DISABILITY KAR:

ASSESSING CONNECTIONS TO DFID'S POVERTY AGENDA

Department for International Development
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Overseas Development Group

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LIST OF ABBREVIATIONS

ADD	Action on Disability in Development
CAP	Country Assistance Programme
CDF	Comprehensive Development Framework
CSO	civil society organisation
CSP	Country Strategy Programme
DFID	Department for International Development
DPO	disabled people's organisation
EU	European Union
HI	Handicap International
HIPC	highly indebted poor countries
IMF	International Monetary Fund
KAR	Knowledge and Research
KIPAF	Knowledge-Inclusion-Participation-Access-Fulfilling Obligation
MDG/T	Millennium Development Goal/Target
NGO	non-government organisation
ODG	Overseas Development Group
PRSP	Poverty Reduction Strategy Paper
PSIA	Poverty and Social Impact Assessment
SWAP	sector-wide approach
UN	United Nations
WB	World Bank

1. EXECUTIVE SUMMARY

Relevance of disability to poverty reduction: Latest UN estimates indicate that 600 million people are disabled, approximately 10 per cent of the world's population. Of those, two-thirds of people with moderate to severe disabilities live below the poverty line. The proportion of disabled people keeps rising due to the incidence of armed conflicts, malnutrition, poor health, lack of occupational health and safety, and natural disasters. Disabled people are more likely to be excluded from development initiatives, resources, and access to information than any other group of society; for example, less than five per cent of disabled children attend school and girls suffer double the discrimination of boys. When taking into consideration the impact on disabled people's families, disability affects approximately 25 per cent of the world's population. Disability issues remain invisible and under-reported; mainstreaming disability in the poverty reduction agenda is an urgent development priority.

DFID and disability: The overarching mission of DFID is to assist developing countries to achieve accelerated and irreversible reductions in poverty. Mainstreaming disability issues in development is an integral component of that mission. In recent years DFID has initiated some pioneering work on disability; however, disability is still a nascent field in DFID. Many envisage the future role of DFID to be a catalyst of disability knowledge and development innovation, as DFID has been an agent of change in another social development areas. DFID's support to disability and development can make a profound difference to the lives of disabled people and their families in developing countries.

Purpose of this report: In 2003, DFID's Disability Knowledge and Research (KaR) Programme started to explore strategic options to mainstream disability in DFID development work. A Mission[1] was fielded from 18 February to 3 March 2004 to assess the connections to DFID's poverty reduction agenda, focusing on (i) reviewing Disability KaR projects and assessing their poverty focus and (ii) providing recommendations for future work to best assist DFID in its efforts to fight poverty and social exclusion. This report provides a number of suggestions to assist DFID's internal discussion.

Recommendations: The recommendations are fully consistent with DFID White Papers objectives and DFID operational procedures. They incorporate useful lessons learned from other international donor institutions, and are also based on consultations with different DFID staff, experts and DPOs, who were met during the Mission.

It is considered that mainstreaming disability into DFID's poverty reduction agenda will require action at four levels:

- Country programming
- Development interventions
- Institutional level
- Knowledge initiatives

Assessing the poverty focus of Disability KaR: An assessment has been carried out based on concepts from the social model of disability and contributions to the Millennium Development Targets. The poverty and social exclusion cycle facing the majority of disabled people can only be truly overcome when the barriers to their incorporation in society are addressed in an integrated manner – attending to issues of inclusion, access, participation, knowledge and fulfilling obligation in human rights (KIPAF framework). Disability KaR work is much needed and should be continued strictly on commissioned

[1] The Mission comprised Isabel ORTIZ, Poverty Reduction Specialist/Consultant, under the direction of Roger DREW, Disability KaR Director, and Paul BURGON, Disability KaR Manager. The list of people met is given in Appendix 1.

assignments to strategically assist DFID to mainstream disability in development, continuing work initiated under the current Disability KaR (second management phase).

