

Disability, Poverty and
the Millennium Development Goals:

Relevance, Challenges and Opportunities for DFID



Philippa Thomas
Disability Policy Officer

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INTRODUCTION

This report has been prepared as the final output of the Policy Project of the DFID Disability Knowledge and Research (KaR) Programme. The purpose of the Policy Project is to assist DFID to develop policies and processes to support the mainstreaming of disability and to ensure that the Disability KaR's knowledge and research outputs are responsive to DFID's needs and effectively communicated to DFID. The Policy Project has seen the placement of the Disability Policy Officer in DFID to provide DFID with technical support on disability issues.

This report aims to build on the previous report, 'DFID and Disability: A Mapping of the Department for International Development and Disability Issues' (June 2004), by reviewing DFID's progress on addressing disability issues during the last year and identifying barriers to and opportunities for taking work forward.

The findings of this report are based on interviews with DFID staff, responses to emailed questionnaires to DFID Social Development Advisers, a desk review of DFID internal and external documents, country research carried out by the Disability Policy Officer in Cambodia, Rwanda and India, other research outputs of the Disability KaR programme, and wider disability research.

The report is the opinion of the author and does not necessarily reflect the position of DFID.

SECTION 1: The relevance of disability to poverty reduction and the achievement of the Millennium Development Goals (MDGs)

'The rights of disabled people need to be better incorporated into our poverty reduction work and the achievement of the Millennium Development Goals'

Gareth Thomas, Parliamentary Under Secretary of State, DFID (DFID Spotlight 29 September 2004)

Disability is recognised by DFID as one of several factors, such as gender, age and caste, which interact to impoverish people and keep them poor. However, with many competing priorities on the development agenda, how relevant is disability to DFID's corporate goals of reducing poverty and achieving the MDGs?

What is disability?

There is no universally agreed definition of disability. Historically disability was seen primarily as a medical condition, with the problem located within the individual. This medical or individual model was challenged by disability activists who reconceptualised disability as primarily a social phenomenon. This *social model of disability* draws a clear distinction between impairments and disability. Society disables people with impairments by its failure to recognise and accommodate difference and through the attitudinal, environmental and institutional barriers it erects towards people with impairments. Disability thus arises from a complex interaction between health conditions and the context in which they exist. Disability is a relative term with certain impairments becoming more or less disabling in different contexts.

What disability means to disabled people

- *'As an individual, I don't have any regret but others underestimate me, they keep reminding me of what I cannot do'* – Young man disabled at an early age from polio, currently training to be a horticulturalist in India
- *'Disability means my life has no meaning because I cannot work, walk or move by myself. I cannot be involved in the community'* – 41-year-old paraplegic man and former soldier in Cambodia
- *'I feel like I am a ghost already, like I am already dead'* – 66-year-old paraplegic woman and former midwife in Cambodia
- *'Rwandan's see people with disabilities as meaningless'* – Physically disabled man in Ruhengeri province, Rwanda
- *'I got this disability, my son asked me to read to him, he is in standard 1. I couldn't do it – it was the most embarrassing thing in my life'* – 41-year-old blind man in India
- *'I am a man like the others, my disability I don't mind because it only affects my mobility, I am an amputee, not so difficult, I can work...If you have education, your life depends on knowledge and capacity. I don't see myself as disabled in my work, but I see my disability when I walk side by side with other non-disabled people'* – Cambodian man and development consultant

Source: Thomas 2005 a, b and c

The scale of disability

There is no accurate data on the global number of disabled people or global prevalence rates for different impairments. The World Health Organization (WHO) estimates that 10% of any given population will be disabled. Data from developing countries is highly variable but **generally the proportion of the disabled population is much lower than in developed countries; however, most disabled people live in the South**. Narrow definitions of disability, and difficulties in gathering data and poorer detection systems, mean that most data gathered by national governments in the South are seen as underestimating the scale of disability by organisations working in disability.

Country	Disability Rate (% of total population disabled)	Source	Comments
India	2.2%	2001 Census	Disability organisations estimate 6%
Rwanda	5%	2002 Census	Narrow categories, underestimate
Cambodia	1.5%	2003 Socio-Economic Survey	Considered to be gross underestimate, ADB estimates 10-15%
Uganda	4%	2002 Provisional Census	Disability organisations estimate 5.9-12%
South Africa	6.5%	2001 Census	

While we may not know the number of disabled people, **disability is a growing issue**. Globally, the world is experiencing a demographic transition. There is increased life expectancy meaning that more people will reach old age and experience impairments that come with ageing. Furthermore, the global burden of disease is shifting away from infectious diseases towards chronic ones, which brings increased limitations of functional abilities or 'disability' resulting in increased dependency. The WHO predicts massive increases in the number of people dependant on daily care from 2000-2050.

Country	Predicted % increase in number of people dependent on daily care 2000-2050
India	120%
China	70%
Sub-Saharan Africa	257%
Burkina Faso, Congo, Liberia, Niger, Somalia, Palestine, Uganda	Increases over 400%

Source: Harwood et Al (2004) *Current and Future Worldwide Prevalence of Dependency, its Relationship to Total population and Dependency Rates*

Development also brings better survival rates and better detection. Small-scale participatory rural appraisal (PRA) research, undertaken for the Disability KaR Programme Policy Project in Cambodia, found higher rates of disability in wealthier households. The reasons may be that richer households are more able to look after

elderly parents with age-related disabilities; they may be more 'disability aware' and class more minor impairments, such as poor vision, as disabilities, which poorer, less educated people do not consider disabilities; their higher income may allow disabled children to survive where they would not in poorer households; and not all disabilities are poverty related and some are even positively correlated with wealth - e.g. wealthier Cambodians may be more at risk of disabilities from road traffic accidents due to higher motorbike ownership (Harknett et al 2004). There is also evidence to suggest that the urban environment is more disabling.

Research in Zimbabwe found higher disability rates in urban than rural areas, leading the authors to conclude that 'complex societies in a sense produce disability' (SINTEF 2003b:15)

The impact of disability on poverty

Poverty is both a cause and consequence of disability. The links between disability and poverty are well known.

- **Disabled people are overrepresented among the poor**
 - The World Bank estimates that 20% of the world's poorest people are disabled (Elwan, A 1999)
 - Disability affects not only the individual, but their families and carers too. The Asian Development Bank (ADB) estimates that 25% of the population in the Asia Pacific region are impacted by disability (ADB 2002)

- **Disabled people are more vulnerable to poverty**
 - The onset of disability typically has severe, negative financial consequences for the individual and the household. One disabled focus group participant in India summed things up: 'If people become disabled, they have to pay a lot for health care and rehabilitation' (Thomas 2005 c)
 - The economic costs of disability have three elements: direct costs of treatment; foregone income from disability; and indirect costs to others who provide care. A study in Tamil Nadu, India found that the average costs of disability were over 9% and amounted to two to three times the productivity losses from poor nutrition (Erb and Harris-White 2002)

CASE STUDY 1: Cambodia

Bopha is 50 years old. When she was 45 she damaged her back carrying a bag of rice. She went to the doctor and received an injection which left her paralysed with only a little sensation in one leg. Before her accident she was a moderately wealthy woman despite being abandoned by her husband several years before when her son was just three months old. She had several large rice fields, a buffalo, cows and chickens. She also had a small business. In order to pay for her treatment and to survive since her accident she has had to sell all of her animals, she can no longer conduct her business and she sold nearly all of her rice fields. She now only has half a hectare. She and her son subsist on renting out her land and relying on support from her extended family.

