

DFID AND DISABILITY

A Mapping of the Department for International Development and Disability Issues

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CONTENTS

Acronyms

Disclaimer

Executive Summary

1. Introduction

- DFID Disability Knowledge and Research Programme
- Aims and Scope of the Study
- Methodology
- Outline
- Acknowledgements

2. DFID Policy and Disability

- UN Standard Rules
- UK Disability Discrimination Act
- DFID's Policy on Disability in its International Development Activities
- Social Exclusion

3. Snapshot of DFID's Support to Disability Issues

- Background
- Disability and DFID's Multi-lateral Aid Programme
 - World Bank
 - Asian Development Bank
 - United Nations Development Programme
 - UNICEF
 - World Health Organisation
 - European Union
- Disability and DFID's Bilateral Aid Programme
 - Asia Division
 - Africa Division
 - Europe, Middle East and the Americas Division
 - Regional and Country Assistance Plans
 - Conflict and Humanitarian Affairs Department
 - Policy Division
 - Central Research Department
- Support to Disability via NGOs and CSOs
 - Partnership Programme Agreements
 - Civil Society Challenge Fund
 - Development Awareness Fund

4. Case Studies

- Case Study 1: Partnership Programme Agreement with Action on Disability and Development
- Case Study 2: Disability Projects in Samara, Russia
- Case Study 3: Civil Society Challenge Fund Project Disability Specific
- Case Study 4: Ghana
- Case Study 5: India
- Case Study 6: Cambodia

5. DFID Staff and Disability

Knowledge about disability

Disability and DFID's work

Awareness of the 2000 Issues Paper, 'Disability, Poverty and Development'

Conclusions

Disability Supporters within DFID

6. Conclusions and Suggestions

Bibliography

Appendices

Appendix 1 Terminology

Appendix 2 Disability Policy Officer Terms of Reference

Appendix 3 Mapping Terms of Reference

Appendix 4 Disability Mapping Questionnaire

ABBREVIATIONS

ADB	Asian Development Bank
ADD	Action on Disability and Development
AusAID	Australian Agency for International Development
BCODP	British Council of Disabled Persons
CAP	Country Assistance Plan
CHAD	Conflict and Humanitarian Affairs Department
CIDA	Canadian International Development Agency
CSCF	Civil Society Challenge Fund
CSP	Country Strategy Paper
CSO	Civil Society Organisation
DAC	Disability Action Council
DBS	Direct Budgetary Support
DDP	Director's Delivery Plan
DFID	Department for International Development
DPO	Disabled People's Organisation
GPDD	Global Partnership for Disability and Development
ICSD	Information and Civil Society Department
IDEA	International Disability Equality Agency
KaR	Knowledge and Research
KIPAF	Knowledge, Inclusion, Participation, Access and Fulfilling Obligation
MDGs	Millennium Development Goals
MIC	Middle Income Countries
MoU	Memorandum of Understanding
NEP	NGO Education Partnership
NORAD	Norwegian Agency for Development
PPA	Partnership Programme Agreements
PRSP	Poverty Reduction Strategy Papers
RAP	Regional Assistance Plan
RBA	Rights-based Approach
SIDA	Swedish International Development Agency
SWAP	Sector-Wide Approach
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VSO	Voluntary Service Overseas
WB	World Bank
WHO	World Health Organization

Disclaimer

This report has been prepared by the Disability Policy Officer as an output of the DFID Disability KaR Programme. The conclusions reached and the suggestions offered are those of the author and do not represent the policy of DFID or the Disability KaR programme.

Executive Summary

'The continued neglect of the disabled by national governments and international development agencies remains one of the great lacunae of national and international poverty-reduction efforts'

(Hulme, Moore, Shepherd and Grant 2004:20)

Disability, until very recently, has been largely invisible in the development process. In 2000, DFID broke new ground when it was the first major development agency to publish a paper on the links between poverty and disability. The Issues paper, 'Disability, Poverty and Development' was not a statement of policy; it advocated a twin track approach of mainstreaming disability issues combined with specific initiatives to address the particular needs of disabled people. The paper has gained widespread international recognition and raised expectations that DFID was about to take a lead on the issue. However, internally, the Issues paper is not so well known. This report reveals that DFID's disability-focused activities have been largely hidden, and that more has been achieved than has been recognised.

Tracking what DFID is doing on disability has not been an easy task. There is no disability marker on the internal management information system, PRISM. Projects and programmes have only been identified when disability is specifically mentioned in the project title or the purpose description. Furthermore the data on PRISM is far from complete: there are no records of activities supported under the small grants scheme and many activities funded by accountable grants from country offices are not included.

The author has relied on information given by DFID staff in interviews and in responses to a questionnaire sent to all social development, education and health and population advisors. Time constraints and the workload of DFID staff limited the amount of information that could be gathered this way. Therefore this report offers only a snapshot of what DFID is doing on disability. It is very likely that results presented here are an underestimate. In addition, the criteria for selection of disability activities have been quite narrow. The focus has been on activities where disabled people are the target beneficiaries or are specifically mentioned among the beneficiaries. This means that many mainstream programmes that will benefit disabled people have been excluded. Despite these constraints, this report reveals that DFID is supporting a surprisingly wide range of activities and perhaps more importantly for the future, there is an interest in, knowledge of and support for disability among many DFID staff.

A picture of a solid bedrock of specific initiatives delivered primarily through NGOs and civil society organisations (CSOs) emerges, on which DFID can build. The Civil Society Challenge Fund (CSCF) is currently funding 23 disability-focused projects. All but one of the international NGOs that DFID has Partnership Programme Agreements (PPA) with are also engaged in some disability-focused activities. Some organisations such as VSO, HelpAge, and Save the Children, have quite extensive disability activities. Furthermore DFID has a PPA with Action on Disability and Development (ADD), the only UK disability NGO that focuses on empowering disabled people to advocate for their rights rather than on service delivery.

Some DFID country offices, most notably in Bosnia, Russia and India, have been working with local disability NGOs and disabled persons organisations (DPOs) to include disability-focused sub-components within larger mainstream programmes. In

Russia, DFID established complementary projects on improving social service delivery to disabled people in Samara and on supporting Russian disabled people to plan and manage their own empowerment programme.

DFID has also been funding research from improving accessibility in urban areas and in water and sanitation to work on inclusive and special education. In particular, there is a whole knowledge and research programme (KaR) dedicated to disability. This Disability KaR with a budget of £1.4 million provides support for small scale activities in countries in the South alongside research into the links between poverty and disability, the provision of technical advice to DFID through the placement of a Disability Policy Officer at head quarters, support for training of DFID staff on disability and a knowledge and communications component to disseminate learning. It represents a commitment by DFID to try to address disability in a more strategic manner and this report is one of the programme's initial outputs.

DFID has not mainstreamed disability, but there are significant constraints that need to be acknowledged. DFID's commitment to achieving the Millennium Development Goals (MDGs) along with its shift away from project based aid towards direct budgetary assistance (DBS) to national governments to support poverty reduction strategy plans (PRSPs) and multi-donor support to sectors such as health and education through sector wide approaches (SWAPs) have limited the space for disability. Disability is not explicitly mentioned in the MDGs and is rarely a priority for governments of the South. Consequently, the needs of disabled populations are often omitted in national plans and in DFID's own country assistance plans which broadly reflect national priorities. Furthermore it is often seen to be difficult to make the case for disability because of the general paucity of quality research on the scope of the problem and its relevance to poverty reduction.

The marginalisation and discrimination faced by disabled people throughout the world has meant that in many countries, DPOs need considerable support so that disabled populations are empowered to demand their rights from their national governments. In the poorest countries, the situation of disabled people can be so dire that they lack access to the most basic of medical services and assistive devices.

The challenge of mainstreaming disability should not be underestimated. DFID has not lived up to the expectations that were created with the publication of the Issues paper, but research for this report reveals that there are considerable internal and external opportunities for DFID to move forward on this issue and even the potential to once again take the lead among development agencies.

DFID staff have generally a good understanding that disability is more than a medical condition and recognise its social construction and they perceive it to be highly relevant to DFID's poverty reduction agenda. There is also a number of staff with an interest in and knowledge of disability issues throughout the organisation. DFID has gained an international reputation among development agencies for its rights-based approach to development and its focus on addressing issues of social exclusion. The social model of disability locates disability as a human rights issue and has much commonality with the concept of social exclusion, particularly in its identification of the institutional, environmental and attitudinal barriers that disable people with impairments.

DFID has recently commissioned reviews of its work on human rights, gender and social exclusion in Asia. It is within these debates that future work on disability should be located. DFID has recently appointed a Senior Gender and Human Rights Advisor and addressing social exclusion is a priority for DFID Asia in the Director's Delivery

Plan. Furthermore, DFID has also appointed a Diversity Advisor and is currently developing a wide ranging strategy to address diversity issues both internally and in its overseas work. Disability is recognised as an important component of the diversity strategy as well as in DFID's work on human rights and social exclusion. Together these initiatives present DFID with a tremendous opportunity to deal with disability issues in a strategic and coordinated manner.

Financial, human and technical resources are now available to support DFID's work in this area through the Disability KaR programme. Indeed one of the goals of the new research strategy is that research should more directly support the work of Policy Division. The Disability KaR has the potential to provide a model in how to directly influence DFID that future Knowledge and Research programmes could follow. However, in recent years DFID has significantly decentralised its operations, granting considerable autonomy to country offices. Thus initiatives at the centre, though nevertheless important, are likely to have only a limited impact unless accompanied by activity at the country level.

DFID's commitment to delivering aid through the current aid modalities of direct budgetary support, PRSP processes and SWAPs limits the scope for DFID to act where national governments show no interest in helping their disabled citizens. Evidence from India, Russia and Bosnia shows that DFID country offices are willing to respond on disability where national governments recognise its importance. The PPA with ADD represents a real opportunity for DFID to be proactive rather than reactive. ADD uniquely supports DPOs to build their capacity so that they can effectively represent the disabled constituency and lobby governments for their rights. DFID and particularly its country offices could do much to assist ADD in this process if they energetically engaged with ADD. Only when DFID sets the example by consulting with ADD, DPOs and other organisations working for disabled people can it hope to realistically persuade national governments to do the same.

The work of other NGOs with PPAs along with the range of projects supported through the Challenge Fund mean that 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. It is a point of principle that disabled people must be fully involved in programmes and projects that affect them. DFID may wish to consider seeking out opportunities to work directly with more DPOs in developing countries as well as with the UK disability movement.

Globally there is increased interest in disability issues. The World Bank has appointed a disability advisor and is proposing establishing a Global Partnership for Disability and Development (GPDD). The Asian Development Bank (ADB) is also in the process of developing a handbook on addressing disability issues. The development agencies of Sweden, Finland and Norway have been proactive on disability and within the European Union there is a willingness to cooperate and learn from each other's experience on this issue.

DFID is a highly respected player and is committed to promoting donor cooperation and coordination. DFID has experience in disability from which other countries could learn and has the potential to take a lead among development agencies, thus raising DFID's profile and assisting in ensuring that the growing global interest in this area

results in cost effective and relevant initiatives that transform the lives of disabled people. Presented below is a Strengths, Weaknesses, Opportunities and Constraints (SWOC) analysis of DFID's current position on disability issues.

SWOC Analysis of DFID and Disability

Strengths	Opportunities
<ul style="list-style-type: none"> • Disability seen as highly relevant to DFID's poverty reduction agenda • DFID's support to a wide range of disability-specific projects through local and international NGOs and CSOs • DFID staff broadly have a good understanding of disability • DFID's PPA with ADD • Majority of PPA NGOs engaged in disability-focused activities • Interest in and knowledge of disability issues among a number of staff • DFID India's commitment to addressing disability issues • 2000 Issues Paper 'Disability, Poverty and Development' • DFID's diversity initiative and appointment of the Senior Gender and Human Rights Advisor • DFID's Disability Knowledge and Research Programme • DFID's interest in RBA and social exclusion • A number of disability research initiatives 	<ul style="list-style-type: none"> • Growing global acceptance of the social model of disability • World Bank's interest in disability and in particular the proposed Global Partnership on Disability and Development • ADB's interest in disability • Biwako Framework in Asia, an extension of the Asia Pacific Decade of Disabled Persons • African Decade of Disabled Persons • Experienced UK disability movement • Proposed UN Convention on the Rights of Disabled Persons • Increasing legislation protecting and promoting the rights of disabled people in countries of the South
Weaknesses	Constraints
<ul style="list-style-type: none"> • Lack of policy on disability and no strategic approach compounded by DFID's decentralised structure • Very limited direct engagement with global disability movement and DPOs • Little evidence of mainstreaming in practice • No focal point within DFID on disability • No mechanism for sharing learning and best practice on disability • Limited understanding of disability's relevance to the MDGs and perception among some DFID staff that disability is not relevant • Invisibility of disability in many of DFID's policy and planning documents, particularly in CAPs and RAPs • DFID's current failure to capitalise on the opportunity offered by the PPA with ADD • DFID's current failure to specifically include disability within its focus on RBA and social exclusion • Lack of information on disability for DFID staff and limited impact of the 2000 Issues Paper 'Disability, Poverty and Development.' 	<ul style="list-style-type: none"> • Little or no interest in disability issues by national governments • Addressing disability issues perceived to be expensive and not affordable by governments • Current aid modalities (PRSPs, SWAPs, DBS) de-prioritise and may even exclude disability • Lack of data and quality research on disability • Disability movement in the South weak, with low capacity and often undemocratic and unrepresentative

It is important to note that the mapping process has itself raised awareness of disability in DFID. A memo has been sent to staff working on HIV/AIDS highlighting that disabled people are particularly vulnerable to catching the disease. Finally, DFID may also wish to consider using this report as a baseline survey from which to measure progress in the future.

1. INTRODUCTION

This report has been produced as part of the DFID Disability Knowledge and Research Programme (KaR).

The DFID Disability Knowledge and Research Programme (KaR)

In September 2000, DFID launched a KaR programme covering the areas of disability and healthcare technology. The Programme supported and managed 18 discrete projects in developing countries focusing on disability and healthcare technology, chosen through a process of open competition. While the individual projects themselves were generally successful, the final assessment of the programme emphasised the need to focus more strongly on disability issues in a strategic manner more directly linked to DFID's poverty reduction agenda. In September 2003, a new Disability KaR began, managed by a consortium made up of the UK NGO Healthlink Worldwide and the Overseas Development Group (ODG) at the University of East Anglia, with a budget of approximately £1.4 million.

The new Disability KaR programme comprises several components:

- *Knowledge and Communications Management*
This component focuses on ensuring effective communication and dissemination of Programme activities and learning through the Programme newsletter and website (www.disabilitykar.net). There is also sub component focusing on the convening of regional roundtables to discuss and share experience of addressing disability issues.
- *Approved projects*
These are six projects in the South implemented by a range of partners approved under the second phase of competition that was planned in KaR 1. They include accessible transport in South Africa; wheelchair design in Africa; disability organisations membership systems in Laos; and access to disability information.
- *In-house projects*
These projects have been commissioned directly by the programme to further its aims of linking disability to DFID's poverty reduction agenda. They are:
 - *Disability Policy Project*
Purpose: to provide specialist technical support to DFID on disability issues through the placement of a Disability Policy Officer to work part-time at DFID Palace Street.
 - *Disability Equality Training*
Purpose: to provide appropriate disability equality training to KaR Programme personnel, key DFID staff and others as identified.
 - *Enabling Disabled People to Reduce Poverty*
An action research project focused on exploring poverty-disability linkages and the impact of enabling disabled people on poverty reduction. Outputs will include a series of briefing notes, briefing papers and working papers and a register of development agencies' and leading INGOs' policies and practices in addressing disability.

This Mapping Report has been produced by the Disability Policy Officer and represents the first output of the Disability Policy Project.

Aims and Scope of the Study

The aims of the study were to:

- Provide a snapshot of what DFID is currently doing to address disability issues

- Provide suggestions for further action for DFID and the Disability KaR programme

The mapping exercise only focused on *current* DFID activities and *some proposed* activities. It did *not* look at issues relating to the employment of disabled people within DFID nor activities beyond DFID. However, a complementary activity mapping the current policy and practice of other development agencies (bilateral, multilateral and NGO) is being carried out by the *Enabling Disabled People to Reduce Poverty* component of the Disability KaR Programme.

The mapping sought to produce the following deliverables:

- A register of disability-focused projects supported by DFID
- A list of DFID personnel with an interest in and knowledge of disability issues
- A series of case studies looking at how disability issues are being addressed in up to six country programmes and through different DFID funding mechanisms

The Mapping was conducted in a two month period from February to March 2004.*

Methodology

Information for this report has been gathered through a desk review of DFID documents available through the DFID website and intranet, Insight; searches of the DFID management information system, PRISM; responses to a questionnaire and interviews with DFID staff. Information has also been supplied by DFID's NGO partners and two interviews were held with NGO representatives. General literature on disability, searches on the internet and the author's own experience of working in the disability sector in Cambodia have informed this report.

The findings and conclusions of this report have been severely limited by the difficulty in obtaining information. Information on PRISM is far from complete. Furthermore there is no disability marker in the system, so the identification of disability-focused programmes/projects has relied on reading the titles of programmes/projects and the brief purpose descriptions for mentions of disability. It is inevitable that some programmes/projects have been missed. Records of projects supported by the Small Grants Scheme are no longer kept centrally. It was also impossible to access information on projects supported through Accountable Grants from DFID Country Offices.

The Information and Civil Society Department was particularly helpful in sending documents not available electronically. Questionnaires were sent to all DFID Social Development, Education, Health and Population Advisors but only a few replies were received. Time constraints and respect for the work load of DFID staff limited the scope for 'chasing up'. Interviews were conducted with 15 DFID employees who were very generous with their time and ideas. The selection of staff to interview was generally led by the suggestions of interviewees themselves. Thus the interviews conducted are not a representative sample of DFID staff.

The case studies presented in this report were primarily selected on the basis of the availability of information. Better examples of DFID's approach to disability issues probably exist and could have been chosen with more time and more information. Despite these difficulties, the author's investigations were generally welcomed and supported by DFID staff.

* See Appendix 3 for Mapping Terms of Reference

Outline

The next section provides a brief summary of DFID policy and its relationship to disability issues. Section 3 gives an overview of DFID's actions in the area of disability including a register of disability-focused projects where they could be found. Section 4 presents six case studies. Section 5 looks at the knowledge and experience of DFID staff in dealing with disability in their work and is based on interviews and responses to the questionnaire. This section also includes a list of staff with an interest in and knowledge of disability issues. The final section presents the report's conclusions and makes suggestions for further action for DFID and the Disability KaR Programme.

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2. DFID POLICY AND DISABILITY

The aim of DFID's international development assistance is the elimination of poverty in the poorest countries and a commitment to the successful achievement of the Millennium Development Goals (MDGs). DFID's policy is founded on the 1997 and 2000 White Papers *Eliminating World Poverty: A Challenge for the 21st Century* and *Eliminating World Poverty: Making Globalisation Work for the Poor* and guided by the Public Service Agreement (PSA 2003-06) and the Service Delivery Agreement (SDA 2003-2006). The PSA sets out objectives and targets for DFID to work towards while the SDA focuses on the processes DFID supports to achieve the targets in the PSA. DFID also periodically publishes statements of policy on particular issues such as human rights.

Millennium Development Goals

- GOAL 1:** Eradicate extreme poverty and hunger
- GOAL 2:** Achieve universal primary education
- GOAL 3:** Promote gender equality and empower women
- GOAL 4:** Reduce child mortality
- GOAL 5:** Improve maternal health
- GOAL 6:** Combat HIV/AIDS, malaria and other diseases
- GOAL 7:** Ensure environmental sustainability
- GOAL 8:** Develop a global partnership for development

Disabled people are implicitly included in the MDGs, despite not being specifically mentioned. DFID's policy and practice towards disabled people is also guided by a number of agreements.

The UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities

The Standard Rules were adopted by the UN General Assembly in December 1993 and are based on the experience of the UN Decade of Disabled Persons (1983-92). The Rules provide international standards for upholding the rights of disabled people. Although they are not compulsory, they imply a strong moral and political commitment on states to take action to equalise opportunities for disabled people. There are 22 rules setting out important principles for responsibility, action and the achievement of full participation and equality. There are:

- *Preconditions for equal participation:* awareness raising, medical care and rehabilitation and support services
- *Target areas for equal participation:* accessibility, education, employment, social security, income, family life, culture, religion, sports and person integrity

- *Implementation measures:* information and research, legislation, policy making and planning, coordination, training and monitoring and evaluation of disability programmes

DFID is also bound by the UK Government's signature to a number of UN Human Rights conventions and agreements, which although do not always explicitly mention disabled people, enshrine their rights like any other human being's rights nonetheless.

The UK Disability Discrimination Act

The Disability Discrimination Act (DDA) aims to end the discrimination faced by many disabled people. This domestic legislation gives disabled people rights in the areas of employment, education, access to goods, facilities and services and buying or renting land and property. The Act first entered the statutes in 1995 but it is only in October 2004 that all of its provisions become legally binding. It primarily covers DFID's internal actions particularly in relation to its human resourcing and accessibility.

DFID recently published an information booklet *Disability in DFID* to give guidance to its staff on the implications of the DDA and how to most appropriately address disability issues. Internally, DFID is also developing a Diversity Strategy. The extent to which the DDA covers DFID's international work is currently being debated but the DDA and DFID's Diversity Strategy in particular will have indirect influence in the future. For example, the DDA combined with a successful Diversity Strategy should encourage the recruitment of more staff with disabilities and encourage other staff to come forward and declare themselves as having a disability. Furthermore disabled staff should find the barriers to their promotion removed. An increase in the number and status of disabled staff throughout the organisation will lead to greater visibility of disability issues and it will be harder for the needs of disabled people to be overlooked in DFID's planning and programme delivery.

DFID's Policy on Disability in its International Development Activities

Currently DFID does not have a specific policy on addressing disability issues in its development activities.

In 2000 DFID published an Issues Paper, *Disability, Poverty and Development*. The paper assesses the significance of disability as a development issue and its importance in relation to poverty, human rights and the achievement of the MDGs. It presents a twin-track approach to addressing disability issues focusing on mainstreaming combined with specific initiatives to support and empower disabled people.

The Paper was the first to be produced by any of the major development agencies that focused on disability. It was in many ways a trail-blazing paper. It has become very widely known and is commonly referred to by other development agencies and NGOs. External to DFID, it is widely understood to be a statement of policy*, but it is not. In fact its status and purpose is rather unclear. Interviews and responses to the questionnaire reveal that the Paper is better known outside DFID than within. Anecdotal evidence suggests that this is not untypical of other Issues papers that deal with concerns paramount to NGOs. Furthermore, although the Paper was written with considerable input from NGOs working on disability issues, it has been

* James Wolfensohn (President of the World Bank) recently referred to DFID's disability policy in a letter to the Secretary of State, Hilary Benn.

criticised by some of the NGO community and in particular the UK disability movement for presenting an unclear model of disability, a kind of amalgamation between the social and medical models. Several DFID informants, however, felt that one of the greatest strengths of the Paper was the way it established and promoted the social model of disability. DFID informants understood that it did not represent policy. Several commented that its 'nebulous' status was a major weakness and others thought it should contain more practical guidance on how to include disability issues. In response to a parliamentary question, the former Secretary of State, Claire Short, was advised that the Paper did provide technical guidance (draft reply no. 30147 : Terry Rooney MP).

There is a desire in the NGO community and in the disability movement for DFID to revisit this Paper and a few of the DFID informants also suggested that the Paper needed updating. Possible options include revising it so that it becomes a statement of organisational strategy, updating it and expanding on the concept of the twin-track approach with examples of best practice, or a combination of the two.

DFID has gained an international reputation among bilateral development agencies for adopting a rights-based approach (RBA) since the publication in 2000 of the Target Strategy Paper (TSP) *Realising Human Rights for Poor People*. Two approaches to RBA can be identified: a legalistic approach based on international human rights instruments, and an empowerment approach, focusing on supporting and empowering civil society to advocate and campaign for rights. DFID has mainly adopted the latter approach, though a recent report has suggested that both approaches should be adopted by the organisation (Piron and Watkins 2004). DFID clearly feels that a RBA to development is an effective way of reducing poverty and the TSP outlines three operational principles:

'Participation: enabling people to realise their rights to participate in, and access information relating to, the decision-making processes which affect their lives.

Inclusion: building socially inclusive societies, based on the values of equality and non-discrimination, through development which promotes all human rights for all people.

Fulfilling obligation: strengthening institutions and policies which ensure that obligations to protect and promote the realization of all human rights are fulfilled by states and other duty bearers.' (DFID TSP:10)

The social model of disability locates disability as an issue of human rights. The World Bank and the Asian Development Bank (ADB) have also recently adopted a RBA to disability. The ADB is also in the process of developing a Handbook, which puts forward a framework for assessing the effectiveness of disability interventions (ADB 2003). This KIPA framework, standing for Knowledge, Inclusion, Participation and Access, clearly has parallels with the operational principles outlined in DFID's TSP. A recent study commissioned by the Disability KaR programme recommends the adoption by DFID of a hybrid framework combining the elements of the TSP's operational principles and the ADB framework. This KIPAF framework, standing for Knowledge, Inclusion, Participation, Access and Fulfilling Obligation could become a DFID specific tool while still 'harmonizing with the work done by other international organisations.' (Ortiz 2004:15)

DFID has recently commissioned a review of how it has integrated human rights into its work. This review recommends that DFID produces a clearer statement of policy of where human rights fit in with its work along with guidance on instruments to implement a human rights approach. The review also highlights the need for a more

systematic mechanism for DFID to learn from the experience of its programmes and the need to build the capacity of DFID staff on human rights issues (Piron and Watkins 2004).

The review is currently only in draft form and is very much an internal DFID document. However, several of its findings echo criticisms levelled at the Disability Issues Paper, namely a lack of clarity and practical guidance. Perhaps there is scope for DFID to mesh a review of its approach to disability with a wider review of its approach to realizing human rights. Such an initiative could be mutually beneficial, bringing greater coherence and depth to DFID's work, as well as being time- and resource-efficient.

Social Exclusion

In recent times, DFID has increasingly embraced the concept of social exclusion to enhance its understanding of poverty and development processes. Social exclusion is an analytical tool for 'unpacking' poverty, in particular the structural and institutional barriers to getting out of poverty (Hooper 2003). Although social exclusion is not a policy, tackling social exclusion may amount to an informal policy of DFID, because it is mentioned so often in country assistance plans (CAPs) and other DFID documents. Indeed addressing issues of social exclusion is a specific focus of the Director's Delivery Plan for Asia Division.

Social exclusion refers to the relationship between the state and the citizen, and implies that 'someone or something is doing the excluding' (De Haan 1998). It differs from other concepts such as poverty, vulnerability, and inequality because it implies causality. Social exclusion is relational because it derives from social relations based on differences of status and power. Social exclusion also has a focus on structure, recognising that social relations are embedded in the institutions of society, both informal and formal (Hooper 2003).

There is much commonality between the concept of social exclusion and a social model understanding of disability. Within the social model, society, not impairments, disables individuals. Impairments can be more or less disabling depending upon the nature of the societies where they occur. Albinism is far more disabling in African societies than in European ones, for example. Thus disability is itself a relative term.

The social model emphasises the societal barriers that disable people with impairments. These are institutional, environmental and attitudinal. Institutional barriers include discriminatory legislation against disabled people, and the lack of legislation protecting and promoting the rights of disabled people. Environmental barriers refer to things such as inaccessible buildings, transportation systems or information. Negative attitudes and social stigma are examples of attitudinal barriers. These institutional, environmental and attitudinal barriers are structural, sometimes physically, and are embedded within social institutions. The barriers encountered by disabled people result in their social exclusion.

Future DFID work on disability should engage with debates and processes on social exclusion. Such an engagement is likely to produce a more nuanced understanding of social exclusion which will be reflected in more effective interventions to tackle social exclusion.

Although DFID lacks a current policy on disability in its international aid interventions, its activities are governed broadly by the UK's legal requirements under the DDA and various international human rights agreements and morally by the UN Standard

Rules. Disability is implicitly located within DFID's adoption of the concept of social exclusion along with its support for RBA to development and in particular its focus on the empowerment approach to human rights. The time is ripe for DFID to explicitly explore the relationship and relevance of disability to its work on achieving the MDGs, human rights and tackling social exclusion. Human rights and social change must work in partnership. "If you develop one without the other, effective change will not result. The ineffectiveness of social change without human rights is demonstrated clearly in many dictatorships [...]. Development at the grassroots is not sustainable unless it goes hand-in-hand with social change implemented at the national level" (Hurst in Stone 1999:30).

3. SNAPSHOT OF DFID'S SUPPORT TO DISABILITY ISSUES

Background

DFID, like most other bilateral donors, has in recent years moved away from providing support to individual, discreet programmes and projects. While some projects remain, the vast majority of DFID's aid is channelled through multi-lateral agencies and in the form of direct budgetary assistance (DBS) to national governments or through shared sector support through sector wide approach (SWAP) mechanisms.

This section aims to provide a snapshot of DFID's support to disability issues. The focus has been on identifying disability-focused programmes and projects. These are projects or programmes where disabled people are the target beneficiaries or where they are specifically identified as one of the beneficiary groups. The section looks at:

- Multi-lateral aid
- Bilateral aid, focused on DFID Divisions and Departments
- Support via NGOs and CSOs through mechanisms such as Partnership Programme Agreements (PPAs) and the Civil Society Challenge Fund

The results are far from comprehensive. The current aid modalities have made it difficult to track what DFID is doing to support disabled people specifically.

For example, DFID support to a national government's education sector should benefit disabled people and children directly and indirectly, but unless the education sector plan specifically identifies disabled children and outlines a strategy to address their special educational needs, then it has not been included in this overview. It has not been possible to view many education sector plans.

Information has been gathered from DFID's Management Information System, PRISM, and through responses received to the questionnaire, interviews with staff, and literature and web-based searches. PRISM does not have a disability marker, as it does for gender, so projects/programmes have been found by scanning through lists of all projects/programmes for a specific country or DFID department and chosen on the basis of the project title and purpose description. It is almost inevitable that some disability-focused projects/programmes will have been missed. Furthermore it has not been possible to identify disability-focused projects and initiatives funded through the Small Grants Scheme (SGS). Records of SGS initiatives are no longer kept centrally. Similarly it has been impossible to search for initiatives funded through Accountable Grants from country offices. Records of these are kept centrally but without any disability marker. Therefore a review of the titles of more than 7000 projects would have been necessary, and even if this had been possible, many projects are funded through Memoranda of Understanding of which there are no records.

Projects/programmes that focus on the prevention of disabling diseases (e.g. polio, malaria, TB, HIV/AIDS) have not been highlighted as disability specific, nor have mine action programmes generally, except where they include rehabilitation components. This is because under a social model understanding of disability these projects/programmes are not so much disability focused but impairment focused, i.e. their aim is the prevention of impairments.

DISABILITY AND DFID's MULTI-LATERAL AID PROGRAMME

DFID defines multi-lateral aid as 'aid channelled through international bodies for use in or on behalf of aid recipient countries. Aid channelled through multi-lateral agencies is regarded as bilateral where DFID specifies the use and destination of the funds.' (DFID Departmental Report 2003:152)

In 2002/03 the estimated out-turn in multi-lateral aid was:

European Union	£928,286,000
International Financial Institutions	£351,349,000
UN and Commonwealth	£130,848,000

(DFID Departmental Report 2003:128)

This section will briefly highlight some of the activities that DFID's major multi-lateral partners have been doing in the area of disability.

World Bank

In June 2002 the World Bank completed a baseline assessment of 'Inclusion and Disability in World Bank Activities', (Stienstra, Fricke, D'Aubin 2002) which included specific recommendations. The Bank has appointed a Disability Advisor, Judith Heumann, and in December 2002 held a major conference on disability and development. In December 2003, the President of the World Bank, James Wolfensohn, gave his personal support to addressing the needs of disabled people, writing in the *Washington Post* that:

"Addressing disability is a significant part of reducing poverty. Bringing disabled people out of the corners and back alleys of society, and empowering them to thrive in the bustling centre of national life, will do much to improve the lives of many from among the poorest of the poor around the world." (3 December 2002)

The WB is proposing establishing a *Global Partnership on Disability and Development (GPDD)*. In December 2003 a meeting was held in Rome to discuss what such a partnership might constitute. The meeting was attended by DFID's Gender and Human Rights Advisor, Pat Holden. In May 2004 a follow-up meeting was held to take the initiative forward. At this meeting DFID gave its support to the Global Partnership but like most other bilateral donors did not, at that time, feel ready to commit specific financial support to the proposed Trust Fund.

The WB is anxious to gather data and analysis on disability and poverty. A major study of disability in India is being planned.

Some examples of programmes and projects financed by the WB that include disabled people are:

- Bosnia Herzegovina: War Victims Rehabilitation Project
- Djibouti: Ex-combatants Reintegration Project
- Malawi: Malawi Social Action Fund II
- Yemen: Vocational Training Project
- Latvia: Welfare Reform Project
- Egypt: Social Protection Initiatives Project

(Full details of WB projects which include disabled people and other information on the Bank's approach to disability can be found at: www.worldbank.org/disability)

Asian Development Bank (ADB)

DFID's support to the ADB was estimated to be £26,103,000 in 2003 (DFID Departmental Report 2003).

The ADB has recently been developing a *Handbook for Identifying and Addressing Disability Issues in Poverty Reduction and Social Development Strategies of the ADB* and is seeking to appoint a disability advisor shortly (ADB April 2003). In October 2002 a regional workshop on 'Disability and Development' was held with a focus on mainstreaming.

In **Mongolia**, for example, the Ministry of Social Welfare and Labour is using an ADB loan of US\$1.2 million to implement the Expanding Employment Opportunities for Poor, Disabled Persons programme in the country's three largest cities and three provinces. The programme is being implemented by the Ministry in partnership with NGOs, DPOs and the private sector.

United Nations Development Programme (UNDP)

Support to UNDP represents DFID's biggest commitment to any single UN body, funding in 2002/3 was expected to be £37 million (DFID Departmental Report 2003).

UNDP is the leading UN agency concerned with mine action and awareness and support to mine survivors. UNDP's view is that 'mine action is not so much about landmines, as it is about people and their interaction with mine-affected environments' (www.undp.org/erd/pubinfo/som/ma_develop_032004.htm). UNDP has mine action programmes in 16 countries and most include rehabilitation components for mine survivors.

In **Afghanistan** multi-lateral aid funding from DFID supported the Comprehensive Disabled Afghans Programme (CDAP). CDAP provides counselling, job opportunities and medical assistance to disabled persons and their immediate communities. It also conducts public awareness campaigns and supports the capacity building of the Ministry of Martyrs and Disabled, along with the creation of national referral centres providing services to disabled people, policy support and empowerment of Disabled People's Organisations throughout the country.

UNICEF

Support to UNICEF represents DFID's second largest commitment to a UN body, amounting to approximately £17 million in 2002/3 (DFID Departmental Report 2003).

UNICEF focuses on five priority areas:

- HIV/AIDS
- Early Childhood Care
- Girl's Education
- Child Protection
- Immunisation

Disability issues are considered in all aspects of UNICEF's work and are specifically highlighted in its work in child protection, immunisation and early childhood care. UNICEF is supporting disability-specific programmes and projects in a number of countries, for example:

In **Cambodia** UNICEF is the main donor supporting the development of Inclusive Education implemented by the Ministry of Education, Youth and Sports and a consortium of NGOs. UNICEF is also supporting Handicap International's Capacity

Building of People with Disabilities in the Community programme as well as mine action and mine awareness initiatives, including rehabilitation services. UNICEF has also supported surveys on disability.

In **Albania** UNICEF is supporting the Youth Albania Parcel service (YAPS), a social business enterprise employing only vulnerable young people, including disabled people.

World Health Organization (WHO)

Disability prevention and rehabilitation is one the key focuses of the WHO. It takes the lead in programmes to eliminate and reduce the incidence of disabling diseases such as polio, TB and malaria.

WHO champions and supports the development of community based rehabilitation across the world. It also leads on the gathering of data on disability. It has developed the International Classification for Disability and Functioning (ICF) to act as a global system for data collection.

DFID supported the WHO with a core grant of approximately £12 million in 2002/3 (DFID Departmental Report 2003).

European Union

The European Commission issued a *Guidance Note on Disability and Development for EU Delegations and Services* (EC March 2003) but the inclusion of disabled people is not yet an essential element of all the poverty reduction work that the EC funds (Yeo 2003). In February 2004 the Italian government hosted a meeting on Disability and Cooperation, at which delegates agreed on the importance of cooperation in this field and there are plans for donors to share their experiences of addressing disability issues electronically, followed by a further meeting later in the year.

DISABILITY AND DFID'S BILATERAL AID PROGRAMME

ASIA DIVISION

Asia Division manages a resource envelope of approximately £550 million per annum. The Division consists of Asia Directorate, DFID India, DFID Bangladesh, DFID China, DFID Nepal, DFID South East Asia (Cambodia, Indonesia, Sri Lanka, Vietnam, Burma and East Timor) and Western Asia Department (Afghanistan and Pakistan).

Asia Division's Director's Delivery Plan (DDP) 2003-06 has identified social exclusion as one of the key issues to be addressed in the region:

'Gender inequality and other forms of social exclusion, especially in South Asia, is among the most severe in the world and adversely affects the achievement of the MDGs. All our policies and interventions will promote greater inclusion.' (Asia Division DDP:6)

Although disability is not specifically mentioned in the DDP, it is an issue that is understood to be encompassed within the Division's emphasis on reducing social exclusion. One member of the Division's staff at HQ has been assigned the task of specifically focussing on disability issues. The DDP also highlights the need to address diversity issues in the Division itself.

Examples of how DFID is supporting disability issues in the region include the following:

Vietnam

The Primary Education for Disadvantaged Children (*PEDC*) programme is a £243 million co-financed project (Government of Vietnam, WB, NORAD, CIDA, AusAID and DFID), which was launched in October 2003 and includes a strong focus on primary education for disabled children.

Nepal

The Community Support Programme (£2,022,000) in mid- and far-west Nepal specifically targets vulnerable people affected by conflict, including war widows, orphans and disabled people.

Pakistan

DFID is supporting a Scoping Study of Social Exclusion in Pakistan (US\$51,937) with the aim of understanding what constitutes social exclusion in the Pakistan context, identifying the non-income barriers to poverty, possible entry points, mechanisms for change and prioritising recommendations for the next steps for DFID to take. Disabled people are specifically identified in the Terms of Reference for this study as one of the groups most socially excluded along with women, ethnic minorities and people of lower castes.

In education DFID is currently trying to get shelter and books into schools and are supporting an education management information system. During the last four years the repeated withdrawal of aid has meant that DFID has not managed to maintain a basic profile of support to education. However, DFID is trying to rebuild the programme and 'expect to engage with disability issues in the medium term' (response to questionnaire).

India

The Poorest Areas Civil Society (PACs) Programme (£27 million) aims to ensure that the poor in the poorest and least developed districts of India are empowered by civil society to realise their entitlements more effectively. Efforts are being made to make the programme address disability issues proactively. Links have been made with VSO who has been supporting Indian DPOs. The first national advocacy seminar had a special focus on disability. PACs is now seeking to work with organisations that have a specific focus on disability.

The Andhra Pradesh Rural Livelihoods Programme (£45.5 million) has an element of enabling economic opportunities for disabled people.

The District Primary Education Programme (DPEP) (£176.5 million) has been successful in some states in integrating disabled children as part of its inclusive education approach. DFID is a major donor to this initiative.

DFID India recognises the reality of multiple discrimination (tribal, caste, gender, disability, geographical) and is seeking to specifically assess how such multiple vulnerable groups' needs can be assessed and addressed. DFID has been proactive in ensuring that these issues are specifically mentioned in the logframes of the Government of India's SSA (Education for All) and the Reproductive and Child Health Initiative (RCHII).

DFID India is also planning to cooperate closely with the planned World Bank study on disability in India.