2. BACKGROUND

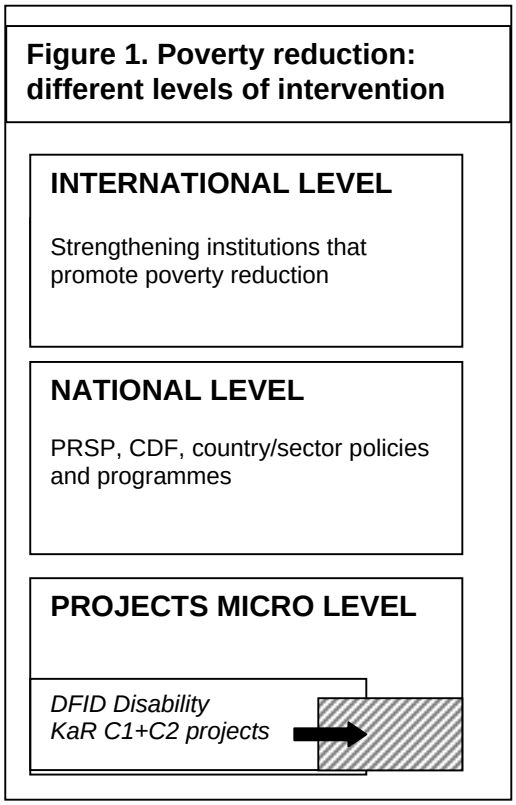
2.1 DISABILITY AND THE POVERTY REDUCTION AGENDA

Disabled people are disproportionately over-represented among the poor. According to UN estimates, 10 per cent of the world's population is disabled and approximately two-thirds of all severely to moderately disabled persons live in poverty. They belong to the poorest of the poor and are acutely affected by bad or non-existent public transportation and health care, and lack of access to education, employment and other income opportunities. It is estimated that only two per cent of disabled people in developing countries have access to basic services – disabled people are simply not reached by development interventions. But the realities of disabled people's lives in developing countries go beyond lack of access: they are affected by a severe case of social exclusion. Disabled people living in poverty are more likely to be marginalised and stigmatised than any other group of society.

However, disabled persons have the capacity to become productive citizens and contribute to development. The short-term costs of integrating disabled people will be surpassed by the long-term savings to families and societies. This is summed up well by James D. Wolfensohn, president of the World Bank: "Unless disabled people are brought into the mainstream of society, it will be impossible to cut poverty in half by 2015 or to give every child the chance to achieve primary education by the same date […] Disability needs to be brought to the development mainstream through a dynamic alliance of the UN system, governments, development agencies, NGOs, the private sector and other groups worldwide."[2]

DFID White Papers recognise that "neither the UK, nor any other individual donor country, can achieve the International Development Targets on [its] own […] The underlying vision is one of governments consulting widely, both internally and externally, on policies to achieve the International Development Targets, and then setting out a clear strategy to achieve them […] The main mechanism by which poverty elimination will be delivered is through coordinated donor contributions, made within the framework of agreed, country-led poverty reduction strategies, and fully integrated with National Poverty Reduction Strategies (PRSPs, linked to the World Bank's Comprehensive Development Framework or CDF). Where this is possible, DFID assistance will move towards budget support, sector programmes, and debt relief."[3] The DFID poverty reduction agenda has moved from projects to wider initiatives at the international level (coordinating development efforts) and the national level (working with governments under the principle of country ownership).

Figure 1. Poverty reduction: different levels of intervention



Disability is a nascent field in international organisations, including DFID. A discrete but

[2] James D. Wolfensohn, 12/11/2002
[3] DFID main website

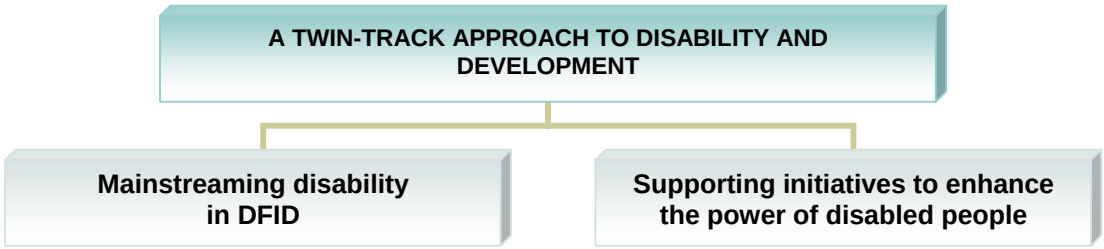
important amount of activities has been initiated in recent years. Bringing disability into DFID's poverty reduction agenda will require 'upstreaming', making disability issues heard at the international and national levels, and applicable to new aid instruments such as PRSPs, CDF, budget support and sector programmes (Figure 1). This will require efforts to redress some of the current activities, to ensure that they bring disability to the forefront of the development agenda.