Sampeu Meas District, Pursat

- **Disabled people experience poverty more intensely**
 - Disabled people share the general profile of the non-disabled poor. They typically lack access to health and education, clean water and sanitation, have poor housing and may live in over-crowded, unsanitary and unsafe areas. However, for disabled people, their lives are typically so much harder because of their impairments. In Rwanda, on average people have to walk 750m to get water; for someone with a mobility problem, this may be an impossible distance.

- **Disabled people have fewer opportunities to escape poverty**
 - Disabled people are typically actively and unwittingly excluded from development activities. During focus group discussions with disabled people in Cambodia, Rwanda and India, participants repeatedly said that they were often not informed about development activities and not selected by village and community leaders to take part (Thomas 2005 a, b, c). Food and cash for work programmes often unwittingly discriminate against disabled people. They are excluded from taking part because they are perceived to be unable to undertake the manual labour usually required, but there are roles that disabled people could play (time and record keeping, supervision etc.) if only there was greater awareness in the design and implementation of such programmes.
 - Most development activities require some investment (financial, labour, time) on the part of those taking part, but disabled people are often poorly educated and some are persistently on survival mode, so they literally cannot contribute.
 - Disabled people also typically face barriers in utilising their assets. Focus group participants also spoke of their difficulty in accessing micro-credit; they were seen by lenders as a bad risk.

CASE STUDY 2 : Rwanda

Marie is 41 years old with two children. Marie had polio as a child affecting both legs. Her appliances are old and broken and she cannot afford to get them repaired. Her mobility difficulties prevent her from cultivating her small garden. She relies on her children to collect water 4km away otherwise she has to pay someone to collect it for her. Her household was the only one not to receive a goat through a European Commission development programme. She was told by the community leader that as she had no land and was disabled, she could not care for the goat. She cannot access micro-credit as she has no collateral and is considered a bad risk. Yet Marie is well educated. Simple repairs to her appliances would liberate her and enable her to lead an independent life again.

Claude has mobility difficulties after contracting polio when he was eight. He was the only person in his family to survive the genocide. He is married with four children under eight years old. He received housing from an NGO assisting victims of the genocide, but his home is 10km away from the one hectare of land he inherited from his parents. His mobility problems mean that it is difficult for him to cultivate it. His wife helps but it is hard with a young family. If he has money he hires a worker, but he is not getting full benefit from his land. He has thought about selling it, but land closer to his house is more expensive, so he could not afford to buy a hectare. He has thought about using his land as collateral for a loan, but he is not sure. He has tried to join local micro-credit initiatives but he has not always been able to keep up the weekly repayments.

Odetta became disabled after receiving poor treatment for injuries she sustained in a car accident in 1986. She is in constant pain and has mobility problems. She gets around slowly on a pair of old home-made crutches. Odetta is 60 years old now and she is a skilled basket weaver; however, her mobility problems prevent her from gathering the raw materials she needs. She is trying to improve her situation and is learning to read and write in an adult literacy programme. Cost and distance are the main barriers preventing her from accessing better treatment for her leg, and improved assistive devices that could transform her mobility and enable her to fully utilise her skills as a basket maker. At the moment she is trapped and often has to resort to begging in the market.

Kigali Ngali, Rwanda

Disability and the Millennium Development Goals (MDGs)

Disability is not specifically mentioned in the MDGs, but disabled people are implicitly included. Most development agencies acknowledge that the goals cannot be achieved without addressing the needs and rights of disabled people. However, the relationship and relevance of disability to the MDGs is not so well articulated and acknowledged. It is explored in the table below (cont. next page).

MDG 1: Eradicate extreme poverty and hunger

- Hunger and malnutrition and disability and poverty are inextricably intertwined. 50% of disability is preventable and 20% of impairments are caused by malnutrition (DFID 2000)

- 20% of the world's poorest people are disabled (Elwan 1999)

MDG 2: Achieve universal primary education

- Cannot be achieved without including disabled children, but the majority of disabled children are out of school
- Generally, children who are out of school are contributing directly or indirectly to the household economy. This is not usually the case with disabled children, and in many cases another sibling may miss school to care for them.
- In Zimbabwe 27.9% of disabled children had never been to school compared with 10.1% for non-disabled children. In Malawi, 35% of disabled children had never been to school compared to 18% for other children. In Namibia, the figure was 38.6% for disabled children compared to 16.2 for non disabled children (SINTEF 2003 a, b and 2004)

MDG 3: Promote gender equality and empower women

- Disabled women are recognised to be multiply disadvantaged, experiencing exclusion on account of their gender and their disability
- Disabled women and disabled girls are particularly vulnerable to abuse. A small survey in Orissa, India found that 100% of the disabled women and girls were beaten at home, 25% of mentally challenged women had been raped and 6% of disabled women had been forcibly sterilised (Mohapatra and Mohanty 2004)
- Disabled girls, like other girls, are less likely to go to school
- Research in India suggests that women are more likely to carry on working than men with similar impairments, less likely to seek medical help and less likely to receive treatment and services than disabled men (Erb and Harriss-White 2002)
- Women who give birth to disabled children have additional care responsibilities and face social stigma. They may be abused or abandoned by their partners (Lwange-Ntale 2003, Thomas 2005 a, b, c)

MDG 4: Reduce child mortality

- Mortality for disabled children can be as high as 80% even in countries where under-five mortality is below 20% (DFID 2000)

MDG 5: Improve maternal health

- UNFPA estimates that as many as 20 million women per year suffer disability and long-term complications as a result of pregnancy and childbirth (UNFPA 2003 cited in ACFID)
- Abnormal pre-natal or peri-natal events are a major cause of disability in children. A large number of peri-natal disabilities in children can be prevented by access to skilled midwives and birth attendants (UNICEF 1980 cited in ACFID)

MDG 6: Combat HIV/AIDS, malaria and other diseases

- HIV/AIDS, malaria and tuberculosis are the first, sixth and ninth causes of losses respectively in disability-adjusted life years (DALYS) in high mortality countries (WHO 2002)
- One in 10 children suffers neurological impairment after cerebral malaria, including epilepsy, learning disabilities and loss of coordination (Wellcome Trust cited in ACFID)
- Disabled people are particularly vulnerable to HIV and AIDS but they typically lack access to information about how to protect themselves or services (Yousafzi and Edwards 2004, Groce 2004)
- HIV/AIDS in many countries is considered a disability because of the discrimination

faced by people living with HIV and AIDS

MDG 7: Ensure environmental sustainability

- Poor environmental quality is a significant cause of ill health and disability

MDG 8: Develop a Global Partnership for Development

- There is growing global interest in disability issues (Draft UN Convention on Rights of Disabled People, Biwako Millenium Framework for Action towards Inclusive, Barrier-free and Rights-Based Society for Persons with Disabilities in Asia and the Pacific 2003-12, African decade of Disabled Persons, World Bank's Global Partnership for Disability and Development) and a need for these international agreements and coalitions to engage with mainstream development

Conclusions

Overall the conclusions from the research conducted through the Policy Project of the Disability KaR programme, particularly the country level research in Cambodia, Rwanda and India, are clear with regard to the relevance of disability to poverty reduction and the achievement of the MDGs:

- *Disabled people are typically among the very poorest, they experience poverty more intensely and have fewer opportunities to escape poverty than non-disabled people*
- *Disabled people are largely invisible, are ignored and excluded from mainstream development*
- *Disability cuts across all societies and groups. The poorest and most marginalised are at the greatest risk of disability. Within the poorest and most marginalised, disabled women, disabled ethnic minorities, disabled members of scheduled castes and tribes etc. will be the most excluded*
- *DFID cannot be said to be working effectively to reduce poverty and tackle social exclusion unless it makes specific efforts to address disability issues.*

The barriers and opportunities for DFID around taking forward work on disability are discussed in the following sections.