China

DFID/WB team has agreed with project counterparts to pilot a disability and poverty component in the *Poor Rural Communities Development Project (PRCDP)* in Yuexi county, Sichuan Province. The pilot activities will focus on four areas:

- data collection and analysis of linkages between disability and poverty
- prevention
- access to medical services
- empowerment and livelihoods

Sri Lanka

DFID Sri Lanka is supporting the Save the Children Sri Lanka Programme with £3 million. Part of the programme focuses on the reintegration and rehabilitation of children affected by armed conflict, including the provision of psychosocial care and assistance for children with disabilities and special needs.

AFRICA DIVISION

Africa Division manages a resource envelope of around £680 million p.a., which is spent across 40 countries in Sub-Saharan Africa. The Division consists of Africa Policy Department; Africa Great Lakes and Horn; Central and Southern Africa; DFID East Africa; West Africa and Sudan.

DFID's focus in Africa is strongly on the MDGs. DFID is supporting a number of programmes that will contribute to the prevention of impairments, such as:

- Immunization programmes for polio, TB and meningitis
- Prevention of malaria
- Safe motherhood and reproductive health programmes
- HIV/AIDS awareness and prevention
- Mine action programmes
- Provision of water and sanitation

DFID is also widely supporting education in the region, particularly through sector wide approaches:

- DFID has committed £7 million to support the **Ugandan** Education Sector Programme and under the Universal Primary Education (UPE) programme, the Ugandan government has committed itself to providing primary education for a maximum of four children per family. In order to comply with Uganda's constitutional requirements on affirmative action in favour of marginalised groups, two of the four must be girls, if a family has children of both sexes. In addition, if a family has a disabled child, he or she must be granted the highest priority in enrolment under this programme. However, this policy has proven problematic and there is evidence to suggest that education situation for disabled children has actually deteriorated rather than improved (Lwanga-Ntale, C 2003).
- DFID is supporting the **Rwandan** Education Sector Support Programme (ESSP) with £10 million. One of the seven goals of the Education Sector Policy (ESP) is 'to eliminate all the causes and obstacles which can lead to disparity in education be it by gender, disability, geographical or social group' (ESP 2002 p8). The ESSP includes a strategy for special needs education; however, 'nothing seems to be being done on this' (personal communication).

- In **Ghana** DFID is supporting the Education SWAP. The Education Sector Review refers to specific issues in special education and the Annual Education Sector Operational Plan 2003-04 (AESOP) has a section devoted to Special Education.

Imfundo, a team within DFID that works to create partnerships to find information and communication technology (ICT) solutions to support gender equality and universal primary education in Sub-Saharan Africa, has been doing a range of activities on special needs education.

- In Ghana Imfundo has responded to a request from the Director General of the Ghana Education Service to identify how ICT and assistive technology can be used to deliver the objectives of the Ghana Education Service with regard to special education. Initial planned outcomes include the production of a video for deaf people and a scoping workshop in April 2004 for the Special Education Division of the Ghana Education Service with the Ghana Society of the Blind, Sight Savers International and Royal National Institute of the Blind to see how technology and the support of UK institutions can be used to meet objectives on education for visually impaired people.
- Development, production and dissemination of a fact-sheet *The Use of ICT for people under 16 with sight difficulties* with the Royal National Institute of the Blind.
- Study leading to publication of *A Review of Good Practice in ICT and Special Educational Needs for Africa*.

It is very difficult to assess to what extent disability issues are being addressed in this region due to lack of information. No disability-specific projects or programmes were found on PRISM and only three replies to the questionnaire were received from DFID staff with responsibility for this region. This is disappointing, as 2000-2009 has been declared the African Decade of Disabled Persons. However, DFID Ghana is considering supporting Braille voting cards in the upcoming general election and DFID Malawi has given support to FEDOMA, a national DPO, which it is currently supporting to develop a proposal for DFID Malawi's Human Rights Small Grants Fund.

While disability may be seen as relevant to DFID's poverty reduction agenda, in Africa, where the challenges are so great, disability appears not to be a priority, either for national governments or DFID. As one informant put it, "We are very focused on achieving progress towards the MDGs [but] there are so many more pressing issues [than disability] in [Nigeria] where the health and education systems hardly work at all." However, the author understands that the Division is about to undertake its own mapping exercise of disability-focused activities in Africa.

EUROPE, MIDDLE EAST AND THE AMERICAS DIVISION (EMAD)

The overarching goal underlying all of the Division's activities is poverty reduction. EMAD manages resources of approximately £200 million per annum. The Division comprises Europe, Middle East and Americas Policy Department (EMAP) and five regional departments: DFID Caribbean (DFID C), Latin America Department (LAD), Europe and Central Asia Department (ECAD), Middle East and North Africa Department (MENAD) and Overseas Territories Department (OTD).

Caribbean

No specific disability-focused initiatives have been found. However, disabled people are likely to benefit indirectly through DFID's strategy in the region to address social exclusion and improve access for the poor to quality public services.

Latin America

No specific disability initiatives have been found. However, DFID's regional strategy to reduce inequality and promote social inclusion and participation should benefit disabled people indirectly.

One informant felt that disability was very relevant to poverty reduction but that there was 'no scope to work on issues of disability as it is not reflected in strategic planning documents and therefore not considered a priority issue for what are now very limited financial resources in Latin America' (questionnaire response).

Middle East and North Africa

No specific disability initiatives found. The MENAD Regional Assistance Plan (RAP) highlights four targeted outcomes that DFID will focus on, two of which should indirectly benefit disabled people: an emphasis on the reduction of the impact and likelihood of conflict and on supporting equitable human development. However, disabled people are not mentioned specifically in the RAP.

Overseas Territories

DFID's focus is on maximising economic growth and self sufficiency, supporting governance and ensuring that basic needs are met. Three disability-specific projects were found supported by the country offices, shown in the table below.

Country	Project Title/Description	Time Frame	Budget
St Helena	Community Care Project – to improve the quality of care to the elderly and mentally infirm	2002-2005	1,880,989
St Helena	Sheltered accommodation – to meet the needs of the elderly and mentally infirm who cannot function in their own home but do not require nursing support on a 24 hour basis	2000-2004	546,800
Montserrat	Support to Housing and Community Based Care of the Elderly and Disabled	1999-2004	357,884

Currently DFID are considering supporting the St Helena Government to establish a Social Enterprise Initiative based on a model from the Shetland Islands. This would involve setting up a commercial company run and managed by socially marginalised people, primarily focusing on disabled people (personal communication).

Europe and Central Asia

One of DFID's strategies in this region is support to the development of effective social policy reforms (social protection) and better service delivery.

In **Bosnia, Serbia, Kosovo and Albania** disability is not a main focus but features highly in DFID's work because of the recent violent conflicts (informant interview). The issue is most directly addressed through DFID's focus on social protection.

In **Kosovo** a disability advisor has been placed to assist the government in its reform of invalidity benefit looking at issues of defining disability and registration procedures

in order to access benefits. Another advisor is working specifically on issues of mental health. This is part of the wider EC and World Bank social policy programmes.

In **Bosnia** DFID is supporting two projects: the Labour and Employment Statistics and Information Systems and Reforming the Systems and Structures of Central and Local Social Policy Regimes. The latter project seeks to enhance government social protection systems by bringing government, civil society organisations (CSOs) and the private sector together. DFID has been supporting grassroots CSOs to deliver local community services through what are known as Community Action Projects (CAP). Each CAP has a maximum funding of £10,000 approximately.

Disability-focused Community Action Projects in Bosnia

Project Title	Location	Leading Institution/Organisation	Funding Round
Support to disabled persons and their families	Banja Luka	Humanitarian Organisation Partner	CAP 1
Needs survey to support elderly persons and disabled in MZ Borik 1,2 and 3	Banja Luka	Association of Citizens 'DEMOS'	CAP 1
Down's syndrome – targeted intervention and education of parents	Banja Luka	Child Centre 'Zastiti me'	CAP 1
Psycho-social support to children under risk	Banja Luka	Association 'OAZA'	CAP 1
To be Independent	Banja Luka	Institute for Muscular Dystrophy	CAP 2
Diagnostics and rehabilitation of speech for children of preschool age	Banja Luka	Union of Speech Therapists	CAP 2
Improving mental health of pupils in primary and secondary schools through establishing formal and practical professional services	Banja Luka	Association of Psychologists	CAP 2
Service for disabled persons	Banja Luka	Humanitarian Organisation 'Partner'	CAP 2
Home care and help programme	Banja Luka	Red Cross Banja Luka	CAP 2
Support to persons with amputation	Banja Luka	Association of Persons with Amputation 'UDAS'	CAP 2
Re-socialisation of children with disturbances in growth	Trebinje	CSW	CAP 1
Integration of children with special needs into the community	Trebinje	Association of parents of children and youth with special needs	CAP 2
Prevention of disorder in behaviour of children and youth	Zenica	Centre for Social Work	CAP 1
Agency: Help to hear	Zenica	Association of citizens of damaged hearing	CAP 1
Reduction of social exclusion of disabled workers	Zenica	Association disabled workers	CAP 2
Start	Gornji Vakuf-Uskoplje	Inter-municipal Association of persons with sight impairments Bugojno	CAP 2

In **Russia** DFID has supported several disability projects again as part of DFID's wider support to social protection issues:

- A number of small projects (up to £50,000) related to disability were funded under DFID's Health and Social Care Partnerships Scheme

- In the Samara cluster, three projects with a disability focus were being supported (see case study in Section 4)
 - Social Disputes Resolution Project (finished 12/2003)
 - Disability and Independent Living Project (to close owing to programme cuts)
 - Disability Empowerment Project (to close owing to programme cuts)

REGIONAL AND COUNTRY ASSISTANCE PLANS

Regional Assistance Plans (RAPs) and Country Assistance Plans (CAPs) set out how DFID aims to achieve the MDGs in the areas where it works. They set out in detail how DFID will work as part of the international development effort to support country partners' initiatives to reduce poverty.

A random sample of the most recent RAPs and CAPs have been reviewed to see to what extent disability issues are featured, if at all. The only criterion for selection was that the plans had been produced in the last two years.

Africa Division

Country	Date	Disability Mentioned	Comments
Ethiopia	3/2003	No	DFID has MoU with the Government of Ethiopia and the bulk of assistance will be delivered through DBS to support the Sustainable Development and Poverty Reduction Programme (SDPRP). The focuses of the SDRP are agriculture, water and sanitation, roads, primary education and health along with justice and governance reforms and capacity building.
Malawi	5/2003	Disabled people specifically mentioned as one of the poorest groups.	DFID will move towards budgetary support linked to progress on performance indicators. Support to be focused on measures to enable sustainable growth and improve livelihoods; better service delivery to the poor and pro-poor governance. DFID will also continue to support a small number of learning projects.
Ghana	6/2003	Disabled people mentioned as one of the most vulnerable groups whose situation has intensified during last few years.	DFID broadly supports Ghana's PRSP and will provide budgetary assistance alongside support through multi-donor mechanisms. DFID fears that the governments plan of providing discrete programmes of assistance to the most vulnerable groups, instead of mainstreaming runs the risk of further marginalising them. DFID

			will emphasise environmental sustainability and social policy priorities (gender, rights, social protection of the vulnerable and excluded) across its programming.
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Asia Division

Country	Date	Disability Mentioned	Comments
Nepal	12/2003	Socially excluded groups focused on such as women, ethnic groups and lower castes. No mention of disabled people.	DFID will follow the four-pillar approach in the PRSP (broad-based economic growth; human development; social inclusion and targeted programmes; good governance) with an additional peace-building objective. The purpose of UK assistance is 'to reduce poverty and social exclusion, establishing the basis for lasting peace.'
Bangladesh	11/2003	Only mentioned specifically in the context of disabled men being one of the groups who are often dependents within female headed households.	DFID's focus is on putting women and girls first within seven priority areas: job creation, transport, reducing maternal mortality, EFA and universal primary education, access to food, safe water and hygiene, support to pro-poor groups to access resources, services and rights, support to the public sector to be more responsive to needs of the poorest. Gender inequality seen as a significant constraint on achieving progress towards MDGs.
India	3/2004	No	India represents DFID's largest country programme with assistance concentrated on four states. The programme focuses on three objectives: more integrated approaches to tackling poverty; improving the enabling environment for sustainable and equitable growth; improving the access of poor people to better quality services. Women and scheduled castes are identified as the most vulnerable groups.

Europe, Middle East and Americas

Country	Date	Disability Mentioned	Comments
Middle East and N Africa RAP	9/2003	No	DFID will focus on four outcomes: - reduction in the impact and likelihood of violent conflict - effective and inclusive accountable governance - sustainable economic growth - equitable human development DFID will work at the country level, support the international system and conduct analytical work on key regional development themes. Conflict highlighted as the major regional risk.
Bolivia	10/2002	No	DFID will support the PRS which keys themes are: - enhancing opportunities - human development - social protection - social integration - institutional development DFID's focus will be to adopt a rights-based approach focusing on pro-poor growth and governance and tackling social exclusion.
Western Balkans RAP (draft)	12/2003	Disability not mentioned although the impact of conflict and mines in the region is noted. Gender, age and ethnicity are highlighted as significant factors in shaping poverty.	DFID's purpose is to enhance the effectiveness of the overall international community's engagement in the region in promoting and supporting poverty reduction

CONFLICT AND HUMANITARIAN AFFAIRS DEPARTMENT (CHAD)

'The purpose of the Conflict and Humanitarian Affairs Department (CHAD) is to make an effective contribution to DFID's overall aim to eliminate poverty, by seeking to reduce the incidence and impact of violent conflicts, manmade and natural disasters. This is done through promoting cost effective preparedness, response, mitigation and recovery measures via partnerships to create sustainable improvements in international systems for addressing conflict reduction, humanitarian assistance, and forced migration; and, where necessary, through direct service delivery.' (DFID Insight)

Within CHAD, the Humanitarian Programmes Team is responsible for monitoring and managing DFID's responses to rapid onset emergencies, such as cyclones,

landslides, and earthquakes. The team also manages DFID's responses to continuing emergencies such as conflict and famines, which are not managed by other DFID Departments or Country Offices. Responses are usually channelled through established organisations such as UN bodies, national Red Cross and Red Crescent societies, and NGOs. There is currently no requirement in agreements with implementing partners for them to demonstrate awareness of the needs of disabled people. "Disability gets de-prioritised, maybe not even considered in acute emergency situations; the focus is on the relief items not on the vulnerable groups" (interviewee). In the past, assistance has been given to HelpAge and once to Handicap International in responding to a cyclone in India.

CHAD also provides funding for mine clearance but *not* for rehabilitation for mine survivors. This is in order to avoid favouring mine survivors over other disabled people. DFID commits approximately £10 million per annum onto humanitarian mine action, again channelled through organisations such as UNDP, UNICEF and the Halo Trust.

DFID also engages in and supports initiatives to improve the quality and effectiveness of humanitarian responses such as the Overseas Development Institute Humanitarian Policy Group and is a member of the Steering Committee. It supports the Good Humanitarian Donorship initiative and is leading a pilot project in Burundi working towards developing an agreed definition of humanitarian assistance and common frameworks for reporting and data collection. However, disability issues appear not to feature in this work yet. DFID also supports the Sphere project, which has been developing a humanitarian charter and minimum standards in disaster response. The 2004 edition of the Handbook mentions disabled people for the first time along with other crosscutting issues such as children, older people, gender, HIV/AIDS, protection and the environment. The Handbook states:

'In any disaster, disabled people – who can be defined as those who have physical, sensory or emotional impairments or learning difficulties that make it more difficult for them to use standard disaster support services – are particularly vulnerable. To survive a period of dislocation and displacement, they need standard facilities to be as accessible for their needs as possible. They also need an enabling social support network, which is usually provided by the family.' (Sphere Handbook 2004:11)

ADD provided input into the Sphere project and while the inclusion of disability in the Handbook is welcome, it appears to take a medical view of disability and it currently gives no practical guidance. CHAD also supports conflict reduction and prevention initiatives.

POLICY DIVISION (PD)

'Policy Division's role is to develop evidence-based, innovative approaches to development, which make a real difference to the poor' (Insight). During the recent restructuring staff were reorganised into multi-disciplinary teams. However, DFID became aware that disability, along with other cross-cutting issues such as gender, children and elderly people, did not have a clear home. In January 2004, the post of Gender and Human Rights Advisor was created and given to a senior civil servant. Disability issues come under the remit of this post.

A review of the teams' structure and responsibilities in Policy Division and the role of the Heads of Profession has recently been undertaken. Reaching the Very Poorest Team (RTVP) will split, creating a new team, Exclusion, Rights and Justice (ERJ).

This team 'will be the home for DFID's work on gender, children, older people and disabled people, all of which will be mainstreamed across the team's work. Pat Holden's work as Senior Gender and Rights Adviser will be located here' (Insight). The ERJ team will start on 1 July 2004.

CENTRAL RESEARCH DEPARTMENT

CRD in the recent DFID restructuring has now become a department in its own right within Policy Division. CRD is integrating different research programmes into a single new research strategy to support DFID's wider objectives. A key objective is to integrate research findings more closely into policy work and to work in a more complementary way with researchers.

DFID is supporting a number of research initiatives related to disability.

Social Science

Chronic Poverty Research Centre (CPRC)

CPRC research 'focuses on the chronic poor whose deprivation is sustained over many years and often carried from one generation to the next [...]. They include those living in remote rural areas, people with disabilities, older people, child-headed 'households', the displaced and refugees, and people experiencing social discrimination in its many and varied forms' (Insight).

CPRC have been conducting research into disability issues with ADD. In April 2003 a conference Staying Poor. Chronic Poverty and Development Policy was held where several papers were presented on disability and poverty. Key research output papers from the CPRC which address disability issues include:

- Bolt, V and Bird, K (2003) *The Intra-Household Disadvantages Framework: A Framework for Analysis of Intra-Household Difference and Inequality* (CPRC Working Paper 32)
- Yeo, R (2001) *Chronic Poverty and Disability* (CPRC Background Paper #4)
- Yeo, R and Moore, K (2003) *Including Disabled People in Poverty Reduction Work: Nothing About Us, Without Us* World Development Vol.31.3 p571-590 2003

All papers, including conference papers, can be downloaded from the CPRC website: www.chronicpoverty.org

Education

CRD has been supporting two research projects on Inclusive and Special Education, both of which have recently closed:

'Learning from Difference: Understanding Community Initiatives to Improve Access to Education' : Education Enabling Network (EENET)

'Special and Inclusive Education in Eastern Caribbean': Derrick Armstrong, Ann Cheryl Armstrong, Sonia Severin

Engineering, Infrastructure and Urban Development

In this sector DFID currently supports a number of Knowledge and Research Programmes (KaR) structured to address key issues in six sectors: Energy, Geosciences, Information Communication and Technology, Transport, Urbanisation and Water. Several disability-focused projects are being supported.

Disability Knowledge and Research Programme

This KaR, with a budget of approximately £1.4 million, represents DFID's most significant research commitment to disability. The programme seeks to address disability issues both at the strategic policy level and the grassroots. Key components of the programme include:

- Research into the links between poverty and disability
- Support to policy development through the placement of a technical advisor on disability within DFID headquarters
- Support for training on disability issues for DFID personnel
- Regional roundtables in Asia and Africa
- Support to smaller disability projects:
 - Accessible Information on Public Transport (South Africa)
 - Wheelchair Design in Africa (Regional)
 - Membership Systems for Disability Organisations (Laos PDR)
 - Improving Access to Disability Information through ICT database (UK based, global reach)

Enhanced Accessibility for Disabled People living in Urban Areas (South Africa)

Developing a compendium of guidelines and standards for improving the access of disabled people with a range of impairments (sensory, physical, cognitive) to transport and other services in urban and peri-urban areas. Programme to be completed in March 2004.

Domestic Water Supply and Sanitation Access and Use by Physically Disabled People

Contributing to poverty reduction through the dissemination of good practice in addressing access and inclusion of physically disabled people in appropriate water and sanitation services. A resource book will be produced for use by planners and implementers, containing a range of practical solutions and service delivery approaches, and suggestions for strategy and planning, suitable for rural and poor urban areas of the South. These will be based mainly on examples of good practice from Uganda, Bangladesh and Cambodia.