2.2 DFID AND DISABILITY

DFID is currently undertaking a detailed mapping exercise of its current and past interventions to support disability[4]. Briefly, it shows recent milestones of DFID work in disability to be:

- An Issues Paper, *Disability, poverty and development* (February 2000)[5] – a first attempt to introduce disability in DFID. The paper provides basic concepts and background issues, and proposes a twin-track approach to mainstream disability in development cooperation, similar to the approach used to mainstream gender (Figure 2).

Figure 2



- Two Disability Knowledge and Research (KaR) programmes: in September 2000, DFID launched a KaR programme covering the areas of disability and healthcare technology. These two different areas were selected and put together for administrative reasons, being seen at that time as cross-cutting themes that did not naturally fall within one of the Policy Division departments. The management of this programme was outsourced, first to GIC and Healthlink Worldwide (2000-02), then to a consortium led by Overseas Development Group/University of East Anglia and Healthlink Worldwide (2003-05).

  The main focus of the programme was on administering an open competition (C1) for project proposals linking UK institutions to parallel institutions in developing countries in the fields of disability and healthcare technology – a total of 18 projects. Towards the end of the first management period (2000-02), a further

[4] Financed by current Disability KaR Programme, and developed by P. Thomas, Disability KaR Policy Officer, DFID
[5] DFID, 2000: *Disability, poverty and development, An Issues Paper*, London, DFID

competition was held (C2), and six additional projects were selected, to be developed under the second Disability KaR programme (2003-05). This second phase is now underway, and contracting is being finalised for the six C2 projects. The list of Disability KaR1 and KaR2 projects is presented in Appendix 5.

In parallel, DFID, ODG and Healthlink Worldwide started commissioning a number of more strategic interventions to mainstream disability in development, such as the mapping of DFID disability activities (mentioned above), and this current exercise of assessing the connections to DFID's poverty agenda. Further, Disability KaR management has reserved a discretionary 'responsive budget' to deal with new disability priorities, with the result that the current KaR Disability programme is the most useful instrument to mainstream disability into DFID's poverty reduction agenda.