SECTION 2: Addressing disability in DFID – progress and challenges

In 2000 DFID published its Issues paper, 'Disability, Poverty and Development' which assessed the significance of disability as a development issue. It presented a twin-track approach for realising equality of rights and opportunities for disabled people focusing on addressing inequalities between disabled and non-disabled people in all strategic areas of DFID's work alongside specific initiatives to empower disabled people (DFID 2000).

In early 2004 the Policy Project of the Disability KaR programme undertook a mapping study of DFID's disability specific work. The main findings of the report were that:

- DFID has not mainstreamed disability but there is a solid bedrock of disability-specific activities being carried out largely via NGOs and civil society organisations (CSOs)
- DFID's work on disability is largely hidden and often DFID staff and country offices are unaware of disability-focused activities being carried out by NGOs and CSOs
- DFID staff, while broadly recognising the links between poverty and disability, do not necessarily see disability as an essential part of their work on poverty reduction and the achievement of the Millennium Development Goals (MDGs)
- DFID staff need more information on disability, in particular practical tools and examples of best practice to enable them to implement the twin-track approach (Thomas 2004).

Progress has been made during the last 12-14 months:

- *Disability has a clear home within DFID*

In July 2004, a new team, the Exclusion, Rights and Justice (ERJ) team, was created within DFID's Policy Division with responsibility for disability issues. This provides a clear focal point for disability issues for DFID staff and external stakeholders and locates disability correctly and helpfully within the context of rights and exclusion.

- *DFID's Diversity Strategy launched*

Corporately DFID is seeking to change the culture of the organisation so that it promotes and values diversity. The Diversity Strategy reaches beyond the narrow confines of human resourcing to embrace all aspects and processes of the organisation. Disability is seen a priority area, a cross-departmental disability working group has been established, and a member of the top management board of DFID is acting as a disability champion.

- *Increased awareness of disability issues internally and externally*

The profile of disability has been raised. DFID for the first time marked the International Day of Disabled Persons with several events during the first week of December 2004. As part of the celebrations, DFID India organised a roundtable discussion on disability issues attended by the Secretary of State. Earlier in the year, the Parliamentary Under Secretary of State issued a statement of the importance of disability to poverty reduction and the MDGs to all staff through DFID's intranet. The needs of disabled girls were specifically included in DFID's recently published Girls Education Strategy. Progress has been made on raising external awareness of DFID's work on disability. The disability content on DFID's external website has been increased and the DFID magazine, 'Developments' recently included a feature on disability.

- *Improved engagement with the UK disability movement*

Relations with the UK disability movement are moving from a position of confrontation towards partnership. Members of the international committee of the British Council of Disabled People are undertaking a series of 'light' reviews of DFID work in key areas.

- *Continued DFID support for disability-specific activities*

Several new disability-specific activities have been agreed and launched. More than 10% of new grants from the Civil Society Challenge Fund (CSCF) are supporting disability-focused work. There is also increased activity on disability issues from country offices, with DFID India taking the lead. Details of these initiatives are outlined in Annex 2.

However, the main issues identified in the Mapping Report still remain and DFID has several challenges to overcome before it can be said to be really implementing the twin-track approach to disability.

Challenges

DFID's paper 'Disability, Poverty and Development' was in a sense a trail-blazing document. DFID was the first major development agency to specifically address disability issues in a publication. The paper has been very influential outside the organisation and is still widely quoted and referred to. However, the Mapping Report highlighted the general confusion internally and externally about the status of the paper. This could be indicative of a broader confusion about the status and understanding of policy and strategy within and without DFID.

The key challenges are outlined below:

- **Clarification of the status of disability issues in relation to DFID's corporate goals of poverty reduction and the achievement of the MDGs**

Disability is just one of many issues where there is a lack of clarity about its importance to DFID's corporate goals. There is generally good awareness of disability issues among social development advisers, but it is largely ghettoised awareness that does not necessarily reach to other advisers and to programme managers. Furthermore, the lack of a clear steer on disability issues from DFID's senior management results in staff being uncertain about how much time, if any, they can and should be giving to the issue. The forthcoming DFID publication 'Spreading the net wider: How to reduce poverty by tackling social exclusion' may raise expectations from external stakeholders who will want to know specifically what DFID will be doing to tackle the exclusion faced by particular groups, such as children, older people, ethnic minorities as well as disabled people. More broadly, it is also likely to raise strategic questions for DFID around the emphasis to be given to economic growth versus tackling exclusion. In seeking to reduce poverty and achieve the MDGs, where is DFID's focus? Will the emphasis be on moving people out of poverty who are just below the poverty line or will DFID be targeting its efforts on the very poorest and the most excluded?

- **Communicating DFID's position clearly to staff and external stakeholders**

A recent DFID internal review of policy coherence highlighted the discrepancy between how 'policy' is understood internally and externally. 'Policy' is usually understood by other government departments and NGOs to mean principles or actions that are to be

followed, but within DFID, 'policy' is more like work that contributes to the understanding of an issue and ways in which DFID does now, or in the future will approach it (Lathbury 2005). This misunderstanding leads to confusion among external stakeholders about what is mandatory for DFID to do and thus what DFID can be held accountable for. Further confusion surrounds the understanding of and difference between 'policy' or 'what needs to be done' and 'strategy' or 'how it will be done.' DFID is already addressing these broad issues around understandings of policy and strategy in response to the Lathbury review. However, it is important that once decisions are finalised, the conclusions are effectively communicated.

The disability lobby, both the UK disability movement and NGOs working on disability issues, would like to have the status of the Issues Paper of 2000 clarified. They would like a clearer statement from DFID about what it will do on disability issues and they are eager to work with DFID on developing a strategy for implementation.

- **Technical support and standing capacity on disability issues**

There is an assumption that disability issues are the remit of Social Development Advisers (SDAs). All staff, including SDAs, say that they would like technical support on disability issues. The Disability Policy Officer within the Disability KaR programme has been providing technical support as well as standing capacity to the ERJ team on disability. However, with her departure, this will go.

- **New aid instruments**

The shift away from project-based funding towards more support to multi-lateral agencies such as UN bodies and national governments continues and raises significant challenges as well as opportunities for addressing disability issues.