This project is due to be completed by March 2005. However, there have been some promising developments arising from the research:

- Development of pilot projects in Bangladesh
- Interest in practical implementation in Cambodia
- Discussion with collaborators, including DPOs, on dissemination and advocating.

SUPPORT TO DISABILITY VIA NGOs AND CSOs

The Information and Civil Society Department (ICSD) is responsible for working with civil society organisations 'in order to promote more effective engagement between people and governments at all levels, with international institutions and the

private sector on pro-poor policy development and implementation' (Insight). ICSD are responsible for allocating and administering and monitoring funding to CSOs through mechanisms such as the Partnership Programme Agreements scheme, the Civil Society Challenge Fund and the Development Awareness Fund.

PARTNERSHIP PROGRAMME AGREEMENTS

Partnership Programme Agreements (PPA) began in 1999. PPAs are long-term agreements (typically five years) between DFID and organisations, coalitions or networks within civil society that have a proven track record in international development. They must also have the ability to make a significant contribution to achieving the MDGs through closer working with DFID around agreed outcomes. The agreements should strengthen relationships between different parts of DFID and the partner around the set of specified outcomes for each partner.

PPAs are built around:

- empowering the poor
- promoting engagement in decision-making
- building a popular base for development

DFID is looking for partnerships and outcomes that:

- contribute to the achievements of the MDGs
- demonstrate specific added value from working with DFID
- are innovative and contribute to a broad overall portfolio of work

DFID currently has PPAs with the following organisations:

- Voluntary Service Overseas (VSO)
- Save the Children UK (SCF UK)
- Oxfam
- Christian Aid
- ActionAid
- World Wide Fund for Nature (WWF UK)
- Catholic Agency for Overseas Development (CAFOD)
- Skillshare
- British Executive Services Overseas (BESO)
- Catholic Institute for International Relations
- International Service (IS)
- Care International UK
- Wateraid
- HelpAge
- Action on Disability and Development (ADD)

DISABILITY IN ORGANISATIONS WITH PPAs

This section briefly reviews how the organisations who have PPAs with DFID approach and deal with issues of disability in their overseas work.

Organisation	Voluntary Service Overseas
Disability Policy	'VSO supports a rights-based, inclusive approach which recognises that society must change if disabled people are to achieve full inclusion and active, barrier-free participation.' VSO Position Paper 2001 <i>Including Disabled People: Disability, VSO and Development</i>
Example Activities	By the end of 2004 VSO volunteers will be working in 15 disability-specific programmes representing 7-10 per cent of all volunteer placements. VSO is moving away from placing volunteers such as physiotherapists and occupational therapists in institutions towards working with DPOs to

	<p>build their capacity. In Kenya, Namibia, Ghana, India and Indonesia the focus is on such capacity building.</p> <p>In Ghana volunteers are working with the Ghana National Association for the Deaf to develop sign language and VSO has been instrumental in establishing the multi-stakeholder Disability Network.</p> <p>Approximately 1 per cent of VSO volunteers themselves are disabled. These include a social worker in the Balkans who is a wheelchair user and 8-10 deaf volunteers working in deaf education.</p>
Contact Person	Daniel Jones daniel.jones@vso.org.uk

Organisation	Save the Children UK
Disability Policy	Holistic approach within a child rights framework that looks at the long term removal of barriers to accessing mainstream health, education, social and other services (personal communication).
Example Activities	<p>SCF UK has done extensive work in integrated and inclusive education around the world along with work on developing alternatives to institutional care. During the last 10 years SCF UK has been developing strong links with DPOs and has been striving to maximise the involvement of disabled children and disabled adults in its work.</p> <p>A recent review has been conducted on SCF UK's work on disability which has identified the need for a disability advisor in HQ, training for staff and partners on disability issues and a need to develop stronger links with other specialist agencies.</p>
Publications	2002 <i>Schools for All</i> Guidelines for developing Inclusive education, particularly with disabled children
Contact Person	Mike Bailey (Head of Policy and Practice) M.Bailey@SCFUK.ORG.UK

Organisation	Oxfam UK
Disability Policy	'As part of its overall mandate to overcome poverty and suffering, Oxfam UK is committed to working for equal rights for disabled people.' <i>Oxfam UK 2003 Disability Policy</i>
Example Activities	Majority of disability-specific programmes are located in the countries of the former Soviet Union and in the Middle East. E.g. Integrated Education project in Yerevan, Armenia
Publications	<p>Harris, A and Enfield, S 2003 <i>Disability, Equality and Human Rights: A Training Manual for Development and Humanitarian Organisations</i></p> <p>Abu-Habib, L (1997) <i>Gender and Disability: Women's Experiences in the Middle East</i></p> <p>Coleridge, P (1993) <i>Disability, Liberation and Development</i></p>
Contact Person	Eddie Thomas (Policy Officer for Middle East and Soviet Union) Ethomas@oxfam.org.uk

Organisation	Christian Aid
Disability Policy	2000 <i>Disability Discrimination Policy</i>
Example Activities	<p>Currently working with 6 DPOs in South Africa and Middle East. In South Africa Christian Aid has been working with DPSA and specifically supporting the disabled Women's Development Programme. In the Middle East local partners have been working on providing rehabilitation services, vocational training and support to advocacy initiatives.</p> <p>In Cambodia Christian Aid has been supporting American Friends Service Committee (AFSC) since 1984 who do community work with disabled people. In Tajikistan, a small pensioners' organisation, originally targeted at war veteran pensioners, has been providing support, both material and social to their poorer and frailer peers.</p>
Contact Person	Sam Prentki

	sprentki@christian-aid.org
Organisation	ActionAid
Disability Policy	Does not have an organisation-wide policy on disability, but many of ActionAid's programmes have specific disability projects and target disabled people.
Example Activities	In Uganda ActionAid is working in partnership with the Uganda National Association of the Deaf to provide sign language training for deaf children and their parents and develop primary school education for deaf children. There are also disability-specific programmes in Sierra Leone, Kenya, Bangladesh, India and Nepal.
Contact Person	-
Organisation	World Wide Fund for Nature (WWF)
Disability Policy	WWF's Disability Policy is in relation to Equal Opportunities/ Diversity. It is not part of any programmatic/ strategic agenda.
Example Activities	N/A
Contact Person	N/A
Organisation	Catholic Agency for Overseas Development (CAFOD)
Disability Policy	Equal Opportunities Policy 2002 Disability task Team established which has recommended several changes in policy and practice that have been implemented. Approximately 4 per cent of CAFOD staff describe themselves as having a disability. Programatically CAFOD works towards achieving the MDGs. There has been no specific focus on disability or any one single thematic area of the MDGs.
Example Activities	Two per cent of CAFOD's live projects in 2002/3 were focused on disability issues, i.e. disabled people were the main beneficiaries. Most of CAFOD's current work for disabled people comes through supporting ADD's initiatives working with DPOs in Bangladesh, Ghana, Burkina Faso, Tanzania and Uganda.
Contact Person	Lesley-Anne Knight (Head of Programme and Partner Support) lknight@cafod.org.uk Karen de Sousa (Diversity Steering Group Leader) kdesousa@cafod.org.uk
Organisation	Skillshare
Disability Policy	Has an equal opportunities policy and is currently working on strengthening its approach to diversity across the organisation.
Example Activities	Programmes supporting disability in the following countries: <ul style="list-style-type: none"> • Botswana: Thuso Rehabilitation Centre. Involved with this partner in developing vocational and technical skills of people with disabilities and more recently to develop business skills. • Lesotho: has a partnership with the Lesotho Society for Mentally Handicapped Persons • Namibia: working with CLAsH (The Association for Children with Language, Speech and Hearing Impairments in Namibia) • South Africa: since 2002, has been working with CREATE (Community Based Rehabilitation Education and Training for Empowerment). Skillshare International is also working with the Natal ABE Education Support Agency (NASA) in the ENABLE Programme whose overall objective is to empower physically disabled learners with Adult Basic Education and Training in life and work skills, to promote independence and self reliance among disabled people in KwaZulu Natal • Tanzania: since 1999, has been supporting the establishment and development of the Occupational Therapy School at the Kilimanjaro Christian Medical College • Uganda: has been involved in the establishment of an Occupational

	<p>Therapy School in Kampala from 1999 to 2002 and supporting community based rehabilitation through the Disability Desk in the Ministry of Health.</p> <p>Currently six development workers are working in disability programmes. Only one current development worker is disabled.</p>
Contact Person	-

Organisation	British Executive Services Overseas
Disability Policy	Currently seeking to formulate a disability policy, apply an analysis of those with disabilities at all stages of its programme work and promote equality and equity for disabled people within its human resource systems and policies.
Example Activities	<p>14 programmes currently being developed aimed at improving the situation of disabled people, three of which focus on the treatment of children and adults with cerebral palsy. The aims of some of these programmes are to:</p> <ul style="list-style-type: none"> strengthen the voice of DPOs in the South and enable it to be heard in the EU to influence development policy and allocation of resources; raise the standard of physiotherapy in the Swami Brahmanand Pratishtan in India so that it utilises the most appropriate available therapies for the children, and thereby becomes an example for other centres and an advocate for best practice; share skills and expertise in order to promote the inclusion of people with disabilities within the Tibetan community in exile in India; extend therapy for cerebral palsy sufferers to other regions of Kazakhstan by using an integrated multi-disciplinary approach incorporating the skills of physios/doctors/masseuses; bring Introductory Bobath Courses combined with equipment-making courses to organisations in developing countries that work with children with cerebral palsy; build on the work already conducted with the Karin Dom Foundation in Bulgaria to introduce the Bobath method for treatment of children with cerebral palsy, and explore how to extend this method to other similar organisations in Bulgaria; build the capacity of the the Centre for the Rehabilitation of the Paralysed (CRP) in Bangladesh through training support in physiotherapy, occupational therapy and speech therapy. <p>A small number of volunteers are disabled themselves and BESO hope to increase this in the future.</p>
Contact Person	Sharon Thomas sthomas@beso.org

Organisation	Catholic Institute for International Relations
Disability Policy	Currently at the early stages of developing a strategy for HIV/AIDS and disabled peoples' rights.
Example Activities	<p>Zimbabwe: One development worker working with the Zimbabwe Parents of Disabled Children Association on strengthening the rights of disabled children. Another worker works with Jairos Jiri, the biggest disability service organisation in the country, on capacity building for advocacy.</p> <p>Namibia: one development worker placed with the Federation of People with Disabilities of Namibia, the umbrella organisation for DPOs. The focus of the input is to assist in the development and implementation of a capacity building programme with DPOs.</p> <p>Nicaragua: CIIR is working with Los Pipitos, an association of parents with physical and mental disabilities, supporting mainstreaming of these children in education. A development worker is working with deaf children and their parents and supporting them in advocacy activities targeting the Municipalities and the Ministry of Education.</p> <p>Two of CIIR's development workers are disabled themselves.</p>
Contact Person	Mary Garvey mary@ciir.org

Organisation	International Service (IS)
Disability Policy	2001 <i>Mainstreaming Disability in Development</i> IS takes a rights-based approach and aims to mainstream disability in its development work by working with its overseas partners to raise their awareness of the issue and by building the capacity of local DPOs to do the same.
Example Activities	IS works with the local federations or unions of disabled people where they exist and with DPOs at a grassroots level. It also works with disabled people's advocacy groups such as Disabled Persons International (DPI) and Disability Awareness in Action (DAA) in the UK. In Palestine IS is working with disabled children to provide art and drama therapy and working with educational institutions helping them include disabled children in their mainstream classes. In West Africa IS is working with a group of mainstream NGOs who are interested in the concepts of mainstreaming disability with the backing of local DPOs, and is seeking funding to start the main phase of the project.
Contact Person	Jane Carter (Executive Director) jcarter@unais.org.uk

Organisation	Care International (UK)
Disability Policy	No specific policy, but disability is included within an overall policy on diversity and equal opportunity. Internally Care International conducts diversity audits. Programmatically, Care's work is guided by 6 core principles, one of which is to oppose all forms of discrimination.
Example Activities	No specific programmes targeting disabled people but Care works with people living with HIV/AIDS, on social protection issues in E. Europe and on mine awareness and removal such as in Angola.
Contact Person	Elisa Martinez (Care USA) emartinez@care.org

Organisation	WaterAid
Disability Policy	No specific policy but 'the disabled are among the most vulnerable in the communities where we work and they will figure highly among the beneficiaries of our projects. The next step is a more detailed awareness of the specific issues affecting their access to watsan (water and sanitation) and how we can remove the blockages to access of this specific group.'
Example Activities	WaterAid is looking into the possibility of collaborating with Handicap International (France) to ensure disabled people have access to water and sanitation. Currently it is collaborating with the International Trachoma Initiative in Ghana and Ethiopia and is negotiating with SightSavers International in Pakistan.
Contact Person	Dominic Haslam DominicHaslam@WaterAid.org

Organisation	HelpAge
Disability Policy	HelpAge recognises that older people are more likely to experience disability than other age groups, and that disabled older people face many barriers to involvement and participation in society as they age. Anti-poverty and anti-exclusion policies directly involve disabled older people, and they are conscious of the link between the two groups and are working to better define their policies on disability in the coming year.
Example Activities	One of HelpAge's partners in South Africa, the Muthande Society for the Aged (MUSA) ran a series of workshops in 2001 that aimed to bring together older people with disabilities to discuss the issues that affect them and to participate in formulating key actions for governments to implement. The older people who attended were primarily mobility impaired, with age-related disabilities as a result of chronic arthritis or stroke. Main issues discussed were mobility restrictions, transport, stereotypes and misconceptions, and neglect and abuse. HelpAge International's Asia-Pacific regional development programme runs a home care initiative. It has both analysed existing services and

	<p>conducted home care pilot projects throughout Asia in order to show how care and support delivered in the home can help to maintain the independence and quality of life of older people, even when they are frail or disabled.</p> <p>In Northern Thailand, a pilot project run by the Foundation for Older Persons' Development (FOPDEV), a Thai NGO and HelpAge International's Asia Training Centre on Ageing (ATCOA), trains local people to visit and assist frail and disabled older persons in their own villages. The volunteers assist the older clients in daily needs such as personal care.</p> <p>The Alzheimer Society of Romania, in partnership with HelpAge International, set up a programme to improve the quality of life for older people with Alzheimer's disease by training and supporting professional carers, medical professionals and families. Professional carers were trained to respect the older person's dignity and to help them maintain their identity and independence. They were also given training in methods to protect the quality of life of the family, particularly the main carer. Training modules were prepared for medical staff to improve the screening and identification of older people with Alzheimer's, aiding earlier diagnosis and therefore earlier monitoring and treatment. The programme works with the whole family, offering information about the disease and support to help maintain their own emotional well-being.</p> <p>HelpAge International works with partners in a variety of ophthalmic programmes, bringing treatment to tens of thousands of older people. In 2001/2002, 11,000 eye operations were carried out in India and Pakistan, ophthalmic services reached 21,000 people in Ethiopia, and four eye camps were held in Cambodia referring 2,300 people to hospitals for further treatment.</p>
Publications	January 2004 Issue 64 <i>Ageways: Ageing and Disability</i>
Contact Person	Fiona Clark (Policy Officer) fclark@helpage.org

Organisation	Action on Disability and Development (ADD)
Disability Policy	'Action on Disability and Development has a vision of a world where all disabled people are able to participate as fully as they choose at every level of society.' (ADD Website www.add.org.uk)
Example Activities	<p>ADD is the only specialist disability organisation that has a PPA with DFID. For a fuller examination of this agreement see the case study below.</p> <p>ADD works in 10 countries in Africa and Asia, with staffed programmes in Bangladesh, Cambodia, Sudan, Uganda, Tanzania, Zambia, Ghana and Francophone West Africa (Mali, Burkina Faso and Cote D'Ivoire). ADD also works directly with partner organisations in India and Zimbabwe.</p> <p>ADD's aim is to see democratic, representative and active networks of disabled people who are campaigning for the rights of all their members whatever their disability.</p>
Contact Person	Martin Long martin.long@add.org.uk

CIVIL SOCIETY CHALLENGE FUND

The Civil Society Challenge Fund (CSCF) was introduced in October 1999 as a replacement for the Joint Funding Scheme as the main channel of DFID funding support to civil society organisations.

The aim of the CSCF is to:

‘support initiatives which strengthen the capacity of poor people, living within eligible countries, to understand and demand their rights – civil, political, economic and social – and to improve their economic and social well-being. Successful initiatives will empower poor people, strengthening their ability or opportunity to speak for themselves, do things for themselves and make demands on those in power.’ (*CSCF Guidelines 2002:4*)

Applicants must be UK based civil society organisations but they must demonstrate that their proposal has been developed with, and will be implemented in partnership with, a Southern organisation.

The CSCF is designed to build up people’s understanding of their rights. Therefore initiatives that consists mainly of delivering services are not eligible.

CSCF and Disability

Disability is one of the criteria that must be addressed in successful proposals:

‘Proposals should show that you have considered the inclusion of disabled adults or children. The design and implementation should demonstrate how their need and rights of inclusion have been addressed.’ (*CSCF Guidelines 2002:8*)

The other criteria are: poverty eradication, feasibility, innovation, sustainability, partnership and gender.

Proposals are assessed by external consultants. Although DFID has sought to ensure that these consultants are a diverse group and are gender balanced, there are no disabled people currently on the team. Furthermore, it has not been possible to assess whether any projects have been rejected because they did not sufficiently address disability or how the disability criterion is being monitored in successful non-disability-focused projects.

Disability-specific projects funded through the Civil Society Challenge Fund

DFID is currently supporting 24 disability-focused projects in 23 countries through the CSCF. The projects reflect a fairly wide range of activities. Most of the projects focus on empowerment rather than service delivery. Four of the projects deal with mental health issues and two with the needs of deaf-blind people. However there is only one project with a focus on youth or children and none specifically addressing the needs of disabled women. Disabled women and children are particularly marginalised and the lack of projects dealing with their needs is probably a reflection of this marginalisation rather than an omission on the part of ICSD.

DFID can only fund activities through the CSCF in response to the proposals it receives but care needs to be taken to ensure that the CSCF supports the widest range of activities and different impairments. Recently there has been concern expressed by some disability NGOs that it is getting harder and harder to secure funding for service provision. The British Council of Disabled People (BCODP) has

also highlighted the difficulty faced by DPOs in accessing funding. Currently none of the organisations in receipt of CSCF grants are DPOs; instead they are organisations working *for* disabled people. However, in most cases these disability organisations are working with Southern DPO partners.