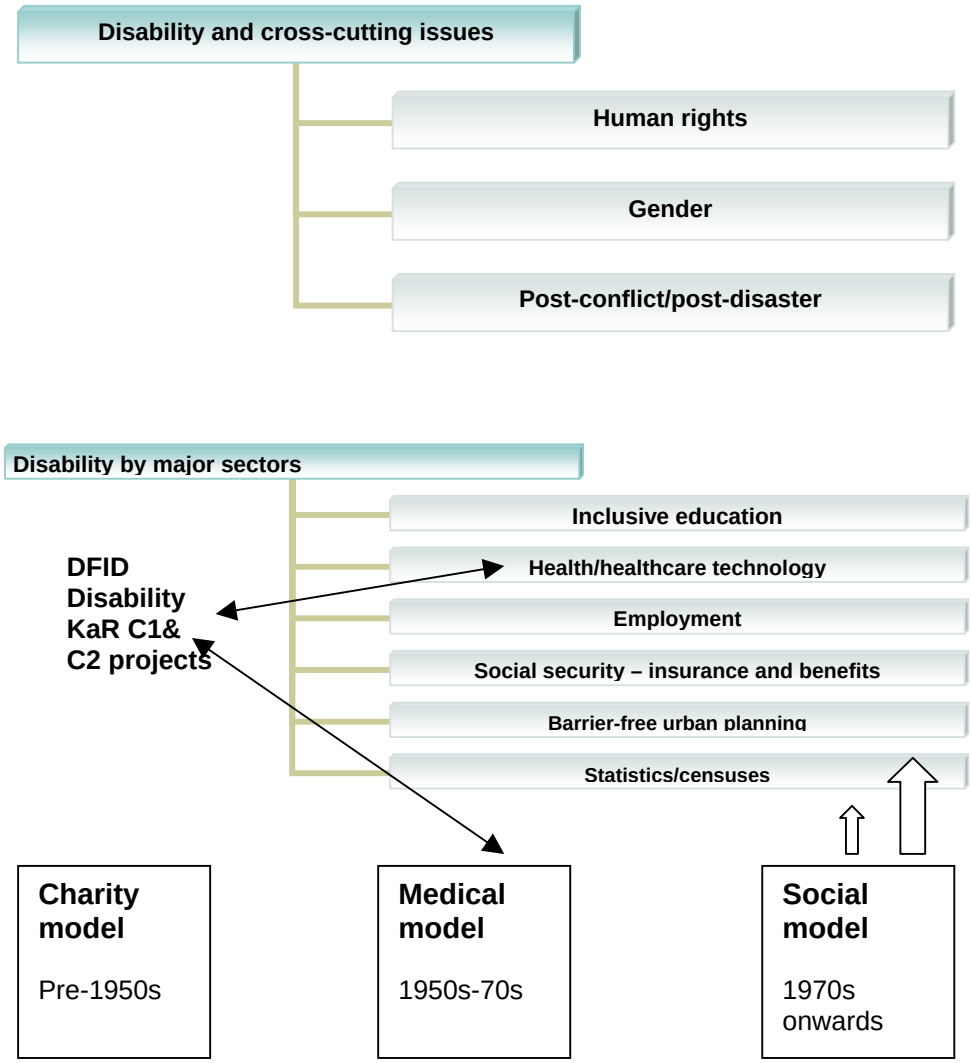
- A Partnership Programme Agreement with civil society organisations (CSOs), signed with Action on Disability and Development (ADD) in 2002, to support disabled people's organisations (DPOs) in their campaign for their rightful inclusion in society.

These activities are valuable important steps into bringing disability to DFID development work. However, they show some weaknesses:

- The Issues Paper *Disability, poverty and development* correctly provided a good background linking disability to poverty reduction and human rights under a social model (see Appendix 2 for a summary of the models of disability), but it failed to provide details of how to mainstream disability. The proposed twin-track approach is the approach used by other international organisations and major lessons can be learned from their experience. It should be further explored in the context of DFID.

- Disability and Healthcare KaRs:
  (a) Linking these two completely different topics was a positive decision to introduce pioneering work in disability; however, the ad-hoc administrative solution has created some misunderstandings as it appears to indicate that DFID understands disability within an old-fashioned medical model (Figure 3, next page). Research and knowledge activities linking to major areas developed under the social model of disability, from employment to inclusive education, from human post-disaster to post-conflict work, are much needed under current and future Disability KaR programmes.
  (b) The nature of the open competition projects (C1 and C2), driven by small funding proposals from institutions, has created a history of micro-projects that, regardless of their development contributions (assessed later in this report), are far from DFID's national and international poverty agenda (Figure 1). Disability KaR work is much needed and should be continued strictly on commissioned assignments to strategically assist DFID to mainstream disability in development, continuing work initiated under the current Disability KaR second management phase.

Figure 3. Relation of Disability KaR to cross-cutting issues, disability topics by sector, and models of disability



3. POLICY IMPLICATIONS

Disability is both a cause and a consequence of poverty. Disability issues are an integral part of DFID's poverty reduction and human rights agenda, in full support of its aim to break the cycle of poverty and social exclusion that affects the poor.

DFID is a catalyst of change and development innovation, using resources strategically to maximise poverty reduction impacts, cooperating with governments and international organisations. Many disabled people and their organisations envisage the future role of DFID to be a broker of disability knowledge and development, as DFID has been an agent of change in other social development areas. DFID's support to disability and development can make a profound difference to the lives of disabled people and their families – together, about 25 per cent of the population – in developing countries.

The following is a list of recommendations to assist DFID internal debate to mainstream disability at four levels – country programming, country interventions, within the institution, and in knowledge initiatives – to support DFID in its efforts to effectively address the many elements of poverty reduction and social inclusion. The list is concurrent with DFID mandate and procedures. It builds on earlier experiences of other international organisations. It is also based on suggestions provided by different DFID staff, experts and DPOs, consulted during the Mission.