Disability is increasingly being mentioned in Poverty Reduction Strategy Plans (PRSPs) but only in limited ways. A recent study by the World Bank reviewed 33 PRSPs and 11 PRSP Progress Reports. It found that 73% of the PRSPs recognised that disabled people were among the poorest but only 37% explicitly stated that the aim of disability policy is to bring disabled persons into the development process and only 23% mentioned the exclusion and stigma faced by disabled people. The PRSPs were *much* weaker in outlining specific strategies and actions to address the needs of disabled people. For example, while 63% of PRSPs stated an objective of providing education for disabled children, only 20% indicated the budgets required and/or the targets to be attained (WB Disability and Development Group 2004). PRS processes offer considerable opportunities to mainstream disability issues in a country but only if the needs and rights of disabled people are properly acknowledged and matched by specific strategies, budgets, targets and indicators to ensure implementation.

Similar issues apply to the key sectors of health and education, where DFID is increasingly supporting national plans through sector wide approaches (SWAs). In many countries the responsibility for disability issues lies with social welfare ministries, which are typically under-resourced and have low capacity. The consequences can be profound. The medical rehabilitation and educational needs of disabled adults and children are neglected despite increased health and education budgets because responsibility for these areas lies outside the ministries for health and education. Even where education ministries have taken responsibility for the education of disabled children, their needs are not adequately addressed in the sector plans. Initiatives in

inclusive education are often adjuncts of, rather than integral to, Education For All (EFA) planning.

The shift towards Poverty Reduction Budgetary Support (PRBS), SWAps and multi-lateral aid is also squeezing the space for DFID support to civil society and it is within CSOs that the best expertise on disability issues lies.

- **Working with civil society on disability**

The Mapping Report revealed that the vast majority of DFID support for disability issues is being delivered via CSOs, funded centrally through the CSCF and Partnership Programme Agreements (PPA) with UK NGOs. The report noted:

‘...there is considerable scope for DFID to develop a ‘bottom up’ approach to mainstreaming guided and supported by the initiatives at the centre. Such an approach is likely to be successful because it utilises the strengths and experience of NGOs and CSOs thus ensuring that interventions are culturally and contextually relevant and sustainable because they build local capacity. Furthermore, they are in keeping with DFID’s rights based approach to development and its emphasis on tackling social exclusion through empowerment of marginalised groups’ (Thomas 2004:8)

The challenge lies firstly in ensuring that DFID’s increased support to national governments is balanced by support to civil society in general to ensure social accountability. If PRS processes are essentially about giving rights and entitlements to the poor to make claims upon the state, then CSOs are essential agents in representing the poor, disseminating and communicating those rights and holding the state and its donors to account. The second challenge lies with encouraging and supporting DFID country offices to engage directly with disability organisations and in particular with disabled people’s organisations (DPOs).

Organisations *for* disabled people and organisations *of* disabled people should not be conflated, though they may share many of the same goals. DPOs, that is to say organisations which are owned and led by disabled people and in which disabled people are responsible for decisions, have a legitimacy in representing the needs and rights of disabled people which organisations *for* disabled people can never have. DPOs are not without their problems: many have low capacity, poor democratic credentials and many do not adequately represent the needs of disabled women and children and people with certain kinds of impairments, especially those with intellectual and mental health problems.

Virtually all of DFID’s current support to DPOs is delivered via intermediary disability organisations, typically Northern-based NGOs. Southern DPOs do require capacity building and DFID’s PPA with Action on Disability and Development (ADD) is its most significant and important contribution in this area. ADD’s record is very strong, its approach is entirely rights-based and it does not engage in service delivery. Its focus is wholly on the empowerment of disabled people so that they can come together to develop their own democratic, sustainable and representative self-help organisations.

However, not all disability organisations are equally strong in building the capacity of DPOs. Research in Mozambique for the Policy Project reveals that there are quite different perceptions between the approaches adopted by Northern DPOs and Northern

disability organisations about what capacity building means and what Southern DPOs require and want (Ncube 2005). Research also suggests that disability NGOs sometimes seek to build the capacity of DPOs so that the DPO can become an effective partner with whom they can do business and which will convey legitimacy on the NGO's activities (Chapuis et al 2000, Flower and Wirz 2000).

Disability organisations do have an important role to play, particularly in service provision. Furthermore, some DPOs value the assistance Northern NGOs offer in terms of managing the financial and reporting demands of international donors, which enables them to focus on their work. Nevertheless, many DPOs, particularly in Africa, do have the capacity to deal with donors like DFID directly. The perception that DPOs lack capacity is not always well founded and is in danger of becoming a self-fulfilling prophecy. There is also enormous untapped potential within UK DPOs to work with and support their Southern colleagues and in the process gain a greater understanding of development issues. The challenge for DFID is to ensure that CSOs working on disability issues receive support within wider country programmes' support to civil society and in particular to proactively seek out opportunities to engage with Northern and Southern DPOs more directly.

Conclusion

DFID has received an unfair amount of criticism from external stakeholders, particularly in the UK, for its approach towards tackling disability. However, the reasons are largely the responsibility of the organisation itself. DFID is not always good at explaining and promoting what it does. Much of the difficulty rests with the organisation's rather individual understanding of what constitutes 'policy'. Articulating a clearer public position on disability as well as on a number of other issues is a fundamental challenge for the organisation and may well become a matter of urgency with its forthcoming publication on exclusion.

SECTION 3: Opportunities for DFID to take forward work on disability issues

DFID has a profile with which to speak on disability issues. It shaped the territory for other agencies with its publication of the issues paper 'Disability, Poverty and Development'. It has developed a reputation for supporting a rights-based approach towards development and it speaks knowledgeably and thoughtfully on issues of exclusion and marginalisation, which will only be strengthened with its forthcoming publication on exclusion. DFID, like most organisations, does not always match its rhetoric with actions. However, its record on disability has been unfairly maligned. While DFID should not be complacent on disability issues, it should neither lack confidence. There are considerable opportunities for the organisation to take forward its existing work on disability, if it chooses to do so.

At the institutional level:

- **Articulate a clearer position on disability and work with external stakeholders to develop a clear implementation strategy in relation to DFID's broader approach to tackling social exclusion**

Disability is but one of a number of issues where external stakeholders are eagerly awaiting a clearer statement of DFID's position and are anxious to lend their support. Their expectations are not likely to be diminished with the new publication on exclusion. This publication presents a clear opportunity for DFID to think through the relevance and importance of issues such as disability, gender, caste etc. to the organisation's corporate goals.

Understanding of disability has much to offer, conceptually and practically, to DFID's approach to tackling exclusion in general. The social model of disability offers a framework of analysis founded on the attitudinal, institutional and environmental barriers which disable people with impairments. Such an analytical framework has relevance for understanding the dynamics that result in the exclusion of other groups, not only disabled people.

- **DFID's Diversity Strategy**

Awareness of disability issues can and should be developed through specific training for DFID staff. However, it is no substitute for the understanding that comes from working with and alongside disabled staff. The Diversity Strategy, with disability as one of its priorities, if successful will encourage the recruitment of more disabled people within the organisation and well as changing the culture, so that existing staff have more confidence to declare themselves as having a disability, assured that DFID will support them and that their promotion opportunities are not compromised.

