senior Mental Health and Wellbeing Champion. We developed a mental health toolkit for managers to support team conversations. In response to the Farmer/Stevenson report on mental health and employers, DFID's first [voluntary report](#) on disability and mental health was published in February 2020.

**Improving the accessibility of FCDO's overseas estate will take time.** All our overseas buildings aspire to meet the requirements of UK Building Regulations although these do not apply overseas. This is not always possible, particularly where disability access is not legislated locally. Some buildings are listed/historic and difficult to reconfigure and local landlords may refuse consent for works to improve access for those with mobility impairments. In such circumstances it is often necessary to make other arrangements. For example, in Afghanistan a new embassy facility was opened including a fully accessible meeting space. We are auditing the accessibility of the overseas estate, identifying where improvements are needed, and ensuring where possible new government buildings built overseas are accessible.

**DFID put in place mechanisms to ensure procurement processes are inclusive:**

- Revising standard terms and conditions of contract and supply partner code of conduct to incorporate non-discrimination requirements;
- Adding disability inclusion into the templates which programme management teams use when designing sourcing strategies for programmes;
- Updating guidance on Terms of Reference so that civil society and private sector partners incorporate disability inclusion in their proposals;

**We communicated DFID's ambition on disability inclusion to a wide range of suppliers** at the UKaid Supplier Conference in September 2019 and held awareness raising sessions with staff in Procurement and Commercial Department. Our Quality Assurance Unit seeks advice from disability experts when reviewing programmes with a value of over £40m, where appropriate. This has had positive impacts. For example, it led to a change of approach from the International Fund for Agricultural Development in their 11<sup>th</sup> Replenishment. It also stimulated challenge and discussion on the model of disability used in the DFID Jordan Access to Protection and Specialised Health Services Programme.

## 5. Lessons learnt

We have learnt a lot from delivering the strategy and we continue to seek and listen to feedback from across the organisation to keep on adjusting our approach to be as effective as possible.

This includes learning from the advice of others. Our partnerships with OPDs have been critical throughout the process, significantly shaping our direction through design into delivery. We have also benefitted from external scrutiny, including the International Development Committee's 2019 report on DFID's work on disability inclusive development and its wide-ranging recommendations.

As we have moved to the implementation stage of the strategy, some things have been harder than we expected and some approaches more effective than others. A few of our key findings as follows:

- **For this kind of cultural change, incentives are critical.** We have tried to get the balance right between providing encouragement, advice, guidance and support, and more top down monitoring and accountability. Both have their place for long-term sustainability. Given competing demands it is important to explain the benefits of inclusion for performance, innovation and solutions that work for all. It is also crucial to provide practical support and expertise, as was done through the central Disability Inclusion team and Helpdesk and disability secondments. The minimum standards have provided important leverage for cross-department engagement and there has been particular enthusiasm for the more aspirational high standards, acting more as an incentive than a benchmark.
- **Strong leadership is imperative.** The role of disability champions has been critical in spearheading change right across the organisation. Their enthusiasm, leadership and expertise has been essential for building momentum. High-level leadership has also been vital for driving progress, with more fundamental change occurring in offices with ambitious Heads of Department.
- **Engaging people with disabilities living in developing countries is essential**, but it can take time to do so in a truly meaningful way – especially for teams based in the UK. It can be particularly difficult to locate and engage locally-based OPDs in conflict-affected countries. We will continue to encourage central teams to take advantage of opportunities such as country visits to build their understanding of barriers faced by people with disabilities and continue working with partners to provide effective and joined up support that builds OPDs' capacity and sustainability.
- **Disability specific programming is crucial** to learn from and inform mainstreaming and other programming. The Disability Inclusion team is leading several flagship disability specific programmes that are providing key learning and evidence for others trying to incorporate outcomes on disability. The OECD DAC marker has also been critical in enabling us to measure progress and understand disability in programming.
- **It is challenging to gather programme data on disability** in many cases, largely because data collection systems need to be changed, interviewers trained and delivery



partners supported to build capacity. There are helpful examples of good practice and we will share these.