3.1. MAINSTREAMING DISABILITY IN COUNTRY PROGRAMMING

Definition: To achieve its overarching goal of poverty reduction, DFID's strategy in each country it works in is based on a country analysis, done in coordination with the government and major donors, normally coordinated in the form of Poverty Reduction Strategy Papers/Comprehensive Development Framework (CDF), presenting a diagnostic for poverty in the country and a set of future strategic development options. In the countries applicable (see Appendix 3), the PRSP is subject to thorough consultation with stakeholders from civil society, the private sector and funding agencies, seeking to achieve a common understanding of the strategies, options, and trade-offs required to reduce poverty in the country. Country programming documents are also informed by other analysis such as sector work or vulnerability and risk assessments/profiles. DFID Country Strategy Programme (CSP) or Country Assistance Plans (CAP) translates these principles into a portfolio of specific interventions.

Priorities: Upstreaming disability issues in all country programming activities.

Recommendations:

- DFID to strategically work with governments, donors and DPOs to include disability in Poverty Reduction Strategy Papers/Country Strategies by:
    - providing expertise and advice to include disability issues in government and donors' development plans, frameworks and official aid documents in the context of PRSP/CDF discussions and national developmental debates;
    - developing guidelines to assist DFID staff to include disability in programming for development;
    - promoting participation of National Disability Councils and DPOs in PRSP consultations (initiated under DFID-ADD Partnership Programme Agreement with CSOs – should be continued);
    - developing materials to assist National Disability Councils and DPOs to include disability in PRSPs, CDF, and other aid instruments.

- Specifically, include disability issues in Country Strategies (those of DFID and other donors) and, where relevant, allocate resources in the project pipeline/portfolio of DFID and major donors (multilaterals).
- By necessity, develop studies justifying the inclusion of disability issues in sector work and vulnerability and risk assessments/profiles of main multilateral donors.
- Liaise with bilaterals to fast-track mainstreaming of the disability agenda in development.
- As an immediate action, to be supported by current Disability KaR, work with DFID Regional Division to mainstream disability in selected countries (criteria to select countries: PRSP, post-conflict, presence of pro-active country officers).
- Focus the planned Disability KaR roundtables for Africa and Asia on mainstreaming disability in PRSPs and development aid processes, and include national disability institutions, major regional donors, and DPOs.

3.2. MAINSTREAMING DISABILITY IN DEVELOPMENT INTERVENTIONS

Definition: The results of the country programming process, culminating in the PRSPs/CDF and the CSP/CAP, provide the overarching framework for the selection and design of all activities within DFID and other donors' portfolio. The selected in-country priority interventions can address disability in two main forms:

(a) As stand-alone disability projects – interventions may be exclusively focused on disabled people in those countries where justified (e.g. post-conflict community-rehabilitation programme).

(b) As components or sub-components of sector interventions and/or projects where disability is not the main focus (e.g. a large social security sector programme having a component of disability insurance and benefits). To mainstream disability in large sector approaches whose primary objective is not disability, the project design phase provides the opportunity to assess a range of proactive measures that may be incorporated into the project/programme to address disability issues.

Box 1: Disability components/subcomponents in larger sector interventions

Disabled people are often excluded from development interventions, as infrastructure is not accessible, education not inclusive, and the disabled are not selected in microfinance or skills development programmes. This reinforces the cycle of poverty and social exclusion for disabled people. Adding disability components to major sector interventions whose main objective is not disability is an essential strategy to mainstream disability in development, as it is the most cost-effective strategy for inclusion of disabled persons. Examples of how this can be done include:

Education: Provide inclusive education
Infrastructure and urban development: Create a universal, barrier-free design
Employment: Give access to disabled people to business development and micro-enterprise initiatives; create vocational rehabilitation programmes; provide private and public sector targeted employment opportunities
Social security: Provide disability insurance and disability benefits
Health: Mainstream disability in primary health care, hospitals and rehabilitation centres, prosthetics and orthotics
Information: Promote inclusion in national census, public awareness raising programmes, and research.