The Diversity Strategy also provides an entry point for DPOs to engage with DFID, by offering their expertise to assist DFID to make its buildings accessible and its human resource processes disability friendly. DFID India has already begun this process (see box below).

At the country level:

- **Specific inclusion of disability in support to poverty analyses and data collection**

DFID in many countries is providing support (financial and technical) directly or with other agencies such as the World Bank and regional banks to analyses of poverty that will inform national poverty reduction efforts. Typically, studies, whether they are household surveys, participatory poverty assessments or core welfare indicator surveys, make specific efforts to include gender perspectives and, where appropriate, issues of caste and ethnicity. However, despite the fact that a significant minority of people in all countries are disabled, a specific focus on disability is often overlooked. The stigma and discrimination attached to disability means that in many societies disabled people are virtually invisible. Households may not declare that they have a disabled member, disabled people may not attend community meetings where poverty issues are being discussed and if they do, they may not speak or be allowed to speak (Thomas 2005 a, b, c). A community development LNCO conducting PRA research on disability in Gujarat, India noted that disabled people sat at the back and participated only when specifically asked to do so. They 'were embarrassed to express their opinions in front of others since they had never done it' and when disabled people did attempt to talk, in 44% of the cases they were interrupted by family members, *Sarpanch* (village leader or headman) or other in the group. This discouraged them and some left early, especially disabled women (UNNATI 2004).

The true picture of poverty within a country is unlikely to be accurate unless conscious efforts are made to gather information on disability. PRSPs broadly reflect the priorities that emerge from these analyses of poverty and without the disability perspective, disabled people's needs, if mentioned at all, are relegated to sections listing other vulnerable groups. As Bird notes:

'Donors should recognise that they wield considerable power in shaping what is in the 'framework of the possible' – power derived not only from the resources they dispense but also from the knowledge they can choose to bring (or not bring) to the table' (Bird 2004:iv).

DFID can do much to improve understanding of disability issues and their relationship to poverty in countries by ensuring that the disability perspective is specifically included in support to national data collection and poverty analyses. Furthermore, country offices will soon be required to undertake an analysis of exclusion issues prior to the development of a Country Assistance Plan (CAP). These exclusion studies present a clear entry point for disability issues. Another opportunity lies in Poverty Social Impact Analyses (PSIAs) which seek to analyse the intended and unintended consequences of policy interventions, before, during implementation, and after, on the well-being of different social groups. Policy Division in London has been working with the World Bank on developing a toolkit for PSIAs. The inclusion of a disability perspective in PSIA might well prevent or at least mitigate the unwitting exclusion of disabled people in development programmes.

CASE STUDY 3: DFID Malawi and DFID Rwanda

Malawi has passed disability rights legislation. DFID Malawi has engaged directly with the Malawian national DPO, FEDOMA, to support a project on enabling disabled youth to advocate for equal rights and opportunities. The DFID office has asked the government and the World Bank to include analysis of disability in their analysis of the integrated household survey. Disabled people will also be one of the focus groups in DFID's analysis of access and equity in service delivery.

DFID Rwanda is supporting the development of a National Institute of Statistics. The government of Rwanda is currently preparing its next household survey. DFID is encouraging the inclusion of some disability specific questions.

Source: Thomas 2005b

- **Support to DPOs as part of good governance initiatives and the promotion of social accountability**

Responses to issues around disability are typically divorced from mainstream development processes, and all too often are focused on the delivery of specialist services. DPOs have a key role in representing disabled people and advocating for their rights with national and local governments. In many countries DFID is providing support to civil society to enhance social accountability within wider efforts to improve governance. There is considerable opportunity for DFID to engage directly with DPOs and support them to represent disabled people, particularly at the local level, within civil society support programmes. This is particularly essential where countries have passed disability rights legislation or made specific commitments towards their disabled citizens in PRSPs and other national plans. Engaging with DPOs on this level would do much to assist disability to reconnect with mainstream development.

- **Inclusion of disability in PRS processes and consultations around Country Assistance Plans (CAPs)**

Opportunities exist for DFID to include DPOs and disability organisations in relevant consultations with external stakeholders, particularly in the development of country assistance plans. More broadly DFID could support disability organisations, especially DPOs, to participate in discussions on PRS processes and disseminate information to disabled people about their rights and entitlements. DFID, centrally, is already doing so, through its PPA with ADD. In Bangladesh, DPOs have been successful in getting disability into the new PRSP and ADD played a key supportive role in this process. Uganda is another country where DPOs have been successfully engaging with PRS processes; support from ADD was also influential there (see box below). There is scope for DFID Country Offices to directly support DPO involvement. Opportunities also lie in involving UK DPOs to work directly with their Southern counterparts around capacity building. Governments in Sweden, Denmark, Finland and the Netherlands already fund national DPOs in their own countries to support Southern DPOs through their bilateral aid programmes.

CASE STUDY 4: DPO participation in the PRSP process in Uganda (cont. next page)

The Government of Uganda is currently finalising its third PRSP, known nationally as the Poverty Eradication Action Plan (PEAP). Uganda's national DPO, NUDIPU, has been actively engaging with the process. Following wide consultation with disabled

people throughout the country, NUDIPU developed its own position paper highlighting ways in which the PEAP could more effectively address issues around disability and poverty. However, despite government recognition of disability issues reflected in legislation and policy, and government willingness to consult widely with civil society, disability was initially overlooked and DPOs not included in thematic working groups. NUDIPU received vital support, particularly technical support, from, among others, ADD and the Danish Council of Organisations of Disabled People (DSI), which enabled it to build its own capacity and effectively implement a strategy centred on:

- close interaction with the centre of government and key ministries
- building a consensus among DPOs through active mobilisation of districts and sub-counties
- building alliances with mainstream civil society networks
- setting of disability indicators for the PEAP

NUDIPU is now actively awaiting the publication of the final PEAP to see how far its inputs have been included.

Source: Dube 2005

- **HIV and AIDS**

DFID has made substantial commitments to tackling HIV and AIDS. Research shows that disabled people are more vulnerable and lack access to information and services on HIV and AIDS (Groce 2004, Yousaftzi and Edwards 2004). There is real opportunity for DFID to ensure that its support on HIV and AIDS includes disabled people. HIV and AIDS emerged as a priority issue for disabled people in Cambodia and Rwanda during research by the Disability KaR Disability Policy Officer.

- **Education**

MDG 2, focused on achieving universal primary education, is the only absolute MDG. It cannot be achieved with the inclusion of disabled children. DFID is supporting education in the majority of countries in which it works and in its approach it seeks to support the development of holistic, single, comprehensive plans which embrace the needs of all children. However, in many countries inclusive education initiatives are often insufficiently linked with EFA planning. There are opportunities for DFID to work more closely with international partners, particularly UNESCO, which has launched a flagship initiative on education for disabled children, to ensure that holistic and comprehensive education planning and implementation occur. Off-budget financing to support specific education programmes targeting special groups should be avoided. There is also scope for including the needs of disabled children in targets and indicators in agreements with governments on education programmes, as DFID India has done (see box below).