	UK Organisation	Country	Project Title	Total DFID Budget (£)	Time Frame
1	Motivation	Nicaragua, Honduras	Motivation in Central America - capacity building to DPOs: training, wheelchairs and support	89,730	2000 -
2	Just World Partners	Vanuatu	Youth at Risk - reducing morbidity and social exclusion among young people with depression and related mental health problems	250,000	2000
3	Leprosy Mission	India, Uttar Pradesh	Enhanced Access to Health Services	250,000	2000
4	Nepal Leprosy Trust	Nepal	Promote Community Development by Addressing Problems of Stigma due to Leprosy	240,000	2001 - 2005
5	Handicap International	Nepal	Community Approach to Handicap in Development	250,000	2001 - 2005
6	Healthlink Worldwide	India	Strengthening the Voice of Vulnerable Groups in India	249,750	2001-2007
7	Healthlink Worldwide	West Bank and Gaza	Information for Mental Health – Influencing Policy and Practice	249,868	2001 -2005
8	Leprosy India Mission	India	Community Based Rehabilitation	145,316	2002 - 2006
9	ITDG	Sri Lanka	Developing Opportunities/ Capacity Building for Participation of Disabled People in Development	173,891	2002-2006
10	Landmine Disability Support	Cambodia	Disability Rights, Awareness and Sustainable Livelihoods, Kompong Chhnang Province	173,954	2002 - 2005
11	Sense International	India	NGOs Learning From Each Other - Deaf-blind network and capacity building of organisations working with deaf-blind people	212,141	2002 - 2006
12	LEPRA	Brazil	Improving poor people's ability to access leprosy and other services	150,051	2002-2006
13	Healthlink Worldwide	Asia and Africa	Inclusive Communication on Disability: Strengthening South-South Communication	399,913	2003-2007
14	BasicNeeds UK Trusts	Sri Lanka	Mental Health Development Programme	364,886	2003- 2007
15	Cambodia Trust	Cambodia	Poverty and Social Exclusion Reduction (Inclusion of disabled people in education and training)	342,793	2003-2008
16	Leonard Cheshire Foundation	South Africa	Training and Development Programme (Full participation of disabled people in development activities)	278,847	2003 - 2006
17	BasicNeeds UK Trust	Uganda	Integrating Mental Health and Development	488,914	2004 -
18	Handicap International	Albania, Bosnia and Herzegovina, Kosovo,	Self-Help and Advocacy for Rights and Equal Opportunities	500,000	2004 -

		Macedonia, Serbia			
19	Motivation Charitable Trust	Uganda, Tanzania and Zimbabwe	Promoting and Co-ordination of the Rights of Wheelchair Users in Uganda, Tanzania and Zimbabwe	379,478	2004
20	Handicap International	Bangladesh	Promoting the rights of Persons with Disabilities in Bangladesh	330,600	2004-
21	POWER	Laos PDR	Programme to Advance the Cause of Disability	310,414	2004 -
22	Sense International	Bolivia, Brazil, Columbia	Combating the Exclusion of Deaf-Blind People in Latin America	400,000	2004
23	Leprosy Mission England and Wales	India	Communities Catching Up: Belgaum and Miraj-Kolhapur, India	238,967	2004
Total Funding				6,469,513	

DEVELOPMENT AWARENESS FUND (DAF)

'The Development Awareness Fund is DFID's principal means of supporting development awareness and education in the UK. Our work focuses around four main target groups: formal education, the media, business and trade unions and churches and faiths.' (Insight)

The DAF has not funded any disability-focused projects, although unsuccessful applications have been submitted by several disability organisations. There is no evidence that the DAF requires any disability awareness on the part of successful applicants as the CSCF does.

4. CASE STUDIES

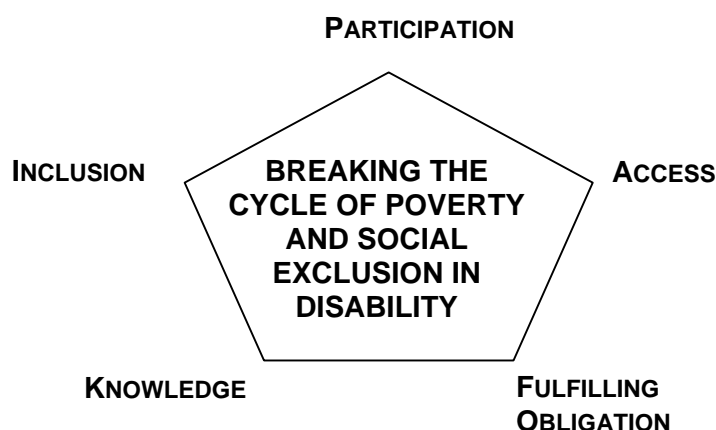
This section will present a number of case study examples of how DFID is seeking address disability issues. The aim is to focus on different aspects of DFID's work from Challenge Fund projects to country programmes and provide a level of analysis that may be helpful to DFID in future planning in this field.

The criteria for the selection of case studies has been based on a number of factors:

- Availability of information from DFID and other sources
- Response to specific requests from DFID (e.g. Case Study 2: Russia)
- Significance within DFID's overall programme

In the analysis of some of these case studies the usefulness of a new tool, the KIPAF (Knowledge, Inclusion, Participation, Access and Fulfilling obligation) Framework is being trialled. The KIPAF Framework was suggested in the recent Ortiz Report for the Disability KaR programme, is based on concepts from the social model of disability and builds and extends on DFID's own underlying principles for its human rights agenda (Ortiz 2004; DFID 2000 TSP *Realising Human Rights*). This framework is also in line with approaches that are being developed by the World Bank and the ADB.

The KIPAF Framework



Knowledge

Disabled people deserve quality of life, using knowledge to build capacity. This includes information gathering on disability issues; research that benefits disabled people and particularly disabled poor people; and effective dissemination of this information so that communities can make good use of it.

Outcome: knowledge that serves poor and vulnerable groups; awareness among disabled people of ideas that improve their lives.

Inclusion

Inclusion measures how far disabled people are taken into social and economic activities, from education to employment. In development institutions like DFID, this would include encompassing disabled people in the design, implementation and evaluation of programmes and policies.

Outcome: inclusive societies/organisations; integration of disabled people.

Participation

Participation measures the extent to which disabled people and their chosen representative organisations are given and able to use a voice in decisions made that affect their lives and the lives of their communities. In development activities, this means consultation with disabled

persons' organisations ensuring that they have a voice in decision making processes; or DPOs being hired to provide expertise in development planning, programming and evaluation.
Outcome: Implementation of democratic practices; disabled people have a voice.

Access

Access measures how disabled people are able to use built and social environments, social services, and livelihood assets.

Barrier-free environment: the extent to which the built and social environments are accessible to all members of society through the provision of services such as communicator-guides, interpreters etc., and the appropriate design of buildings, transportation systems, infrastructure and products.

Social services: the extent to which disabled people are able to use and benefit from social services such as education, health or social protection.

Livelihood assets: the extent to which disabled persons are able to acquire assets such as capital or skills, to enable them to generate income by themselves and reduce dependency on others.

Outcome: equality of access to infrastructure, services and acquisition of assets; improved livelihoods of disabled people.

Fulfilling obligation

Strengthening institutions and policies that ensure that obligations to protect and promote the realisation of the rights of disabled people are fulfilled by governments and other duty bearers.

Outcome: Enforced rights and empowerment of disabled people. (Ortiz 2004)

Case Study 1: Partnership Programme Agreement with Action on Disability and Development (ADD)

ADD is the only UK NGO whose work focuses on supporting and developing the capacity of Southern DPOs rather than on service delivery. ADD itself is an organisation *for*, not *of*, disabled people. However, ADD has a target of 50 per cent of its workforce being disabled people. ADD's aims are:

- To support organisations of disabled people in their campaign for their rightful inclusion in society
- To work with disabled people to influence development practitioners and policy makers to include disabled people's rights and needs in their work (ADD PPA Agreement 2002)

ADD works in Bangladesh, Cambodia, Ghana, Sudan, Tanzania, Francophone West Africa (Mali, Burkina Faso, Cote d'Ivoire), Uganda and Zambia, and with partner organisations in India and Zimbabwe.

ADD works by supporting disabled people at the grassroots to come together and form self-help groups. The organisation encourages these groups to grow, federalise with others and ultimately function independently. ADD builds the capacity of nascent DPOs to become more democratic, accountable, self-sufficient and sustainable while simultaneously supporting the disability movement at the national level and promoting the human rights aspects of disability and development, nationally and internationally.

The ADD PPA in 2002 represents DFID's most significant commitment to addressing disability issues outside the Disability KaR Programme. It appears to locate disability within a rights-based approach grounded on a social model understanding of disability. However, DFID's position on disability is not always clear.

The specific goal of the ADD PPA is:

'to contribute to the reduction of poverty through ensuring equality of rights and opportunities for disabled people and maximising disabled people's contribution to society.' (ibid:4)

The implicit assumption of this PPA is that it will produce a synergy between DFID's work at the macro national and international level and ADD's interventions and activities at the grassroots and their wider human rights approach to disability and development. The PPA details outcomes and actions to be taken by both parties, DFID and ADD, to achieve these outcomes. The rights-based approach is explicit in the strategic objectives against which the success of the PPA is to be measured.

Summary of progress to date against strategic objectives:

Strategic Objective	Outcomes to date
1) Significant policies and practices adopted by the national governments in at least five of the following countries: Bangladesh, Burkina Faso, Cambodia, Ghana, India, Mali, Sudan, Tanzania, Uganda, Zambia and Zimbabwe in national poverty reduction strategies or sector strategies, which	<ul style="list-style-type: none"> • Cambodia: inclusive education programme being developed with Ministry of Education, Youth and Sports • Zambia: DPOs included in national consultations on the constitution • Sudan: presidential decision exempts disabled students from paying fees at university and in general education • Ghana: disability policy in place • Mali: legislation covering employment rights and access to public building for disabled people enacted

ensure the equality of rights and opportunities for disabled people.	
2) Disability issues incorporated and addressed in legislation in at least five of the above countries.	<ul style="list-style-type: none"> • Bangladesh: Lobbying successful in persuading government to revise Disability Act. Transport policy recognises equality of rights of disabled people and provides for reserved seating. • Cambodia: Disability Act drafted and awaiting submission to Council of Ministers. • Mali: Disability Act adopted. • Zambia: Disability Act translated into two local languages. • Uganda: Local Government Amendment Act was implemented and disabled people in some districts were appointed to Statutory Boards as prescribed in the Act; the Disability Council Bill was passed by the cabinet and had its first reading in Parliament.
3) The European Union adopting a cross-cutting disability policy in relation to its work on international development based on the rights of disabled people.	<ul style="list-style-type: none"> • Lobbying of EC to develop a policy of including disabled people in all its development programmes in cooperation with International Disability and Development Consortium (IDDC) and the European Disability Forum (EDF). • EU issues 'Guidance Note on Disability and Development for EU Delegations and Services.'
4) Sphere emergency relief guidelines ensure equality of rights and access for disabled people.	<ul style="list-style-type: none"> • 2004 Handbook mentions disability for the first time.
5) Significant policies and practices adopted by World Bank, UNICEF and UNESCO, which support the equality of rights and opportunities for disabled people.	<ul style="list-style-type: none"> • ADD attended a World Bank conference (coinciding with International Disability Day) designed to establish disability on the agenda of World Bank policy makers and programme staff.

(Based on ADD DFID PPA Reporting Matrix: Year 1 2002 and ADD Programme Development Department: Overview of 2002 Report)

These strategic objectives, however, appear to only apply to ADD, with only ADD required to report on progress towards their achievement. The PPA does outline specific actions for DFID to undertake, but these were instigated and written by ADD during the negotiations on the PPA. Now that the PPA is being implemented ADD reports regularly to DFID, but DFID seemed unsure about reporting to ADD about its actions and instead suggested that ADD should report on DFID's progress and that DFID would then comment on this. DFID has provided general comments. These focus on the limited but nonetheless very positive feedback from DFID staff about their experience of working with ADD and the general efficiency of ADD's reporting formats. DFID does emphasise the need for ICSD to engage more 'energetically' with country offices to gather feedback on the relationship with PPA agencies and country offices.

Summary of DFID's Actions in PPA

DFID Actions	Outcomes to date
Share lessons learnt across DFID and the development sector.	Little evidence that this is occurring: - Issues Paper <i>Making Connection: Infrastructure for Poor Poverty Reduction</i> failed to mention access for disabled people
Seek the full inclusion of disabled people in work supported by DFID civil society support programmes (e.g. Civil Society	The Civil Society Challenge Fund guidelines now require applicants' proposals to show 'that you have considered the inclusion of disabled adults or children.

Challenge Fund and the Development Awareness Fund).	The design and implementation should demonstrate how their needs and rights of inclusion have been addressed' and this is much to be welcomed. It is not clear, however, how – or indeed if – this positive change is applied and monitored.
Promote DFID's disability issues paper	Issues paper reprinted but not at all well known within DFID. No evidence that DFID has sought to promote the paper. In fact, ADD's experience is that it is often introducing the paper to DFID staff in country offices for the first time.
Facilitate dialogue with DFID country offices: <ul style="list-style-type: none"> • to develop a better understanding of the policy changes required to ensure equality of rights and opportunities for disabled people • ensure governments consult with DPOs • ensure governments include disabled people in national poverty reduction strategy programmes or sector wide approaches 	ICSD has been helpful in facilitating links with country offices, but the results are mixed. Governments in Ghana, Cambodia, Uganda, Tanzania and Bangladesh have been consulting with DPOs and ADD but none as the result of DFID's efforts. ADD and DPOs have only been consulted in the development of one CAP, the DFID Ghana CAP. However, they were not consulted in the development of the recent Core Welfare Indicators Questionnaire.
Develop a better understanding of the need for change in the policies of European Union, international development organisations, UNICEF, World Bank and UNESCO in respect to disability rights.	No evidence of DFID action in this area.
Work with BOND/ADD to seek to ensure European Union, international development organisations, Sphere, UNICEF, World Bank and UNESCO consult with disabled people's organisations	No evidence of DFID action in this area.
Work with BOND/ADD to seek to ensure European Union, international development organisations, UNICEF, World Bank and UNESCO include disabled people in any programmes of work.	No evidence Of DFID action in this area.

(Based on ADD (2002) *ADD's Comments on DFID Outcomes* and general mapping research)

ADD was concerned that there was a risk that DFID would feel that 'it had done disability' with this PPA (personal communication). There is little evidence to support this but neither is there evidence to suggest that the PPA has been used to build on and enhance DFID's approach to addressing disability issues.

The PPA as it stands reflects laudable ambitions but it is unrealistic and unbalanced. The strategic outcomes are wildly ambitious and unrealistic for ADD to achieve alone without the dynamic engagement of DFID. DFID, rather than ADD, is in a far stronger position to influence the policies and practices of the European Union, World Bank, UNICEF and UNESCO for example. However, the experience of the PPA so far is that it has been largely a one-sided process and the results that have been achieved have been done so largely without specific DFID involvement. While the PPA has increased the intensity and frequency of dialogue between ADD and DFID and has

given ADD new status and recognition within DFID, particularly at HQ it has yet to realise the aim of all PPAs to:

'provide a framework for the open sharing of views and for constructive dialogue on major development issues' (ADD PPA 2002:2).

The limited and partial engagement of DFID offices with ADD in the countries where it works so far is a missed opportunity.

There has not been time to assess whether the performance of this PPA is typical of others. However, anecdotal evidence suggests that it may not be unusual, particularly with the most recent PPAs. Well-known NGOs with long histories of working relationships with DFID such as Save the Children, Oxfam and VSO do seem to experience more active engagement with DFID at the country level.

DFID's recent restructuring apparently has not significantly improved communication between ICSD and Policy and Regional Divisions in Palace Street and country offices. There currently appears to be no mechanism for ICSD to share best practice and lessons learned from PPAs and Challenge Fund projects within DFID more widely. Furthermore, the effectiveness of this particular PPA is undermined because the DFID actions outlined in it are largely beyond the remit and scope of ICSD. It is also not appropriate or effective for ADD alone to monitor DFID's performance.

The ADD PPA has enormous potential to significantly enhance and develop DFID's approach to disability issues as well as positively impacting on the lives of disabled people in some of the least developed countries. However, the strategic outcomes outlined in the PPA are unlikely to be achieved unless DFID actively engages in the partnership. In order to maximise the potential of this PPA with ADD, DFID may wish to consider taking the lead in trying to encourage organisations such as the World Bank, EU, UNICEF and UNESCO and bilateral donor partners to include disabled people in participatory processes. DFID could set an example to national governments and development agencies if Country Offices utilised the experience and contacts of ADD to enable consultations with disabled people in the development of CAPs and other major programmes. This will require better communication between ICSD and Country Offices. It would also be helpful if ICSD worked more closely with ADD to highlight examples of good practice and ensure dissemination throughout DFID. As a minimum ICSD should monitor DFID's progress against its actions outlined in the PPA.

KIPAF Framework Analysis of ADD PPA with DFID

Focus	Rating	Comments
Knowledge	X X	ADD works directly with disabled people to raise their self awareness and build their capacity to support each other and advocate for their rights. DFID required to share lessons learned
Inclusion	X X	PPA aims to seek the inclusion of the needs of disabled people into international, national and institutional planning processes
Participation	X X	ADD works directly to support the development of democratic and effective DPOs to give disabled people a voice
Access	X X	ADD supports disabled people to address

		access issues from transport issues to Braille voting cards with governments
Fulfilling Obligation	X X	Strategic outcomes focus on development of legislation and policies on disability rights.

XX = strong focus

X = partial focus

Case Study 2: Disability Projects in Samara, Russia

DFID Russia has been supporting three highly interesting disability-focused projects in the Samara Oblast since 2001. One of the three projects has now been completed, the other two have been cancelled owing to substantial cutbacks to the Russian programme because of the reallocation of Middle Income Countries (MIC) resources owing to the war in Iraq. DFID's support to Russia is in the process of being reduced from £25 million approximately per annum to £5 million. Despite this, these projects offer an insight into how DFID developed its thinking on disability issues and offers a potential model for the future.

The Russia CSP stated that DFID's top priority was 'to support federal policy development and implementation' (DFID 2001:1). There was a focus on social service delivery. Although the CSP did not specifically mention disabled people, the Federal Ministry of Labour and Social Development, one of DFID's key partners in social policy issues, saw the social integration of disabled people as a priority. The disability-focused projects emerged to assist the government in achieving the practical realisation of its policy commitments to disabled people.

Social Dispute Resolution Project

This was the first project to be supported by DFID and commenced in January 2001 with a budget of £700,000. The objective of the project was 'to build capacity in the existing Samara Oblast conflict commissions in order to provide an effective non-court, client orientated mechanism for settling social disputes.' (Project Memorandum 1999.4) The lead project beneficiary, the Federal Ministry of Labour and Social Development, proposed to pilot the conflict commission model in relation to disputes on disability benefits in the first instance; the Ministry plans to expand the model to other vulnerable groups over time.

The Inception Report in July 2001 revealed that there was no existing conflict commission in Samara, therefore one would need to be established and that would require regional and federal legislation. There was considerable commitment to, and ownership of the project by the Russian stakeholders who were the Ministry of Labour and Social Development, Department of Social Protection, the Judicial Department, the Commission on Human Rights and disability NGOs. In December 2003 the Samara Social Commission (SSC) was formally established. The SSC is the 'first tribunal type non court dispute resolution body in Russia' (Project Final Report 2003:1). It offers disabled people in Samara an independent entity where they can appeal against decisions of government bodies, particularly the Department of Social Protection. Services are free, its mode of operation is quick, simple and informal in marked contrast to the previous legal process which was costly and of little real use for disabled people. The tribunal panel members and conciliators are made up of medical and legal professionals and disability NGOs. They all have considerable experience of disability issues and have received much training through the project.

The project in the development of the SSC has drawn on the best elements of similar UK tribunals and adapted the lessons learnt to the Russian context. Russian partners and key stakeholders undertook three study tours to the UK seeing tribunals in action and meeting government officials and MPs.

The project believes that the SSC will provide a model for other oblasts in Russia. The Consultants' Project Final Report. However, highlights concerns that without further assistance, the impact of the project may be compromised. Particularly, there

is a desire for some continued technical input from UK experts, perhaps on a helpline basis and support for dissemination of the SSC nationally.

Disability and Independent Living Project

This project, and the complementary Disability and Empowerment Project, were designed in partnership with the Federal Ministry of Labour and Social Development as part of a suite of regional pilot projects, targeting particular vulnerable groups. Other projects included work on social services for elderly people in Kemerovo Oblast, on children at risk in Sverdlovsk Oblast and on adult mental health issues, also in Sverdlovsk Oblast. The Disability and Independent Living Project was designed to assist in the practical realisation of recent Russian legislation on conditions for independent living for disabled people. Most disabled Russians live at home and not in institutions, but the role of occupational therapists is done by social workers. Most disabled people don't get enough home help services, have inadequate access to and choice of assistive devices and currently rely heavily on the support of family members.

The focus of the project was on developing social rehabilitation services which enable disabled people to function independently. The project aimed to:

- build a shared vision at Ministry and oblast level of the type of rehabilitation services that should be available
- develop and implement new approaches to social rehabilitation
- create a database of daily living aids
- disseminate new social rehabilitation approaches and skills across Russia

This project, like the Social Disputes Project, drew on the experience of the UK. Study tours were conducted looking at UK social services and the work of occupational therapists and UK partners assisted in providing technical support. The project included an extensive training component including the training of Russian trainers. An important aspect of the project was its embracing of the social model of disability and thus it was deemed 'particularly important that the disabled person's views and the views of the person's carers are taken into account when intervention planning' (Project TORs:2). In order to achieve this, it became apparent that local organisations of disabled people would need to be supported and empowered, which is why the Disability Empowerment Project was designed.