Figure 4: Development aid instruments: their relevance to disability and options for DFID support

Aid instrument	Description	Coverage	Relevance to disability	Options for DFID support
Poverty Reduction Strategies (PRSP)	Country programming: short-to-medium-term development agenda, highly consultative process led by government/World Bank/IMF for poor countries	National	✓✓	Priority action needed: - Support inclusion of disability issues in government and donors' official documents - Support participation of National Disability Councils and DPOs - Develop materials to assist DFID staff and DPOs to include disability in PRSPs, CDF, and other aid instruments.
Compre'sive Develop't Framework (CDF)	Country programming: long-term development agenda, highly consultative process led by government/WB/IMF for selected poor and middle income countries	National	✓	Needs applied research.
Country Strategy Papers (CSP, CAP)	Country programming; documents that reflect donors strategy and portfolio/project pipeline	National	✓✓	Priority Demonstrate needs through PRSP and vulnerability and risk assessments.
Sector strategies	Background analysis for sector investments; social protection sector work includes vulnerability and risk assessments/profiles	National	✓✓	Priority Include disability in sector work (e.g. inclusive education in education sector work).
General budget support and aid financed debt relief (HIPC)	Budget support: funds transfer conditional to PRSP and Medium Term Expenditure Frameworks (MTEF)	National	✓	Needs applied research Thematic budgeting?
Sectoral budget support	Budget support: funds transfer to government's sector budget (e.g. education) conditional to performance	Sector	✓✓	Priority Expertise/research could be provided in countries where being designed – e.g. inclusive education Demonstrate needs through PRSP and vulnerability/risk assessments.
Sector-wide approaches (SWAPs)	Government and donors agree sector development plan – donors support government	Sector	✓✓	Priority Expertise/research could be provided where is being designed. Demonstrate needs through PRSP and vulnerability/risk assessments.
Policy-based programme reforms	Funds released to the government to support implementation of policy reforms (e.g. privatisation, utilities)	Sector or subsector	✓	Demonstrate impact on disabled through Poverty and Social Impact Assessment (PSIA).
Investment projects	Specific intervention, funds ear-marked for project components	Sector or focused	✓✓	Assist donors and multilateral banks to add disability components/ subcomponents to larger projects.
Technical assistance (TA)	Specific intervention, funds ear-marked for consulting services/capacity building	Any	✓✓	Co-financing - Stand-alone disability TA - Components or subcomponents within TA.

Priorities: To upstream disability in sector interventions, adding disability components or subcomponents to sector interventions – see Box 1. This would be best practice, ensuring inclusive development effectiveness, and a strategic measure to mainstream disability. It will require working with government and donors to ensure that current aid instruments (e.g. sector-wide approaches [SWAPs], large loans/programmes from multilateral banks and donors – see figure 4) include disabled people as beneficiaries.

Recommendations

- DFID to strategically work with other donors by providing expertise and/or co-financing for:
    - adding disability components or sub-components to major sector projects (e.g. adding a component on inclusive education to a multimillion education sector loan), through:
        - sector budget support
        - sector-wide approaches (SWAPs)
        - policy-based programme reforms
        - large investment loans from multilateral banks

      (See Figure 4); and
    - collaboration, where relevant, with, or expertise to, the multilaterals' Poverty and Social Impact Assessments (PSIA).
- Pilot work and highlight importance of disability work in post-conflict areas.
- Create a Disability Fund, a 'call-down budget' for resources, to be used discretionarily depending on operational needs. If not feasible, include it as part of terms of reference of a new Disability KaR programme.

3.3. MAINSTREAMING DISABILITY AT THE INSTITUTIONAL LEVEL

Definition: Dealing with disability issues in development requires a twin-track approach, as defined in the DFID Disability Issues Paper: mainstreaming needs to happen both in developing countries (through country programming/interventions) at the same time as in DFID. Relevant institutional areas include: (i) mandate, (ii) operational assignments and responsibilities, (iii) staff and staff skills, (iv) strategic partnerships, (v) resources and (vi) monitoring of progress. Skills and training are presented in section 3.4.

Priorities: To continue supporting activities to mainstream disability in DFID's mandate, operational assignments and responsibilities, staff and staff skills, strategic partnerships, resources and monitoring progress.