- **Social protection**

Understanding of social protection has moved a long way from the simple provision of safety nets to encompass a set of instruments that promote as well as protect the livelihoods of the poor so that they can participate in growth processes. Common social protection instruments include pensions, unemployment benefits, food and cash transfers, public work programmes, micro-insurance etc. Many disabled people are extremely poor, often persistently on survival mode, and in theory they have much to gain from increased donor support in the area of social protection. However, as has been discussed earlier, the design of these programmes may unwittingly discriminate against disabled people (e.g.: cash and food for work programmes). There is an

opportunity for DFID to ensure that the disability perspective is included as part of its technical support to governments developing social protection systems.

CASE STUDY 5: DFID India and disability

DFID India is probably the most proactive country office in addressing disability issues. Although disability was not specifically mentioned in the CAP, exclusion was identified as one of the major barriers to poverty reduction. It is within this context that initiatives on disability are located. Despite being at an early stage the key features of DFID India's response to disability are:

- **Inclusion of disability indicators in logframe agreements with the government**

Disability indicators are included in the agreement for the Sarva Shiksha Abhiyan education programme. The indicator emphasises the need for improved educational achievement for schedule tribe and caste children and disabled children and particularly girls within these groups. The emphasis is innovatory because it focuses on the most marginalised and those who are multiply disadvantaged. Disabled people are also included in the logframe for the multi-donor Reproductive and Child Health Programme. The programme requires states to identify groups with the worst health outcomes and channel resources accordingly. There will be triangulation of monitoring including community monitoring, which is accorded equal status.

- **INGO Partnerships Agreement Programme (IPAP)**

DFID India has established its own partnership agreements with selected UK NGOs who have Programme Partnership Agreements with DFID headquarters. Each INGO partner is to act as a nodal point for a particular excluded group such as children and scheduled castes and tribes to facilitate networking, build capacity and administer grants. Voluntary Service Overseas (VSO) is the nodal agency for disability. The INGO Partnership is at an early stage but so far VSO has assisted DFID, by organising a roundtable meeting where the Secretary of State met key disability stakeholders.

- **Poorest Areas of Civil Society (PACS) Programme**

The PACS programme is designed to build the capacity of civil society in India's poorest districts. DFID has adopted a 'hands off' approach and flexibility and responsiveness are built into the programme. CSOs submit an initial concept note and then if that is accepted the managing agency, an NGO, works with them to develop a full proposal. The proposal can still be adjusted within the first three months and again after a year. Monitoring is participatory and non-threatening. The programme originally had a sectoral thematic design, but this has been dropped in favour of a holistic approach. The programme is encouraging real capacity building approaches. One informant described PACS as 'a marvellously thought-out programme.' Disability was not originally included in the PACS but the programme has recognised that poverty cannot be addressed without talking about disability. Currently four disability organisations are receiving PACS funding and proposals are being developed with others, including DPOs.

- **Implementing DFID's corporate diversity agenda**

DFID India has also been proactively seeking to implement the corporate diversity

strategy. Disability is seen as a priority area. DFID India has been working with a local DPO to ensure that its recruitment processes are open and inclusive. Efforts have been made to ensure the accessibility of the office.

- **Tsunami response**

Disability perspective to be included in Social-Equity Audits of post-tsunami relief programmes.

Source: Thomas 2005c

At the knowledge level:

- **Support to disability research**

The Disability KaR programme is DFID's single biggest commitment to disability research. The programme has evolved considerably from its first phase (2000-2002) which was largely based on a medical model of disability and health care technology. In its second phase (2003-2005) the programme has focused on the theme of mainstreaming disability in development and developed a model of working which has seen the development of partnerships between the North and South and where disabled people and disabled researchers have taken a lead and work alongside disability researchers. The active participation of disabled people from the North and South in all aspects of the programme has meant that the research process has been emancipatory and empowering.

Although there is a growing body of research on issues around disability and development, there are still many gaps¹. There are opportunities for DFID to support research in these identified areas and in particular to support disability research processes and methodologies build on the model of working developed in the second phase of the Disability KaR programme.

At the communications level:

- **Increase the quantity, quality and accessibility of information on disability issues**

Work is already being undertaken by DFID centrally to improve the accessibility of its external website for disabled users. Opportunities exist for the organisation to improve the accessibility of all its publications and public communications both centrally and through country programmes.

External stakeholders as well as DFID staff would like more and better information on disability issues. DFID is currently thinking about how to improve the disability content of the external website and its own intranet, Insight. There is scope to increase the opportunities for DFID teams and country offices to publish information about what they are doing and examples of best practice directly in these websites.

The Disability KaR programme established electronic discussion forums before, during and after each of its three roundtables on mainstreaming disability in development in

¹ One of the outputs of the Disability KaR is a disability research gap analysis

order to maximise the participation of stakeholders who could not be physically present at the meetings. These e-forums generated enthusiastic debate and considerable input, particularly from the South. E-forums offer a potential opportunity for DFID to widen its consultation processes, not only on disability issues, and in particular to engage with people in developing countries who would not normally have the chance to participate.

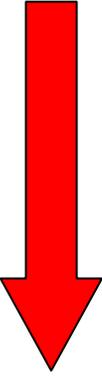
Conclusion

DFID's decentralised structure means that initiatives from the UK are likely to only have limited impact. The greatest opportunities for DFID to take forward its work on disability lie at the country level. However desirable it might be, it is not realistic to expect that all DFID country offices will actively take on board disability issues in the near future. While disabled people all over the world experience unequal rights and opportunities compared to non-disabled people, some countries are further ahead than others in seeking to address the discrimination and marginalisation faced by their disabled citizens. Where countries have passed disability rights legislation, like many in Africa have done, DFID offices need to respond. DFID support to countries emerging from conflict, should also seek to include a disability perspective in their work.

DFID and especially country offices need to have basic understanding of the dynamics that are the necessary foundations on which to build processes that will facilitate the full inclusion and participation of disabled people. There are three key components: the state, disability services and DPOs. The role of the state is to enshrine the rights and entitlements of disabled citizens through legislation and policy; to set standards and monitor implementation; to provide resources as far as the economy of the country allows and ensure that mainstream services, particularly health and education are accessible to disabled people. Specialist disability services are essential to minimise the impact of individual impairments and enable disabled people to begin to access their rights and entitlements. DPOs have a critical role to play in representing disabled people, raising awareness of disability issues, lobbying and advocating for the rights of disabled people and holding the state and specialist disability service providers to account.

There needs to be balance between these key components but also cooperation. Broadly, the role of donors such as DFID is to foster the correct balance between these key components and encourage the necessary cooperation. The components can be visualised as the three legs of a stool, which provides a platform or stepping stool from which the mainstreaming of disability throughout society can be launched. This concept is more fully developed in the form of a tool which country offices might find useful in assessing the status of disability issues in a country in Annex 1.

Overall it is suggested that DFID address disability within a continuum or sliding scale. At the most basic level DFID should be guided by the principle of **'do no harm'**. Closely linked to this, but implying a degree of active engagement, DFID should ensure that it **'addresses discrimination'**. Finally, wherever possible, DFID should **proactively promote the inclusion of disabled people**.