- **It is critical to be ready to flex, adapt and surge approach.** An early example is safeguarding where the safety of people at risk of sexual exploitation and abuse is paramount. Programme teams and delivery partners had to learn fast about how to support whistle-blowers and take strong action while protecting individuals' identities. More recently, COVID-19 has provided huge challenge as the organisation swiftly adjusted its priorities to respond. In both these cases, we have found it is paramount to put the protection and well-being of people with disabilities first, and at the heart of the response, even if that means having to pause or delay deadlines.
- **The role of the central Disability Inclusion team is crucial.** As well as setting direction, the team has supported teams to improve expertise on disability inclusion, provided accountability through regular monitoring and contributed learning on how best to support people with disabilities. Tailored advice and ad-hoc support has been particularly well-received, such as providing dedicated support on Ghana's new mental health programme.
- **There is benefit in joining voices across the inclusion agenda.** Many of the issues and solutions are similar across marginalised and excluded groups and we can have enhanced impact by collectively making the case to leave no-one behind. In 2020 we created a Joint Inclusion Board by bringing together the Disability Inclusion and Gender Equality Delivery Boards. This was an opportunity to encourage a consistent and sustainable approach on inclusion, while retaining a strong focus on disability inclusion and accountability for the commitments in the strategy.

## 6. Looking ahead

There is change and opportunity from the creation of FCDO, and significant international events offer opportunity to maximise momentum. There is also continuity as we continue to pursue the SDGs and our global commitment to reduce inequality and leave no-one behind.

### The Foreign, Commonwealth and Development Office

The creation of the Foreign, Commonwealth and Development Office (FCDO) is a new opportunity. There was already positive collaboration between the two departments and integrating them will accelerate progress. Inclusion is central to the work of the FCDO and our ambition for disability inclusion remains high. We are committed to supporting a long-term movement for change on this neglected issue and to making the work of the new department disability inclusive.

**Thanks to effective past collaboration, we have already seen the impact partnership can bring**, and we look forward to the challenge and opportunity of entrenching this further in the new FCDO. In particular, there are two key impacts:

1. **The broader impact of inclusive programming in countries beyond DFID's standard footprint** – from programming making electoral systems more disability-

inclusive in Eastern Europe, to new dedicated support for those with mental health conditions in North Africa.

2. **The enhanced impact of uniting our strengths** – as shown by the partnership for the Global Disability Summit, bringing together development and diplomatic expertise can have catalytic and long-lasting impact.

### Seizing key international moments

The coming year also brings a number of substantial opportunities to re-energise international momentum, and set new ambitious commitments to forward the disability inclusion agenda:

1. **The launch of the new UK National Strategy for Disabled People.** The development of the strategy is a cross-government effort led by Cabinet Office, to ensure disabled people in the UK can play a full role in society.
2. **A follow up Global Disability Summit in early 2022**, hosted by the Norwegian government. We will support our counterparts in Norway to make the most of this fantastic opportunity to: reignite the collaborative spirit and energy of GDS18; celebrate our successes and progress over the past few years together; and set new ambitious commitments to keep on delivering real change for people with disabilities.
3. **The UK hosted UN Climate Change Conference** – the 26<sup>th</sup> session of the Conference of the Parties (COP26) in November 2021. We will engage with the disability community and, with their help, aim for an event and outcomes that are inclusive of people with disabilities.

### Continuing to pursue the SDGs and reduce inequality

There are also some things that will continue – not least, this will undoubtedly include the fight against COVID-19 – but also the founding principle that underpins our work: to make progress against the SDGs, reduce inequality and ultimately end poverty. Both these pressing endeavours will require substantial progress on disability inclusion.

**We know we must maintain momentum on disability inclusion if we are to achieve the SDGs.** The remaining extreme poor are becoming increasingly hard to reach, in large part due to deeply entrenched marginalisation – with vulnerabilities overlapping to amplify multiple disadvantages and exclude certain groups from benefitting from growth. That is why the SDGs explicitly recognise group-based disadvantage and stress the need to leave no one behind. We must all take specific action to reduce horizontal inequality if we are to end poverty.

**As COVID-19 has underscored, now is the time to take that action.** The current pandemic has shown us the devastating impact of inequality, with people with disabilities facing hugely disproportionate impacts. Latest [evidence](#) from the UK shows that 59% of COVID-19 deaths were disabled people and the COVID-19 mortality rate was 2.4 times higher for females and 2.0 times higher for males with disabilities. This disparity is replicated across low- and middle-income countries, with people with disabilities facing poor accessibility across the board of medical, food, education and relief supplies.

**This places us at what the UN Deputy Secretary General calls a ‘watershed moment’** for disability inclusion; where we must embed inclusion into the COVID-19 response and recovery to build back better than before. It is therefore more crucial than ever to ensure people with disabilities are routinely included across our programmes, policies and influencing work – to harness opportunities and make the case for the inclusion of people with disabilities now.