The Independent Living Project was due to finish in October 2004 but because of budget cuts to MIC country programmes, it was closed earlier than expected, in March 2004, and the final report is being written currently.

Disability Empowerment Project

It became clear during the design of the Independent Living Project that it would only be partially effective without complementary activities focusing on the empowerment and rights of disabled people, as it included no mechanism for consulting with disabled people and no forum where disabled people could develop a collective voice and defend their rights. The Disability Empowerment Project's goal was to ensure that disabled people were aware of and informed about disability rights and the international disability movement and work together for the inclusion of disabled people in Russian society. It was to encourage a shift from paternalistic protection to partnership and participation in the relationship between the state and disabled people. The aims of the project were to:

- strengthen the voice of disabled people, to increase their participation in civil society organisations and the effectiveness of these organisations

- assist disabled people to lead a process of consultation with government decision makers
- work with government structures to bring about improvements in services and the overall environment for disabled people
- disseminate rights-based approaches and learning from the project to disabled people and government officials both within and beyond the Samara oblast. (Project Memorandum 2002)

The Disability Empowerment Project represented a unique approach on the part of DFID to addressing disability issues. For the first time disabled people themselves were given the lead and the responsibility to design, plan and implement a project. The UK International Disability and Equality Agency (IDEA), an organisation of disabled activists and consultants were selected to manage the project and worked in partnership with Russian DPOs to design it.

During the inception phase a Strategy Group comprising representatives of local organisations controlled by disabled people was established. This introduced a new concept of collaborative working. In the past these organisations had been used to competing with each other and had often been divided according to different impairments (physical, sensory, mental). Through the input of IDEA and the experience of a study tour to visit UK DPOs, an awareness of the power of speaking with one voice across disability to counter discrimination and secure their rights was embraced. Local project management arrangements were agreed and a training needs analysis was conducted focusing on disability rights and social action, disability equality training, access surveying, equal opportunities issues and working with the media.

A key feature of the project was to be a micro-grants scheme providing small scale funding (up to £3,000) to projects focussing on awareness raising, advocacy and rights. A local NGO, Povolzhye would administer the scheme with an assessment committee comprising DFID, representatives of the Department for Social Protection, Povolzhye, a local DPO and the national disability organisation, Perspektiva. The project was tasked with collaborating with the other DFID disability projects. Perspektiva was to be responsible for a national dissemination strategy.

The project was initiated in March 2000 when a consultation exercise was held in London involving disabled people and interested individuals which confirmed interest in the project. From July 2000 – January 2001 design activities took place with DFID and two disability activists from IDEA. Approval for the project was delayed because of concerns about 'fit' with the new Russia CSP and then again over the selection of oblasts. The project finally began in December 2002 with a budget of £500,000 with an end date of May 2005. The initial inception phase was completed in April 2003.

The project was given final approval to begin implementation in October 2003 and activities began shortly thereafter. However, cuts to MIC country programmes announced in November obliged DFID Russia to curtail a number of projects in early 2004. A transition strategy, which was approved by ministers in December 2003, concluded that the Russia Programme would henceforth focus on public administration reform and social policy issues at federal level and on DFID's two partnership programmes in Leningrad and Nizhny Novgorod Oblasts. It was decided to close early regional pilot projects in non-partnership regions, including the two ongoing disability projects in Samara and other service delivery projects in Sverdlovsk. But other development partners, notably the European Commission's

TACIS programme, are continuing to commit resources to social service delivery issues in Russia, including disability issues.

Conclusions

In preparing this mapping report, the author was requested by DFID to examine the situation of the Disability Empowerment Project and to see what lessons could be learned. A detailed examination of the reasons and processes that led to the decision to close the project is not likely to be helpful. However, a few general comments are appropriate. It is regrettable that the reductions in the Russia Programme budget arising from the MIC reallocation exercise have brought about the early closure of a range of social service delivery projects, including the disability work. For the project team at IDEA, the closure has been a sharp lesson in the vagaries of the international development process. However, it is hoped that this experience will not put off DFID from working with IDEA and the wider UK disability movement. Indeed, it is the strong recommendation of the author that DFID in the near future seeks out further opportunities to work with the UK disability movement, because both parties have much to learn from the experiences of the other. Furthermore, it is absolutely essential that disabled people are given the lead in projects that focus on disability rights and equality of opportunity for disabled people.

Disabled people in developing countries can learn from the long and mature experience of UK disability activists. UK activists can also learn from the experience of disabled people living in the poorest parts of the world. A dynamic partnership between the UK and DPOs will enrich the development process.

Taken together, the three disability projects examined in this case study represent a pioneering attempt by DFID to address disability issues in a coherent, cohesive and holistic manner. A critical factor in the creation of the projects and the successful completion of two of them, undoubtedly was the desire and commitment of the Russian government to address the needs and rights of disabled people. Although DFID's financial support was relatively small, DFID Russia committed substantial time and effort to develop these projects. They represent a model of a rights-based approach to addressing disability issues. Each project had its own particular focus but together they addressed issues of knowledge, inclusion, participation, access and fulfilling obligation.

KIPAF Analysis

	Social Disputes Project	Independent Living Project	Disability Empowerment Project	Three Projects together
Knowledge		XX	XX	XX
Inclusion	X	X	X	X
Participation	XX	X	XX	XX
Access	XX	XX	X	XX
Fulfilling Obligation	XX	X	XX	XX

XX = Strong Project Focus X = Partial Project Focus

Case Study 3: Civil Society Challenge Fund Project: Disability Specific

This case study is based only on project documentation submitted by the Leprosy Mission to DFID.

Project Title	Enhanced Access to Health Services and Information for Poor/ Marginalised People
Purpose	To develop affordable good quality health services and appropriate accessible health information in eight districts on a locally sustainable basis
Country	India (Uttar Pradesh)
DFID Commitment	£250,000
Implementing Organisation	The Leprosy Mission (UK and Wales)
Time Frame	3/2001-3/2004
Policy Markers ¹	
POM	Education, health and opportunities
PAM	Focused
MDG/PIMs	Human Rights

The project aimed to:

- Empower poor and marginalised groups, specifically people affected by leprosy, women, disabled people and scheduled castes, to gain greater access to information about health along with access to services
- Build the capacity of local health service providers and CSOs to provide accessible health services.

The main activities were focused on:

- Community Health Promotion through the use of village health volunteers, organisation of health discussions within existing community groups and specific awareness raising events
- Promotion of local leprosy services
- Building the capacity of local communities to address locally relevant health issues themselves through participatory, community based health promotion work.

The project sought to address two of the main criteria for CSCF funding:

- Improved quality of health services and equity of access of health
- Empowerment for poor people, especially women and scheduled castes

The project recognised the strong links between poverty and ill health and social exclusion that result in a mutually reinforcing vicious cycle of ever deepening poverty. It sought to 'break that cycle' (Leprosy Mission Project Report 2002-2003:2).

Improved quality of health services and equity of access of health

The project increased access to healthcare information. A major component has been the recruitment and work of community health volunteers, 80 per cent of which were women and over 60 per cent came from rural communities and scheduled castes. The volunteers were given a one-day training course on prevention and

¹ Policy Markers provide a framework to measure how projects and programmes are targeted on key policy areas. Poverty Aim Marker (PAM) monitors the means by which poverty elimination is being addressed. Poverty Objective Marker (POM) monitors the targeting of DFID's central objectives. Policy Information Marker (PIM) shows the main focus in relation to MDGs.

knowledge of various diseases with a special focus on leprosy and where treatment can be found as well as knowledge about economic and physical rehabilitation and vocational training. These volunteers then organised monthly discussion groups with at least 40 participants in villages. The participants at these discussions were asked to share the health education information with at least 10 other villagers.

The project has increased access to health services by increasing the range of health services for people in rural areas. It has organised health and skin camps and in collaboration with NGO partners referred people for community based rehabilitation, reconstructive footwear, and surgery and trained over 200 private medical practitioners in healthcare for leprosy. Altogether this has resulted in delivering some improved healthcare outcomes:

- reduction in number of cases of malaria
- increased uptake of polio vaccination
- increased reporting and referral of cases of leprosy
- cleaner households and village environments

However, there seems to have been only limited real engagement with state health services, the increased services being dependent on NGOs; this means that their sustainability is doubtful.

Empowerment for poor people, especially women and scheduled castes

Despite the rhetoric in the project documents, the emphasis in this project appears to have been far more on service delivery than empowerment. This may be related to the project's model of disability. While recognising the importance of stigma in the experience of people affected by leprosy, the project documents emphasise the importance of addressing individual's *self-stigma* rather than tackling society's ignorance and discriminatory attitudes. It is vital to simultaneously address the needs of socially excluded groups, such as people affected by leprosy, along with the exclusionary attitudes of society (Jenks, S 2003).

The project reports that the programme has been able to 'restore self-confidence and self-worth to individuals affected by leprosy' (ibid:4). Self-care groups have been established and in partnership with NGOs literacy classes have been arranged, but the ratio of men to women in the latter is 4:1. Community Health Volunteers have worked to dispel myths about leprosy and counteract people's fears. However, it is unclear how many, if any, of these volunteers are disabled people or people affected by leprosy. While the project gathers data on gender and the participation of scheduled castes it does not on disability. Project documents do not give any information on educating people about their rights, or on activities seeking to build the capacity of self-care groups or to encourage them to link with each other to lobby government to increase access to health services. The latter has been recognised as a weakness in the Project Report. Disabled people and people affected by leprosy also do not appear to have a central role in the planning, implementation or monitoring of the programme itself.

In conclusion, this project is strong on service delivery but weak on empowerment. Service delivery is extremely important, as are efforts to prevent impairments and improve knowledge and access to healthcare. However increased knowledge about healthcare and increased access to services are not themselves empowering; the attitudes of the excluding society need to be addressed as well. Excluded groups need to be encouraged and supported to lobby for societal change and to claim their rights.

This project is perhaps an example of policy evaporation. The original project proposal and logframe fulfilled the CSCF policy priorities on empowerment and human rights, but during implementation, it appears there was slippage on these priorities with eventual 'evaporation', so the Leprosy Mission was essentially carrying out a service delivery project. It was not possible to assess if such slippage has occurred in other CSCF projects but it is an area that ICSD may wish to investigate further. The priorities of the CSCF are highly laudable and represent an excellent opportunity to promote rights-based approaches that in the area of disability, in particular, should encourage a shift towards the provision of services to disabled people as part of a wider process of empowerment, rather than an end in themselves.

KIPAF Framework Analysis

Focus	Rating	Comments
Knowledge	X X	Improved knowledge about health issues a key focus of the project, but no emphasis on knowledge of rights
Inclusion	X X	Strong focus of the project but not realised
Participation		No real emphasis on giving people a voice in the operation of the programme
Access	X X	Emphasis on access to services
Fulfilling Obligation	X	Recognition of the importance of this but little done to assist excluded groups to hold their government to account.

XX = strong focus X = partial focus

Case Study 4: Ghana

Overview of DFID's Programme

DFID's programme in Ghana is focused on four areas:

- *Enabling Environment*, covering budgetary support, trade policy, private sector development, water.
- *Governance*, covering public sector reform and public financial management.
- *Sustainable Livelihoods and Increased Production*, covering areas such as rural infrastructure, rural livelihoods and forestry.
- *Human Development*, covering health, education and HIV/AIDS.

DFID broadly supports the Government of Ghana (GoG) in its poverty reduction strategy plan, but it is concerned that the government's plan to address issues of vulnerability through discrete assistance programmes may run the risk of further marginalisation. DFID emphasises environmental sustainability and social policy priorities (gender, rights, social protection of the vulnerable and excluded) in its CAP. Disabled people are specifically mentioned as one of the most vulnerable groups whose situation has intensified during the last few years.

Situation of Disabled People

There are four main DPOs in Ghana:

- Ghana Association of the Blind (GAB)
- Ghana Society of Physically Disabled (GSPD)
- Ghana National Association of the Deaf (GNAD)
- Ghana Federation of the Disabled (GFD), an umbrella organisation.

The 1994 'Disabled People's Act' has been replaced by the 2001 'Persons with Disability Act' which is to provide for the rights of disabled people according to the constitution. However, the bill has yet to be passed into law. Ghana also currently lacks a Disability Council to oversee disability issues in the country. In recent elections tactile ballots were available for blind and visually impaired people. Currently 10 disabled people have been elected or appointed to local government or political bodies.

There is also a growing awareness about disability issues. Nearly all of the FM radio stations now offer regular programmes on disability in English and the local languages. ActionAid and the British High Commission are considering setting up resource centres for disabled people.

Disability and DFID's Programme

DFID Ghana are currently considering supporting Braille voter cards in the forthcoming election. However, DFID's most direct engagement with disability issues is in the education sector.

DFID provided substantial funding to education through the Education Sector Support Programme from June 1998 to June 2003 and a comprehensive Education Sector plan (ESP) has recently been completed. DFID is currently considering the level and nature of its further support to the implementation of the ESP. Indications are that continued substantial support is likely.

One of the objectives of the ESP is to prioritise the disadvantaged in society as part of its first focal area to provide Equitable Access to Education. A specific component

focuses on children with Special Educational Needs (SEN) to be implemented by the Ghana Education Service's Special Education Division.

Imfundo, responding to a request from the Director General of the Ghana Education Service, has been working on how ICT and assistive technology can be used to reach the objectives for inclusive education for SEN children. Imfundo has been collaborating in this venture with the Ghana Society for the Blind, and UK organisations the Royal National Institute for the Blind (RNIB), Sightsavers and VSO. Imfundo is now planning further support in the following main areas:

- Development and implementation of an ICT-enhanced advocacy campaign
- Integration of special education content into teacher training programmes, including multi-media ICT material
- Brokering from NGOs, development partners and the Imfundo Resource Bank.

VSO and the RNIB are to continue to be key partners in this future work.

Support for disability via DFID NGO partners

VSO has been working to support disabled people in Ghana for a number of years and its work here was specifically highlighted in the DFID 2003 *Review of VSO* as part of its PPA arrangements.

The VSO disability programme aims to promote the rights of and improve services for disabled people. Volunteers in special education placements have been providing vocational training to help disabled people gain skills for income generation. Recent placements have included a carpentry instructor in a school for the deaf and an electronics teacher in a school for disabled children. VSO volunteers have been working directly with the Ghana Special Education Division to implement a pilot inclusive education project. Experience from this fed into the development of the ESP. VSO has also formed a partnership with the Ministry of Manpower Development and Employment to implement a rehabilitation programme for disabled people.

VSO is also working to develop the capacity of organisations of and for disabled people at the grassroots and national level. Placements have included working with the Ghana National Association of the Deaf on the development of a sign language training programme to address the critical need of access to information for deaf people. VSO has been instrumental in the establishment of the multi-stakeholder Disability Network and provides funding to the Network.

ADD works in Ghana and in addition to its funding through its PPA, has secured additional support from the Civil Society Challenge Fund for capacity building of DPOs.

Conclusions

It appears that in general, specific initiatives delivered by NGOs with funding from DFID are linking and contributing to national level policy making and programme planning. ADD and DPOs were consulted on the development of the PRSP and the Education Sector Plan. VSO's support for the Disability Network is significant in enhancing information sharing and coordination. Also VSO's partnership with the Special Education Division and Imfundo on the development of inclusive education is extremely positive. The latter is an excellent example of how DFID can support disability through a sub-component of a major mainstream initiative. However limited information has meant it is impossible to assess how much engagement exists

between DFID Ghana and VSO and ADD. It appears that ADD and DPOs were not involved in the development of the DFID CAP or the recent Core Welfare Indicators Questionnaire.

Case Study 5: India

Overview of DFID's Programme

India is DFID's largest country programme with assistance focused on four states: Orissa, Andhra Pradesh, Madhya Pradesh and West Bengal. DFID's 10th India country plan was launched in February 2004. The programme will focus on three objectives:

- More integrated approaches to tackling poverty in focus states.
- Improving the enabling environment for sustainable and equitable economic growth.
- Improving the poor's access to better quality services (India Country Plan 2004).

Situation of Disabled People

'India has one of the strongest rights-based constitutions in the world' (DFID India Draft Social Inclusion Paper 2004). The rights of disabled people are promoted and protected by several pieces of legislation, of which the most important is The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. The Act is guided by the philosophy of empowering persons with disabilities and their associates. It aims to introduce an instrument for promoting equality and participation of persons with disability, and eliminating discrimination.

The Office of the Chief Commissioner for Persons with Disabilities was established to implement this act. Commissioners have been appointed in all Indian States. National workshops have been held on inclusive education, employment and barrier-free environments, and over 6,000 grievances cases have been settled through the courts. Nevertheless, India's disabled people are still among the most marginalised and vulnerable members of society. Estimates suggest that approximately six per cent of the population are disabled but only a small number receive any form of support outside of the family and the community. There are strong disparities in the provision of services between urban and rural areas. India has a large, varied and active movement of NGOs working on disability issues, though many still have a welfare-led approach.

Disability and DFID's Programme

The Asia Division Director Delivery Plan highlights the need to tackle social exclusion throughout Asia, and in India it will be a key programme theme. DFID India has recently produced a draft 'Social Inclusion Approach Paper' outlining the challenge presented by social exclusion and DFID's framework for addressing it. Overall DFID India is seeking to mainstream social inclusion across all its programmes. Disabled people are recognised as among those facing discrimination and experiencing social exclusion and DFID India is committed to introducing a component plan for disabled people within its wider Country Plan.

Existing DFID supported programmes that have sought to include disability issues are described below.

- The Poorest Areas Civil Society (PACs) Programme (£27 million) aims to ensure that the poor in the poorest and most backward districts of India are empowered by civil society to realise their entitlements more effectively. Efforts are being made to make the programme address disability issues proactively. DFID made links with VSO which has been supporting Indian DPOs; an advocacy workshop was held and PACs is now seeking to work with organisations that have a specific focus on disability.

- The Andhra Pradesh Rural Livelihoods Programme (£45,543) has an element of enabling economic opportunities for disabled people.
- The District Primary Education Programme promotes inclusive education and some states have been successful in integrating disabled children into mainstream schools.

Other current and planned initiatives:

- DFID India to cooperate closely with the World Bank in a major survey on disability in India.
- The new Civil Society Cooperation Programme now recognises disability issues.
- Disability has been included in the logframes of the government of India's Education for All and Reproductive and Child Health programmes.
- Discussions are taking place with VSO on developing a Strategic Partnership Agreement focussing on disability.

Support for disability via DFID NGO partners

The focus of VSO's programme in India is on HIV/AIDS and disability. VSO supports organisations of and for disabled people at the grassroots, district and state and national levels. Placements focus on:

- Building the organisational capacity of NGOs to strengthen their programmes and adopt a rights-based approach.
- Supporting NGO networks in advocacy and influencing activities that promote greater resource allocation and service provision for disabled people.
- Supporting the disabled people's movement at national level in their rights to participation and equality of opportunity.

ADD works in India with its partner organisations ADD India and Mobility India. ADD India is focussing on being a resource and training organisation with a rights-based approach. It has been working with the Karnataka Disability Network, federations of DPOs in Tamil Nadu and Andhra Pradesh and recently work has begun with DPOs in Kerala. Mobility India focuses on rehabilitation. It is running long-term training courses on Prosthetics, Orthotics and Rehabilitation Therapy for 30 trainees.

There are several Challenge Fund disability-focused projects in India. Healthlink Worldwide is coordinating a project on strengthening the voice of vulnerable groups. Leprosy Mission have two projects focussing on community based rehabilitation and access to health service (see earlier case study.) Sense International has a project aimed at building the capacity of organisations working with deaf-blind people.

Conclusions

DFID India is taking a lead on mainstreaming disability. Although it is early days and much is only in the planning phase, the proposed initiatives are exciting and there is enormous potential for the rest of DFID to learn from India's experience. Particularly important is DFID India's commitment to cooperate and collaborate with major international agencies such as the World Bank as well as grassroots organisations facilitated by one of DFID's partner NGOs, VSO. It will be essential that DFID India's experience is documented and disseminated.