	<p>Fundamental principles for approaching disability issues</p> <p>Level 1: DO NO HARM Ensure that DFID policies, processes and programmes do not reinforce and add to the discrimination and exclusion faced by disabled people</p> <p>Level 2: ADDRESS DISCRIMINATION Ensure that DFID policies, processes and programmes do not unwittingly discriminate against and exclude disabled people</p> <p>Level 3: PROACTIVELY PROMOTE THE INCLUSION OF DISABLED PEOPLE DFID policies, processes and programmes seek to actively include disabled people and respond to their needs and concerns</p>
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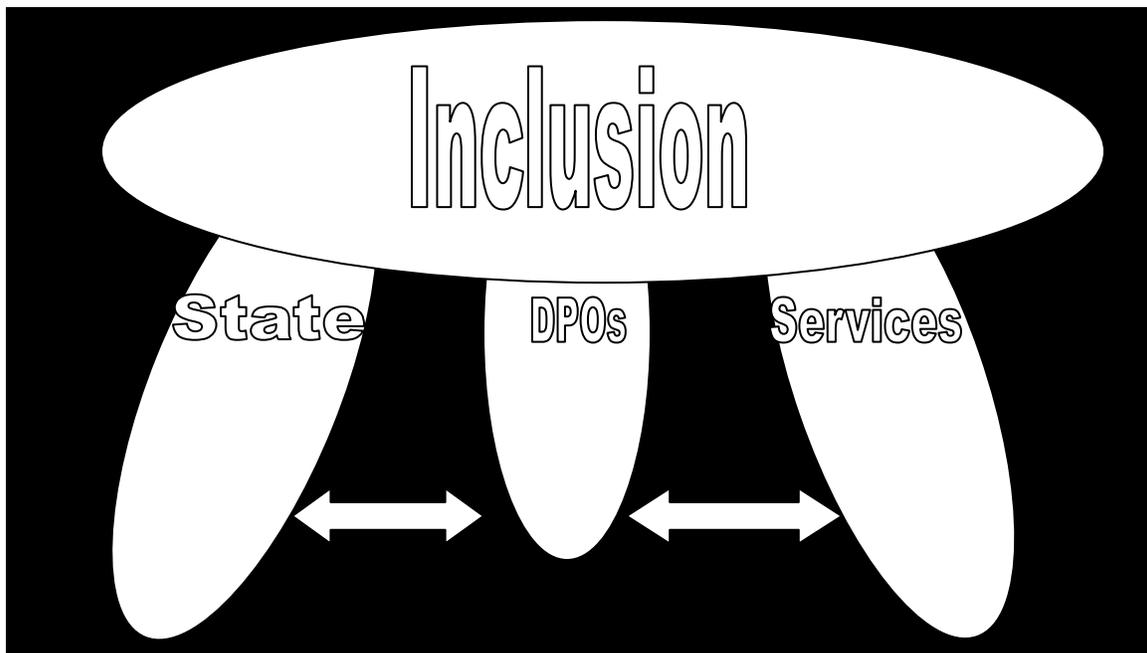
ANNEX 1

EQUALITY OF RIGHTS AND OPPORTUNITIES FOR DISABLED PEOPLE: THE STEPPING STOOL TO INCLUSION

Disability is increasingly being acknowledged as a human rights issue. Indeed, members of the disability movement see disability rights as the last liberation struggle. Progress is well underway for a new UN Convention of the rights of disabled people, and many countries have passed their own domestic disability rights laws. Some of the most comprehensive disability legislation exists in developing countries, such as South Africa.

However, translating rights on paper into real improvements for the lives of disabled citizens is much harder. If organisations, such as DFID are to effectively enable such a transformation, it is necessary to have a basic understanding of the foundations of inclusion to achieve equality of rights and opportunities for disabled people in a society. Presented below is a simple tool to assist this.

THE STEPPING STOOL TO INCLUSION TOOL



Aim:

The tool aims to capture and present in a simple visual format the basic components and their inter-relationships needed to support the inclusion of disabled people to realise their equality of rights and opportunities.

Use

The tool can be *used* to:

- Provide a basic assessment of the status of disability issues within a country
- Identify the areas where interventions are likely to be the most enabling and thus effective

Explanation

There are *three essential components* necessary to support the process of inclusion. They are:

- The state
- Disability services
- Disabled people's organisations (DPOs)

Each component has distinct roles and functions (outlined in the table below).

These components can be visualised as the three supporting legs of the Stepping Stool to Inclusion.

The components must be in equilibrium and interact with each other in mutually supportive and reinforcing ways, otherwise the Stepping Stool to Inclusion will be unbalanced or the legs may splay outwards causing the stool to collapse.

The strength of each component or 'leg' in a country can be assessed by finding the answers to few simple questions (see table below). Then the Stepping Stool to Inclusion can be drawn to visually represent the basic status of disability issues within a country.

The role of a donor like DFID is to design and implement interventions that will:

- strengthen weaker components
- facilitate the key components (state, disability services and DPOs) to interact with each other in mutually supportive ways
- ensure balance and equilibrium between the key components

As a minimum, the donor actions should avoid anything that further unbalances the Stepping Stool to Inclusion.

Table: roles and functions of the key components (*cont. next page*)

	Key roles and functions	Sample indicative assessment questions
STATE	<ul style="list-style-type: none">• Define rights and entitlements through legislative and policy framework• Set standards and monitor implementation• Provide resources as much as the economic development of the country permits• Ensure that mainstream services, particularly health and education, are accessible to disabled people	<ul style="list-style-type: none">• Is there any disability rights legislation? Are there any policies addressing disability issues?• Which ministry or ministries take responsibility for disability issues? Is disability recognised as a cross-cutting issue?• Do the ministries of health and education have any policies or plans on disability?• What resources does the state provide to ensure implementation of any disability legislation, policies and plans?• Are there any mechanisms in place to monitor and enforce the rights of disabled people and their entitlements?

		<ul style="list-style-type: none"> Does the state engage with disability service providers and DPOs? If so, in what ways? Does the state take on any responsibility for coordination?
DISABILITY SERVICES (e.g. rehabilitation, assistive devices, support services for disabled children, specialist vocational training, etc.)	<ul style="list-style-type: none"> Reduce the impact of impairments Enable disabled people to access their rights Services can be provided by the state, international and local NGOs, DPOs 	<ul style="list-style-type: none"> What services are available? Are there any major services gaps? (e.g.: mental health services, services for the hearing impaired) Who are the main service providers? The state? Civil society? Combination of the two? Do service providers cooperate with each other? Broadly what proportion of disabled people have access to the basic services they need? Nearly all? Most? Very few? How sustainable are the existing services? What are the main barriers preventing access to services? What is the quality of existing services? Are there any standards? If so, are they monitored? Are services well coordinated? Is there a good geographical spread?
DISABLED PEOPLE'S ORGANISATIONS	<ul style="list-style-type: none"> Represent disabled people Advocate and lobby for disability rights Ensure that the state and service providers are responsive to the needs and rights of disabled people 	<ul style="list-style-type: none"> Is there a national, cross-disability, umbrella DPO? Are there national DPOs representing people with different impairments? Are there DPOs at provincial, district and local levels? Do DPOs have a rights-based approach to disability? How united or divided are DPOs? In what ways do DPOs engage with the state and service providers?