Case Study 6: Cambodia

The information for this case study was drawn mainly from sources external to DFID and on the author's working experience. No information was received from the DFID country office and information available on Insight was often very out of date. Nevertheless, it was decided to include Cambodia as a case study because of its high rates of disability (possibly the highest in the world) and the existence of some innovative approaches to addressing disability.

Overview of DFID's Programme

DFID is a small donor to Cambodia but it has been working to promote more efficient partnerships between the donors, government and civil society. DFID works towards the achievement of three interlocking objectives:

- to encourage broad-based rural development that empowers poor and disadvantaged people
- to enhance government capacity to plan and implement pro-poor policies, to raise resources and account for their use
- to support improved policies and systems that enable the state to guarantee the equitable provision of effective basic services.

DFID's biggest commitments are in strengthening the response to HIV/AIDS, support to the health sector and support to the multi-donor Seila rural development programme. Other inputs include a Phnom Penh Urban Poverty project, support to the multi-donor Education Quality Improvement Project and environmental and rural development initiatives.

The Situation of Disabled People

Years of conflict have left Cambodia with very high rates of disability, perhaps even the highest in the world (UN ESCAP 2002). Approximately 40,000-50,000 people are landmine survivors and their injuries include loss of limbs, blindness, deafness, paralysis and disfigurement. Polio has affected about 60,000 people. The blind population is thought to be about 100,000 and deaf people number approximately 120,000 (ibid). Services for disabled people, overwhelmingly provided by NGOs, are not adequate and are particularly lacking in remote and rural areas. Where services exist, disabled people find it difficult to access them or find they are inappropriate. Accessibility is also poor with very few public buildings having accessibility features. Cambodia is still in the process of developing sign language and very few Braille materials exist.

Cambodia has three main DPOs: the Association of Blind Cambodians (ABC), the National Centre of Disabled Persons (NCDP) and the umbrella Cambodia Disabled Person's Organisation (CDPO). In 1998 the Disability Action Council (DAC) was established as a semi-autonomous body and mandated to act as the national coordinating and advisory body on disability and rehabilitation by the Royal Government of Cambodia. The DAC is a unique organisation, bringing together all stakeholders, government, donors, UN bodies, INGOs, LNGOs and DPOs to plan and implement coordinated disability activities.

Currently Cambodia has no specific legislation protecting the rights of disabled people and promoting equal opportunity. However a draft law has been prepared with DPOs and is awaiting presentation to the Council of Ministers. Cambodia and in particular the DAC has been active in the 1993-2002 UN Asia Pacific Decade of Disabled Persons and in the Biwako Framework, an extension of the decade.

Disabled people were consulted in the development of the PRSP and are specifically mentioned. Braille voter cards were piloted in the recent elections.

Disability and DFID's Programme

Lack of information has meant that it is not possible to comment on the extent to which disabled people's needs are considered, if at all, in DFID's mainstream programme.

However DFID is supporting work via NGOs. A small local NGO, Disability Development Services Pursat (DDSP), which provides services and promotes a rights-based approach to disability in one province, has just received funding through the Small Grants Scheme (SGS). Another local NGO providing support and rehabilitation to children affected by mines in Battambang and Banteay Meanchey provinces has also received SGS funding.

The UK organisation Landmine Disability Support is operating a disability rights, awareness and sustainable livelihoods project in Kompong Chhnang province with funding from the CSCF.

ADD is active in Cambodia, working in the provinces of Kompong Spue and Kompong Chhnang, where approximately 146 self help groups have been formed. ADD also works at the national level. The Cambodian disability movement is weak and not representative of disabled people.

Inclusive Education

The CSCF is currently supporting Cambodia Trust in a project on the inclusion of disabled people in education and training. The education component is part of a wider inclusive education programme being implemented by the Ministry of Education, Youth and Sports and a consortium of NGOs. The Inclusive Education programme is supported by UNICEF and UNESCO. DFID's support enabled Cambodia Trust to join the consortium.

Inclusive education is the vision for the sector in the Education Strategic Plan (ESP) which also makes commitments to addressing the needs of disabled children. The development of the ESP and the Education Sector Support Programme (ESSP) involved extensive consultation with NGOs.

In 1999 DFID gave support to the work of a consultant looking at NGO involvement in the education sector. The key recommendation of the subsequent report was the establishment of a coordinating body to represent education NGOs and facilitate dialogue with MoEYS. In 2001 the NGO Education Partnership (NEP) was formed. The NEP was instrumental in getting MoEYS to accept inclusion as its vision and the NEP has quickly become a respected partner to MoEYS. The Ministry has used NGOs to design the girls' scholarship programme. NEP has been supported with a small grant from SIDA.

Conclusions

Cambodia is one of the few countries where disability issues have been included in national planning processes (PRSP and the Education SWAP). The reason for this rests partly in the country's high rates of disability and in particular its internationally acknowledged landmine problem. Cambodia's 30-odd years of conflict and specifically the nature of the genocide of the Khmer Rouge regime (1975-79) have resulted in a particularly low level of government and national civil society capacity to deal with the country's problems.

The DAC and the NEP represent interesting examples of coordination mechanisms that facilitate the creation of effective partnerships between government and INGOs and LNGOs to agree on priorities and deliver services. DFID's support to disability in Cambodia appears to be confined to very small scale assistance to grassroots initiatives. However, given DFID's priority to support national governments, it is unfortunate that a lack of information prevents any analysis of how far DFID Cambodia has responded to the Royal Government of Cambodia's acknowledgement of the needs of its disabled population. DFID is a small player among the bilateral development agencies in Cambodia, but it has expressed the desire to facilitate better donor coordination. DFID in the future might like to follow the example of SIDA with the NEP, or USAID with the DAC in providing support to these innovative coordination mechanisms alongside continued support to grassroots CSOs.

5. DFID STAFF AND DISABILITY

This section examines the knowledge and awareness of disability issues among DFID staff and their experience of working with these issues. The results are based on responses received to a questionnaire and semi-structured interviews formulated around the questionnaire.

The questionnaire and the interviews sought to find out:

- Individuals' knowledge about disability, how they defined disability and if they were aware of different models for understanding disability.
- How they saw the relevance of disability in relation to DFID's poverty reduction agenda and to their own work in particular. How they have sought to address disability issues, if at all, and areas where they needed help.
- Awareness of the 2000 Issues paper *Disability, Knowledge and Development*.

The questionnaire was sent to all Social Development, Education and Health and Population Advisors. Twenty responses were received, although some were only partial replies, and two were to state that they were doing nothing on disability. Semi-structured interviews were conducted with a further 15 individuals at DFID, Palace Street.

Knowledge about disability

Responding to the question, "What do you understand by the term 'disability' all staff saw disability in terms of an interaction between an individual's impairments, physical, mental and sensory, and the environment where they live. Example responses:

"It's not easy to define. It's about some kind of impairment (mental or physical) leading to a particular social status/identity."

"It is the outcome of functional limitations related to physical, mental and social environment."

"Physical and mental disability – it's the extent to which you are able to function in your environment."

Most respondents also expressed an awareness that this interaction results in disadvantage and discrimination. However, there was a lack of clarity generally that the cause of this disadvantage lay with society and not the impairments themselves.

"Disability is where you are socially excluded from your society by mental or physical impairment."

"Physical or mental problem that would restrict or hinder someone from work, education or basic tasks in life."

"A lasting physical, emotional or mental disorder that prevents a person from playing a normal role in society due to restricted access, negative discrimination, denial of rights, inability to be economically productive, incapacity for normal social interaction, etc."

Only a few individuals noted that disability is a relative concept – that impairments can be more or less disabling depending on the social and cultural context.

Approximately two thirds of the respondents were aware that there were different models for understanding disability. Of those who were aware, about half were able to identify types of models, particularly the social and medical models, and showed an understanding of what they meant.

“I think the medical model sees the person with a disability as the problem as opposed to the social model which I think sees the problem as society/people’s attitudes to disability.”

“Social model means that you are aware it is a social identity – culturally determined – not a simple medical condition and that the issues disabled people face are about their treatment and identity – not just their medical condition.”

Those staff who were knowledgeable about different models of disability responded that it influenced their work by locating disability issues firmly in the context of DFID’s work on poverty, human rights and addressing social exclusion. However, one individual noted with tremendous honesty:

“Has not influenced my work, as I have numerous other issues that I need to focus on.”

Disability and DFID’s Work

All staff felt that disability was relevant to DFID’s poverty reduction agenda. There was a clear understanding that disabled people are often among the poorest. Several individuals also elaborated on the relevance of disability to DFID’s human rights agenda and the focus on reducing social exclusion. Despite this recognition, several people noted that disability was not a priority for DFID. Some replies noted that disability was not a priority for partner governments either.

“Disability is not in the mainstream of our poverty reduction agenda.”

“I think it [disability] very much is [relevant to DFID’s poverty reduction agenda], but evidence of its integration in our work is very low.”

“Yes, it [disability] is very relevant here in Bolivia but it is not on anyone’s radar screen.”

Another possible reason for disability’s low priority emerged in some responses, namely that disability issues are being marginalised by DFID’s strong focus on achieving the MDGs and the need to be strategic.

“It is relevant, but it tends not to be a high priority. We are focused on achieving progress towards the MDGs [...]. [Addressing disability issues] will be quite unlikely to happen due to strong pressure from senior management to focus even more intensely on the MDGs.”

“Disability is one of a number of issues that, though relevant, I do not address directly in my work due to the need to focus and be strategic.”

While several respondents noted that DFID’s mainstream work will benefit disabled people, there was also awareness by some individuals that current aid modalities and development processes may not actually benefit the poorest and may even be exclusionary.

“Special interest groups have tended to get missed out from DFID analysis and plans in recent years.”

“Disabled people are unable to participate in PRSP processes without supplementary help.”

“Disabled people and children are hard to reach. DFID will not be targeting special groups. DFID’s focus is on SWAPs, but you have to ask whether SWAPs have a poverty focus at all.”

Only a minority of staff had tried to address disability issues directly in their work. Their efforts included trying to include disability issues into DFID policy (four respondents); supporting proposals for disability-focused activities (two respondents);

raising disability issues with national governments and including disability in the logframes of DFID supported programmes (one respondent); and proactively engaging with DPOs to ensure that a programme included disability issues (one respondent).

The most common problems cited by staff in trying to address disability centred on DFID's emphasis on being strategic and focused. One respondent clearly felt that her efforts to raise and include disability issues were being hampered by the fact that disability was not specifically mentioned in the strategic planning documents. Other individuals noted the lack of awareness about disability issues and the lack of a clear contact point within Policy Division as a barrier.

Replies make it apparent that DFID staff lack any clear source of information on disability issues. Answers to the question, "Where do you currently get information and advice of disability issues?" included the media, TV, the Internet, disabled friends, friends who work with disabled people, social development advisors, NGOs, the 2000 Issues Paper, ADD and "nowhere".

Information on disability issues emerged as the top priority. DFID staff repeatedly mentioned the need for information, data and analysis on the links between poverty and disability, so, as one person put it, "we have ammunition to argue that we should work on it." DFID staff also wanted information on examples of best practice, particularly on mainstreaming. Finally, several respondents wanted some kind of practical guide on including disability in their work.

Awareness of the 2000 Issues Paper *Disability, Poverty and Development*

Most of the respondents were aware of the existence of the Issues Paper, but only just over half had read it, and in most cases it was a long time ago. As one person put it, "too many [papers] come across; people only read what you are interested in". Of those who had read the paper, two said that it had not influenced their work at all, and the rest only felt it had done so indirectly or not very much. The Paper's main use had been to raise awareness of disability issues:

"Made me view policies and practices through a disability lens."

"It has helped me to understand how DFID would like to position its work on disability and thus has been an enabling document. It has helped me raise issues of disabilities and hopefully, I could be effective at some stage in integrating disability issues."

Few individuals felt in a position to comment on the strengths and weaknesses of the Paper. However, of those that did, most felt that it provided a good introduction to the issues and that its particular strength was that it established disability as a social and human rights issue over a medical problem. Several people commented that it failed to give practical guidance:

"It is however a bit idealistic and unrealistic when it comes to actions. There needs to be a more down-to-earth toolkit as to what can be done in extremely resource-poor settings."

"I am not sure it gives much 'how to' guidance."

"Most useful as a succinct overview. Less useful in considering operational implications."

Several respondents noted the 'nebulous' status of the Issues Paper. It is unclear whether it is a briefing note, a guidance document or a statement of policy. Some felt this was the Paper's most serious weakness:

“An Issues paper is not enough if it’s not in strategic plans.”

A few people felt that it was time to update the Issues Paper and make it a more practical document.

Some concrete suggestions for future action also emerged from the replies and interviews. These included:

- Reviewing the work of, and DFID’s work with, national DPOs.
- Inserting a clause in the contract agreements with implementing partners in humanitarian relief situations requiring the needs of disabled people to be considered in the access and distribution of humanitarian aid.
- Establishing a disability news group.
- Actively engaging with economists to develop models that more effectively capture notions of well-being.

Conclusions

The results from the questionnaire responses and semi-structured interviews provide nothing more than a taster of DFID’s staff’s knowledge of and approach to addressing disability issues. The sample was small and self-selecting: individuals chose to respond or not. Furthermore the vast majority of replies and interviews were with senior staff, A band and above. However, this is of value as it is this group that leads on devising and implementing policy. Some responses to the questionnaire were incomplete. Despite these constraints, some clear conclusions emerge:

- DFID staff have broadly a good understanding of what disability is.
- DFID staff see disability as highly relevant to DFID’s poverty reduction agenda. However, there is less clarity on its relevance to the MDGs.
- DFID staff want and require more information on disability issues. There is a need for more data and analysis of the links between poverty and disability. Information on examples of good practice is also needed.
- DFID staff want more guidance on disability issues particularly on their relationship with the MDGs and DFID’s focus on human rights and social exclusion.
- DFID staff want practical guidance on how to include and address disability issues.

DISABILITY SUPPORTERS WITHIN DFID

This section lists current DFID staff who have:

- responsibility for disability issues
- an interest in/knowledge of disability issues
- experience of working on disability issues

Name	Job Title and Department	Comments
Pat Holden	Senior Gender and Human Rights Advisor, Policy Division	Key contact for disability issues in DFID's policy and overseas programming
Kamaljit Kerridge-Poonia	Diversity Advisor, Human Resources Policy Department	Responsible for enabling DFID to address diversity issues internally and programmatically
Anne Nicole	Disability Liaison Officer, Human Resources Policy Department	Responsible for disability issues within DFID's human resourcing
Andrew Norton	Chief Social Development Advisor, Office of the Chief Advisors	Personal interest in disability
Adrian Wood	Chief Economist, Office of the Chief Advisors	Personal interest in disability
Phil Evans	Senior Social Development Advisor, International Division, UK Mission to the UN	Co-authored the 2000 Issues Paper 'Disability, Poverty and Development'
Bridget Crumpton	Education Advisor, Education for All, Policy Division	Responsible for focusing on hard-to-reach out-of-school children
David Clarke	Senior Education Advisor, HIV/AIDS Team, Policy Division	Worked with UNESCO on Inclusive Education issues in the past
Ann Keeling	Senior Social Development Advisor/ Deputy Head EMAD	Led on policy work looking at the impacts of social exclusion (including disability) and human rights
Dennis Pain	Senior Social Development Advisor, DFID India	
Girish Menon	Social Development Advisor, DFID India	
Peter Evans	DFID Malawi	Worked on rights-based approaches in India and now in Malawi. Experience in India of trying to include disability issues into programmes
Phil Brown	Deputy Head of Director's Cabinet, Asia Division	Supports the Social Development Advisor in Asia Regional Policy Unit on social exclusion, in particular disability

Rebecca Calder	Social Development Advisor, DFID Nepal	Previously researched and published on disability issues
Tamsyn Barton	Team Leader, Trade and Development, Policy Division	Advocated for inclusion of disability issues
Rahul Malhotra	Social Development Advisor, DFID China	Personal interest
Robin Milton	Social Development Advisor, Europe and Central Asia Department	
Teresa Durand	Europe and Central Asia Department	
Stephen Kidd	Social Development Advisor, Latin America Department	Personal interest
David Woolnough	ICD Advisor, Civil Society and Communications Unit	
Lucy Ambridge	Research Manager, Central Research Department	Disability KaR link person, disability champion in Central Research Department
Julia Chambers	Social Development Advisor, Policy Division	Wrote the 2000 Issues Paper, 'Disability, Poverty and Development'

6. CONCLUSIONS AND SUGGESTIONS

With the publication of *Disability, Poverty and Development* in 2000, DFID appeared to be stepping forward to take a lead on disability issues among the major development agencies. Four years later, DFID has not fulfilled the expectations that were raised. Although this mapping process has revealed a surprisingly wide range of activities and perhaps more importantly for the future, an interest in, knowledge of and support for disability among many DFID staff, there is little practical evidence that mainstreaming has taken place and disability has hardly registered at all in the development process. This does not seem to be unique to DFID: there are precious few examples of successful mainstreaming of disability or indeed of any other cross-cutting issue among development agencies. (For example, despite its prominence as an issue, gender has not been adequately mainstreamed within DFID.)

A recent report for DFID comments that:

'The continued neglect of the disabled by national governments and international development agencies remains one of the great lacunae of national and international poverty-reduction efforts' (Hulme, Moore, Shepherd and Grant 2004:20)

Disability has been largely invisible and DFID's work on disability has similarly been hidden. The internal management information systems have no method of tracking disability initiatives. Most of the disability-focused activities revealed in this report are being delivered via NGOs with PPAs or with funding from the Civil Society Challenge Fund with the responsibility for administrating and monitoring these activities falling on the Information and Civil Society Department (ICSD). The recent DFID restructuring process appears to have resulted in no clear mechanism for ICSD to communicate the existence of these activities to DFID country offices or Policy Division, let alone disseminate learning and examples of best practice. Nevertheless, there is a bedrock of disability activity on which DFID can build.

DFID's commitment to delivering aid through the current aid modalities of DBS, PRSP processes and SWAPs limit the space for disability issues. National governments, almost without exception in the least developed countries, have no interest in disability. If DFID is serious about supporting national ownership of development assistance, then it is unrealistic to believe that disability can be mainstreamed in any meaningful way in the short term. National governments must want to help their disabled citizens and this is why DFID's PPA agreement with ADD is so significant. ADD uniquely supports DPOs to build their capacity so that they can effectively represent the disabled constituency and lobby governments for their rights. DFID and particularly its country offices could do much to assist ADD in this process if it engaged with ADD. Only when DFID sets the example by consulting with ADD, DPOs and other organisations working for disabled people can it hope to realistically persuade national governments to do the same. In some countries, governments appear to be ahead of DFID in this respect. In Ghana ADD and DPOs gave input into the PRSP and Education SWAP but were not consulted in the development of the DFID CAP. Respect for national ownership and national priorities does not mean that DFID cannot act on disability in a strategic manner.

DFID is committed to poverty reduction and the MDGs. However, this focus on the MDGs could mean that the very poorest are left behind. There are trade-offs involved. For example it is highly unlikely that universal primary education will be achieved by 2015, but significant progress is realistic if the hardest-to-reach children are overlooked; disabled children, particularly those with severe impairments, are among the very hardest to reach and accommodate.

DFID has also gained an international reputation for its focus on human rights and addressing social exclusion. DFID has recently commissioned a review of its work on human rights and the Asia Division's DDP emphasises the need to work on social exclusion. DFID India has also committed itself to addressing social exclusion in all aspects of its work. The social model of disability firmly locates disability as a human rights issue. It also has much in common with the concept of social exclusion particularly in its identification of attitudinal, institutional and environmental barriers that disable people with impairments and in its recognition of disability's social and cultural relativity.

Future work on disability will most fruitfully be done through an engagement with DFID's internal policy debates on human rights and social exclusion. Such an engagement is also likely to be mutually beneficial. DFID's empowerment approach to realising human rights offers a way for DFID to take a lead on disability. In India, Russia and Bosnia, DFID has worked in partnership with local DPOs and NGOs that have been working on disability to introduce disability-focused sub-components into sectors and mainstream programmes. This 'bottom up' approach to mainstreaming is likely to be successful because it utilises the strengths and experience of NGOs and CSOs in the area of disability. It will ensure that interventions are culturally and contextually relevant; it is sustainable because it works through building local capacity, and it is in keeping with DFID's decentralised approach.

The DAC and NEP in Cambodia also offer examples of coordination mechanisms that build partnerships between governments and INGOs and LNGOs to agree on priorities and deliver services. Given DFID's emphasis on enhancing donor coordination along with its empowerment approach to rights-based development, DFID may like to consider supporting such coordination mechanisms where they exist or using its influence and aid to facilitate the creation of such bodies in other countries to address cross-cutting issues such as disability. DFID should also explore the opportunities for working directly with DPOs.

Input into the mapping process suggests that DFID staff recognise the relevance of disability to DFID's poverty reduction agenda and its work on human rights and social exclusion. However, particularly among staff working in and on Africa, disability is not a priority. The management pressure to focus on the MDGs is perceived to exclude disability. DFID may wish to clarify the relationship of disability to its focus on poverty reduction and the achievement of the MDGs for its staff.

The mapping process has revealed that there are many staff with considerable interest in and knowledge of disability issues. However, there is a perception that the current corporate climate is not conducive to addressing disability and may even be exclusionary. This perception is misplaced. The recent appointment of the Senior Gender and Human Rights Advisor, and DFID's developing diversity initiative, are evidence of interest in disability at the highest level. Disability issues now have a clear 'home' in the new Exclusion, Rights and Justice team in Policy Division. DFID's Disability Knowledge and Research Programme also shows commitment to disability and provides technical and financial resources for DFID to move forward on this issue in a substantive way. Several staff were willing to come forward as disability supporters and the establishment of an informal news group on disability could help to raise awareness and disseminate learning.

Below is a SWOC analysis of the current situation of DFID and disability. Following it, in an internal, confidential Appendix, are some suggestions on ways to proceed for DFID and the Disability KaR programme.

SWOC Analysis of DFID and Disability

Strengths	Opportunities
<ul style="list-style-type: none"> • Disability seen as highly relevant to DFID's poverty reduction agenda • DFID's support to a wide range of disability-specific projects through local and international NGOs and CSOs • DFID staff have broadly a good understanding of disability • DFID's PPA with ADD • Majority of PPA NGOs engaged in disability-focused activities • Interest in and knowledge of disability issues among a number of staff • DFID India's commitment to addressing disability issues • 2000 Issues Paper 'Disability, Poverty and Development' • DFID's diversity initiative and appointment of the Senior Gender and Human Rights Advisor • DFID's Disability Knowledge and Research Programme • DFID's interest in RBA and social exclusion • A number of disability research initiatives 	<ul style="list-style-type: none"> • Growing global acceptance of the social model of disability • World Bank's interest in disability and in particular the proposed Global Partnership on Disability and Development • ADB's interest in disability • Biwako Framework in Asia, an extension of the Asia Pacific Decade of Disabled Persons • African Decade of Disabled Persons • Experienced UK disability movement • Proposed UN Convention on the Rights of Disabled Persons • Increasing legislation protecting and promoting the rights of disabled people in countries of the South
Weaknesses	Constraints
<ul style="list-style-type: none"> • Lack of policy on disability and no strategic approach compounded by DFID's decentralised structure • Very limited direct engagement with global disability movement and DPOs • Little evidence of mainstreaming in practice • No focal point within DFID on disability • No mechanism for sharing learning and best practice on disability • Limited understanding of disability's relevance to the MDGs and perception among some DFID staff that disability is not relevant to the MDGs • Invisibility of disability in many of DFID's policy and planning documents, particularly in CAPs and RAPs • DFID's current failure to capitalise on the opportunity offered by the PPA with ADD • DFID's current failure to specifically include disability within its focus on RBA and social exclusion • Lack of information on disability for DFID staff and limited impact of the 2000 Issues Paper 'Disability, Poverty and Development.' 	<ul style="list-style-type: none"> • Little or no interest in disability issues by national governments • Addressing disability issues perceived to expensive and not affordable by governments • Current aid modalities (PRSPs, SWAPs, DBS) de-prioritise and may even exclude disability • Lack of data and quality research on disability • Disability movement in the South weak, with low capacity and often undemocratic and unrepresentative

Finally, it is important to note that the mapping process has itself raised awareness of disability in DFID. For example, a memo has been sent to staff working on HIV/AIDS highlighting that disabled people are particularly vulnerable to catching the disease. DFID may also wish to consider using this report as a baseline survey from which to measure progress in the future.

BIBLIOGRAPHY

- ADD (2002) *Programme Development Department: Overview of 2002 Report*
- ADD (2002) *DFID PPA Reporting Matrix: Year 1- 2002*
- ADD (2002) *ADD's Comments on DFID's Outcomes: Year 1 – 2002*
- Albert, B; McBride, R and Seddon, D (2002) *Perspectives on Disability, Poverty and Technology* Overseas Development Group, University of East Anglia,
- Asian Development Bank (April 2003) *Draft Handbook for Identifying and Addressing Disability Issues in Poverty Reduction and Social Development Strategies of the ADB*
- De Haan, A (1998) *Poverty and Social Exclusion in North and South* IDS Bulletin Volume 29 Number 1
- DFID Asia Division *Director's Delivery Plan 2003-06*
- DFID (2002) *Country Assistance Plan: Bolivia*
- DFID (2003) *Country Assistance Plan: Bangladesh*
- DFID (2003) *Country Assistance Plan: Ethiopia*
- DFID (2003) *Country Assistance Plan: Ghana*
- DFID (2003) *Country Assistance Plan: Malawi*
- DFID (2003) *Country Assistance Plan: Nepal*
- DFID (2004) *Country Assistance Plan: India*
- DFID (2003) *Regional Assistance Plan: Middle East and North Africa*
- DFID (2004) *Draft Regional Assistance Plan: West Balkans*
- DFID *Departmental Report 2003*
- DFID 2002 *Civil Society Challenge Fund Guidelines for Applicants*
http://62.189.42.51/DFIDstage/Pubs/files/cscf_guide.pdf [accessed 23.2.04]
- DFID (2003) *Partnership on Disability in Development: Agreement with Action on Disability and Development (ADD)*
- DFID (2003) *Review of VSO*
- DFID (2000) *Target Strategy Paper: Realising Human Rights for Poor People*
- FINNIDA (2003) *Label Us Able: A Pro-active Evaluation of Finish Development Cooperation from a Disability Perspective*
- Hooper, E (2003) *Review of Social Exclusion in Selected Countries in DFID Asia Region*
- Hulme, D; Moore, K; Shepherd, A and Grant, U (2004) *Draft Knowledge Paper: How can Development Reach and Assist the Poorest?* Chronic Poverty Research Centre, IDPM, Manchester University
- Hurst, R (1999) *Disabled People's Organisations and Development: Strategies for Change* in Stone, E *Disability and Development* The Disability Press, Leeds

- Jenks, S (2003) *In Combating Social Exclusion how are Interventions on the 'Excluded' related to Interventions on the 'Excluding Society'? A Comparative Analysis of Leprosy Rehabilitation and Prevention in Bangladesh* Presentation at the International Conference Staying Poor: Chronic Poverty and Development Policy 7-9 April 2003 IDPM, Manchester University
- Lang, R (1998) *Guest Editorial: A Critique of the Disability Movement* Asia Pacific Disability Rehabilitation Journal Vol.9.1 p1-6 Bangalore, India
<http://www.dinf.ne.jp/doc/english/asia/resource/apdrj/z13jo0100/z13jo0103.htm> [accessed 2.04.04]
- Leprosy Mission (2003) *Community Capacity Building for Health, UP, India: Annual Report April 2002- March 2003*
- Lwanga-Ntale, C (2003) *Chronic Poverty and Disability in Uganda* Presentation at the International Conference Staying Poor: Chronic Poverty and Development Policy 7-9 April 2003 IDPM, Manchester University
- Ortiz, I (2004) *Disability KaR: Assessing Connections to DFID's Poverty Agenda* (www.disabilitykar.net) [accessed 25.3.04]
- Piron, L and Watkins, F (2004) *DFID Human Rights Review* Overseas Development Institute
- Rwandan Ministry of Education, Science, Technology and Scientific Research (2003) *Education Sector Support Programme*
- Rwandan Ministry of Education, Science, Technology and Scientific Research (2002) *Education Sector Policy*
- Stienstra, D; Fricke, Y and D'Aubin A (2002) *Baseline Assessment Inclusion and Disability in World Bank Activities* World Bank , Washington D.C.
<http://wbln0018.worldbank.org/hdnet/hddocs.nsf/View+to+Link+WebPages/841239FD3C23B7FD85256C07006824FE?OpenDocument> [accessed 24.3.04]
- Thomas, P (2003) *Engaging Disability with Development: A Case Study of the Disability Action Council of Cambodia* Dissertation submitted for degree of MA Social Policy and Social Development, IDPM, Manchester University
- United Nations Economic and Social Commission for Asia and the Pacific UNESCAP (2002) *Pathfinders: Towards Full Participation and Equality of Persons with Disabilities in the ESCAP Region*
- United Nations *Standard Rules on the Equalisation of Opportunities for Persons with Disabilities* 1992 <http://www.un.org/esa/socdev/enable/dissre00.htm> [accessed 2.4.04]
- Wolfensohn, J (2002) *Poor, Disabled and Shut Out* Editorial in the Washington Post 3.12.02
http://www.worldbank.org/wbi/B-SPAN/docs/wolfensohn_op_ed_120302.pdf [accessed 24.3.04]
- Yeo, R (2003) *To What Extent are Disabled People Included in International Development Work? How can the barriers to Inclusion be Overcome?* Presentation at the International Conference Staying Poor: Chronic Poverty and Development Policy 7-9 April 2003 IDPM, Manchester University

TERMINOLOGY*

'Disabled people' or 'people with disabilities'?

Both descriptions are acceptable. However, the preferred description varies in different parts of the world. In this report, 'disabled people' is used because it is the description favoured by the UK disability movement. Occasionally 'people with disabilities' is used and it is done so when directly quoting or referring to a source which uses this description.

Medical model of disability

This has been the dominant paradigm throughout the last 50-60 years. In this medical model, also known as the individual model, disability is conceived as a medical condition, with the problem lying in the individual, who deviates from normal by the nature of their impaired physiological, anatomical or psychological structure or functions. These impairments limit their 'ability to perform an activity in the manner or within the range considered normal for a human being' (WHO 1976 cited in Coleridge 1993:100) and thus this may result in disadvantage for the individual whose fulfilment of a normal role is limited or prevented (ibid). Therefore it is the role of the medical and paramedical profession to seek to correct, ameliorate and rehabilitate the impaired individual so that they can lead as normal a life as possible. Several assumptions flow from this understanding of disability. Firstly, that disabled people are not normal, that they are biologically and psychologically inferior and the implication is that they are not competent to make decisions for themselves. Secondly, disability is thus seen as a personal tragedy. Thirdly, the goal is normality and this gives professionals a dominant role in the life of a disabled person and the focus is on the individual's impairments rather than his/her abilities. For disability activists, the result of these assumptions is that disabled people are often seen as passive victims, dependent on the care of professionals to help them to achieve aspects of a normal life.

Social model of disability

The social model was developed by disabled people in the UK during the 1970s and has gained widespread acceptance. In this model the problem of disability lies not with the individual, but with society. The model draws a strict distinction between impairments and disability and it implicitly rejects the notion of a 'normal' human being; rather all human abilities exist within a continuum, and we are all more 'able' in some areas of life than others. Furthermore, there is a continuous relationship between individuals and their environment and thus disability results from society's failure to recognise and accommodate difference. Put bluntly, it is society that disables, not impairments. The social model represents a truly radical reconceptualisation of disability and is realised as a series of binary oppositions to the medical model:

Medical and Social Models Contrasted

Medical Model	Social Model
personal tragedy theory	social oppression theory
personal problem	social problem
individual treatment	social action
medicalisation	self-help
professional dominance	individual and collective responsibility
expertise	experience

* Information drawn from Thomas, P (2003) *Engaging Disability and Development* Dissertation submitted for the degree of MA in Social Policy & Social Development, IDPM, Manchester University.

adjustment individual identity prejudice behaviour care control policy adjustment	affirmation collective identity discrimination attitudes rights choice politics social changes
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(Lang 1998:3)

Organisations of Disabled People (Disabled Peoples' Organisations/DPOs)

These are organisations that are owned and led by disabled people and in which disabled people are responsible for decisions. In these organisations disabled people make up the majority of the membership and the board.

DPOs exist in most countries of the world and many are members of the Disabled Persons International, the global umbrella organisation of DPOs. However in many countries, particularly in the South, DPOs are often weak and may not be democratic or representative of the disabled people in that country.

Organisations for Disabled People

These are organisations, often NGOs and charities, that work for disabled people, usually by providing services. They may contain disabled staff and include them in decision-making but non-disabled people control the organisation.

APPENDIX 2

DISABILITY KNOWLEDGE AND RESEARCH PROGRAMME

DISABILITY POLICY OFFICER

Draft Terms of Reference

Background to the Programme

In September 2000, DFID launched a new Knowledge and Research Programme (KaR) covering the areas of disability and healthcare technology. In September 2003, a second phase (KaR 2) began which placed greater emphasis on disability than healthcare technology and sought to commission a coherent portfolio of projects linked to DFID's main poverty reduction agenda.

The KaR 2 programme comprises several components:

- *Knowledge and Communications Management*
- This component focuses on ensuring effective communication (such as dissemination of learning and input into discussions and feedback) through the programme newsletter, website, the convening of regional roundtables and other appropriate communication initiatives.
- *Approved Projects*
- These are six projects in the South implemented by a range of partners approved after a competition process similar to that of KaR 1. They include accessible transport in South Africa; wheelchair design in Africa, disability organisations membership systems in Laos and access to disability information.
- *In-House Projects*

These projects have been commissioned directly by the programme to further its aims of linking disability to DFID's poverty reduction agenda. They are:

- Disability Policy Project
- Disability Equality Training
- Enabling Disabled People to Reduce Poverty

Background to the Post

The post of Disability Policy Officer is at the heart of the Disability Policy Project. Philippa Thomas took up this post in January 2004. It is envisaged that she will spend up to half her time based at DFID head office in Palace Street.

Aim

Provide expert technical policy analysis and support to DFID on disability issues.

Proposed Activities

- Provide specialist technical support on disability issues to DFID personnel in the UK and in country offices, as requested.
- Liaise closely with all components and projects of the KaR programme and facilitate effective communication and learning to support overall policy development.
- Liaise closely with and provide technical support to the DFID Diversity Advisor, as requested.
- Liaise closely with and provide technical support to DFID Policy Division and in particular DFID Gender and Human Rights Advisor and Reaching the Very Poorest Team, as requested.

- Liaise closely with and provide technical support to DFID Research Division, as requested.
- Facilitate and support DFID to link with other key players and stakeholders in the field of disability such as the UK and global disability movement, local and international NGOs in the North and South, disabled persons organisations and civil society groups.
- Channel requests from DFID for disability-related research and policy analysis to the KaR programme.
- Establish a Policy Advisory Group (PAG) through close liaison with DFID and the KaR Programme Management Team to provide technical support and guidance on disability issues to the policy project and facilitate meetings and communications between the PAG and DFID.

Expected Outputs

- Policy analysis
- Meeting facilitation
- Networking support to DFID

Deliverables

In the first phase of the programme (up to 31 March 2004) the Disability Officer will conduct a mapping exercise to provide a snapshot of what DFID is doing on disability culminating in a report. Specific ToRs for this activity are attached.

Future deliverables will be determined by DFID and the KaR programme at a later date but are likely to include papers, articles, analytical materials, presentations and inputs into meetings, seminars and conferences.

Management of the Disability Policy Officer

The Disability Policy Officer is an employee of Healthlink Worldwide, one of the implementing partners of the KaR programme. She will be responsible to the Executive Director of Healthlink Worldwide and the KaR Programme Director.

The Disability Policy Officer will have a permanent desk at the offices of Healthlink Worldwide but will be seconded to DFID for up to three days a week.

At DFID headquarters in Palace Street, London she will be located within the Research Division and will report to Lucy Ambridge, the DFID link person for the KaR Programme.

Time Frame

The Disability Policy Officer began work on 8 January 2004. Her contract is for 21 months.

DISABILITY KaR

Mapping what DFID is doing on disability

Terms of Reference

Background

One of the components of the DFID Disability Knowledge and Research Programme (KaR) is a Disability Policy Project, included to ensure that the programme links disability more directly to DFID's poverty reduction agenda. In January 2004 a Disability Policy Officer was recruited to provide specialist technical support on disability issues to DFID. A mapping exercise of what DFID is doing on disability will be the first activity of this post.

Mapping Activity

Aim

- To provide a snapshot of what DFID is currently doing to address disability issues.
- To provide suggestions for areas of further research/study.

Scope

The mapping exercise will assess *current* DFID activities and *some proposed* activities. The mapping will include the following:

- Identifying people within various parts of DFID who have responsibility for and involvement in issues relating to disability.
- Identifying and briefly reviewing all disability-specific programmes being operated by DFID.
- Assessing up to six DFID country programmes to assess the extent to which their development activities are inclusive of disabled people. Proposed countries include Bangladesh, Cambodia, India, South Africa and Uganda.
- Identify and assess up to four relevant Team Programmes in Policy Division for disability inclusiveness.

The mapping exercise will *not* look at issues relating to the employment of disabled people within DFID nor will it map activities beyond DFID. However, a complementary activity mapping the current policy and practice of other development agencies (bilateral, multilateral and NGO) is being carried out by another part of the KaR programme. The *Enabling Disabled People to Reduce Poverty* component is an action research project focused on exploring poverty-disability linkages and the impact on poverty reduction of enabling disabled people. It is anticipated that both mapping activities will be completed by the end of Phase 1 (31 March 2004) and will complement each other.

Proposed Methods

The primary method for identifying people within DFID who have responsibility for and interest in disability issues will be semi-structured interviews with DFID staff and other stakeholders. A key question within these interviews will be "who else should the interviewer speak to about these issues?"

The mapping of disability-specific projects and programmes will be done through semi-structured interviews, review of programme documents and use of appropriate assessment tools. Similar methods will be used for the country case studies which will be carried out remotely by telephone, email and other methods.

Time Frame

It is proposed that these ToRs be finalised by end January 2004.

The mapping exercise is to be completed before end March 2004.

Deliverables

- A diagram or diagrams showing who's who in relation to disability in DFID
- A report/directory of DFID's disability-specific projects/programmes
- A report assessing the extent to which disabled people are included in DFID's development activities in six countries – this may include case studies of specific projects/sectors

Disability KaR Programme

January 2004

DFID Disability Mapping Questionnaire

NAME	
JOB TITLE	
CONTACT DETAILS	

A) Disability and your work

- 1) Could you give me a brief summary of what your job involves?
- 2) Is disability relevant to DFID's poverty reduction agenda?
- 3) Do you consider disability to be a relevant issue in you work?
If no, why not? If yes, why?
- 4) How have you sought to address disability issues? Please give examples
- 5) Do you know of any specific initiatives/ programmes/projects specifically targeting disabled people which DFID is supporting?
- 6) What difficulties have you faced in trying to address disability issues?
- 7) What areas would you like more help with?

DFID Issues Paper and Information

- 8) Where do you currently get information and advice about disability issues?
- 9) Are you aware of the DFID Issues Paper ' Disability, Poverty and Development' published in 2000?

Supplementary Questions:

- 10) What do you think of the Issues paper? What are its strengths and weaknesses?
- 11) Has the Issues Paper influenced your work?
- 12) How has the Issues Paper influenced your work? Can you give practical examples.

Knowledge about Disability

- 13) What do you understand by the term 'disability'?

14) Are you aware of different models of understanding disability?

Supplementary Questions:

15) If you are aware of different models of disability, what do you understand them to mean?

16) How has this understanding influenced your work?

Conclusion

17) Can you think of anyone else I should contact?