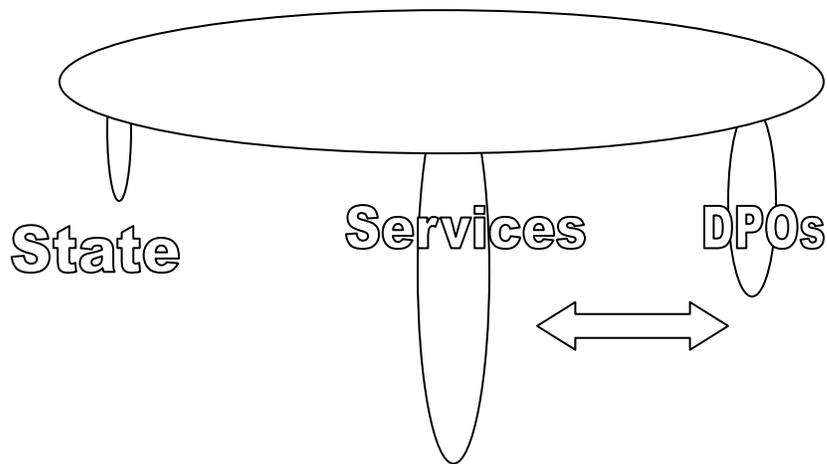
Using the 'Stepping Stool to Inclusion' tool: Example of Cambodia

Cambodia has probably one of the highest rates of disability in the world. The Asian Development Bank estimates approximately 10-15% of the population are disabled. Cambodia remains a heavily mined country. The problem of landmines has attracted considerable support for disability services but INGO service providers are now finding the funding climate more challenging.

The characteristics of Cambodia's state, disability services and DPOs as the three key components of the stool are described in the table on the next page.

STATE	DISABILITY SERVICES	DISABLED PEOPLE'S ORGANISATIONS
<p>- Disability is responsibility of Ministry of Social Welfare, very low capacity and poorly resourced.</p> <p>- Government formed partnership with INGOs to establish a semi-autonomous, national advisory and coordinating body on disability, the Disability Action Council (DAC) in 1997. Effectively the Government has devolved responsibility for disability to DAC.</p> <p>- DAC effective coordination</p> <p>- Draft disability legislation developed but not enacted. Government given its support to Biwako Framework , an extension of the Asia Pacific Decade of Disabled People</p> <p>- Inclusion = vision of Ministry of Education. Inclusive Education (IE) Programme in 95 schools, 9 provinces but IE not integrated into national EFA plans</p> <p>- Government support to disability very limited: use of Ministry of Social Welfare buildings for rehabilitation centres, electricity supplied and modest contribution towards subsistence costs for people undergoing medical rehabilitation.</p> <p>- Pension system for veterans, but site of significant corruption.</p>	<p>- All services provided by NGOs, sustainability questionable</p> <p>- Well coordinated, fair range and geographical spread</p> <p>- Limited mental health and services for hearing impaired, over-emphasis on physical impairments</p> <p>- Sector isolated from mainstream</p>	<p>- National cross-disability organisation, Cambodia Disabled Person's Organisation (CDPO), but weak and undergoing reform</p> <p>- Association of Blind Cambodians</p> <p>- No national deaf organisation</p> <p>- DPOs have rights based focus, growing grass-root network</p> <p>- Confusion of roles between CDPO and DAC</p>

Cambodia's Stepping Stool looks something like this:



The key areas for intervention lie in:

- strengthening the state to resume more responsibility for disability issues
- supporting the capacity building of DPOs so that they can lobby for their rights and hold the state to account ²

Conclusion

The Stepping Stool to Inclusion is a basic tool. It is to be used to provide a snapshot assessment of the status of disability issues in a country. The information needed to draw a country's 'Stepping Stool' can be gathered very rapidly. Clearly much more detailed information needs to be gathered before designing specific interventions and programmes to address disability issues. As a point of principle, disability organisations, and especially DPOs as the representatives of disabled people, should be consulted.

² For a detailed discussion of disability issues in Cambodia, see Thomas, P (2005) 'Poverty Reduction and Development in Cambodia: Enabling Disabled People to Play a Role.' www.disabilitykar.net

ANNEX 2

DFID-supported disability-focused activities 2004-5

This section briefly updates the Disability Mapping Report of June 2004. It outlines new disability focused activities which DFID is supporting.

Disability-focused activities supported by Country Offices

Pakistan

Programme to support inclusive education. Start date: February 2005

St Helena

Scoping study on Social Enterprise. Start date: December 2004

Malawi

Support to the national DPO, FEDOMA to implement project, 'Disabled Youth Advocate for Equal Rights and Opportunities'

DFID has asked the Government of Malawi and the World Bank to include an analysis of disability in the next household survey.

DFID will be including a disabled people's focus group in its analysis of access and equity in service delivery.

India

Disability indicators included in logframe agreements with the government and other donor partners for the Sarva Shiksha Abhiyan education-for-all programme and the Reproductive and Child Health programme.

INGO Partnerships Agreement Programme (IPAP) established with UK NGOs working in India to address issues of social exclusion. Voluntary Service Overseas (VSO) is the nodal agency for disability issues and networks.

Grants agreed to support further disability activities under the Poorest Areas Civil Society (PACS) Programme, working in the poorest districts of India.

Disability perspective to be included in Social-Equity Audits of post-tsunami relief programmes.

Serbia

As part of the larger programme, 'Social Policy Reform – Building and Strengthening State-Civil Society Partnerships to Reduce Poverty and Social Exclusion,' DFID is supporting nine disability-focused community action projects, five of which are being implemented by DPOs or parent associations.

<i>Area</i>	<i>Community Action Project Focus</i>
Bor	Organisation of a day care centre
Bor	Community awareness raising on disability and social model aimed at changing the habits and knowledge in regard to the problems

	and possibilities of disabled people
Zemun	Support to children with special educational needs in primary schools through use of volunteers from university and high schools
Zemun	Audio library for blind and visually impaired people
Zemun	Day care centre
Kraljevo	Improved accessibility to services for disabled people
Kraljevo	Rehabilitation and education for disabled children
Kraljevo	Rehabilitation and vocational training for physically disabled adults
Kraljevo	Socialisation, integration and employment for intellectually disabled young people

DFID has also supported Save the Children to work with the Ministry of Labour and Social Policy to develop a discussion paper reviewing policy.

Civil Society Challenge Fund projects

The following new disability projects are being supported:

<i>Country</i>	<i>Project</i>	<i>Start date</i>
Bangladesh	Promoting the Rights of Disabled People	Nov 04
Laos	Programme to advance the Cause of Disability	April 05
India	Communities Catching Up	Aug 04
Eastern Europe Regional	Self-help and Advocacy for Rights	Nov 04
Uganda, Tanzania Zimbabwe	Rights of Wheelchair Users	June 04
Kenya	Mainstreaming poor mentally-ill people in the informal settlement of Kangemi, Nairobi, Kenya	2005
Sri Lanka	Business Development as a tool to promote disabled people's rights	2005
Laos	Mental Health and Development in the Lao PDR	2005
Uganda	Building the capacity of disabled people in Uganda to access their livelihoods	2005
East Africa	Empowering Deafblind People in East Africa	2005
Angola	Empowerment of Disabled People's Organisations (DPOs) in Angola	2005

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