Recommendations

(i) Mandate: policy commitment at corporate level.

- Disability issues are currently included under DFID's Human Rights Target Strategy but, further, DFID may want to consider converting the Disability Issues paper into a Strategy/Policy Paper and/or adding an Action Plan.
- It is suggested that these recommendations are presented to DFID Diversity Champion.
- As an immediate action to promote awareness within DFID, a memo could be sent from management to staff explaining why disability matters.

(ii) Allocation of operational assignments and responsibilities within DFID

- Initially, the Policy Division to liaise with DFID regional divisions/country desks and multilateral and bilateral donors, with assistance and resources provided by the Disability KaR programme.

- Create an internal Working Group to discuss feasible ways to mainstream disability in DFID work.
- As disability work is mainstreamed in DFID, a more sophisticated division of labour and responsibility should be agreed internally, such as:

Activity	**Proposed/possible responsibility**
Country operations	Regional Divisions
Strategic partnerships	Policy Division
Knowledge and Research	Policy Division
Recruitment of staff and internal training	Human Resources Division and Information, Knowledge and Communications Division
National DPOs/CSOs	Official interlocutor at DFID Country Offices (Social Development Specialists)
International DPOs/CSOs	Official interlocutor at DFID Headquarters Policy Division
Coordination and monitoring the implementation of disability in development, including issuing of manuals and guidelines	Policy Division

(iii) Staff and staff skills

- Base the Disability Policy Officer (financed by Disability KaR) on a full-time basis in DFID – the Disability Policy Officer is a dynamic, highly qualified disability expert and the most resourceful asset to mainstream disability in DFID.
- Develop an internal survey to investigate the number of current DFID staff who are disabled and the number of staff trained in disability issues, and evaluate future recruitment and skills development needs.
- Appoint a Disability Advisor (like Judith Heumann at the World Bank – see Box 2, p14).

(iv) Strategic partnerships to be developed with (a) donors and (b) DPOs/CSOs.

- Coordination with donors – Many lessons can be learned from the experience of other institutions. Box 2 (p14) presents the recent case of the World Bank. Contacts could be initiated immediately by DFID's Policy Division.
- Hold an *international development agencies consultation meeting* – to brainstorm on the way forward, and learn from earlier donor experiences of mainstreaming disability in development.
- Continue consultations with international DPOs/CSOs.
- Option of e-discussion – with selected donors and DPOs – to form an informal steering committee or advisory group (e.g. providing comments/advice on a DFID draft strategy or any other relevant document).

(v) Resources

- In the short term, use the Disability KaR 'responsive budget' strategically, addressing priorities to mainstream disability within DFID.
- Create a Disability Fund – a 'call-down budget' for resources to be used discretionarily depending on operational needs (e.g. provision of expertise to include disability in a sector intervention developed in an African country). If not feasible, include it as part of terms of reference of a new Disability KaR Programme (an extension of the current Disability KaR responsive budget).
- Liaise with bilaterals to see if they may want to co-finance a Disability Fund for mainstreaming disability in development (discuss at the *international development agencies consultation meeting* – see iv).

- Ensure that universal design principles apply to DFID Headquarters and DFID Country Offices.

(v) Monitoring progress: Introduce indicators to track disaggregated data about the level of disabled peoples' involvement in DFID activities.

Box 2: Mainstreaming disability in the World Bank

Disability was included in the mandate of the World Bank with the approval of its Social Protection Strategy in 2000. Experts were recruited and operational responsibilities were assigned among Social Protection staff and consultants, reporting to Robert Holzmann, Director Social Protection, Human Development Network. Awareness and training sessions for staff were held using internal events such as the Human Development Week. Research started exploring how to bring disability into development. In June 2002, Judith Heumann, a high-profile disability rights activist, herself disabled, was appointed as the World Bank's Disability Advisor.

Following a baseline assessment mapping all disability-related activities developed at the World Bank, disability is being mainstreamed using a twin-track approach in six main areas:

- lending (projects and sector programmes)
- knowledge
- mandate
- resources
- participation/accountability
- inclusion of disability in country programming

The framework used for analysing disability issues has focused on the concepts of inclusion, participation and access. Liaising with donors and DPOs has been and remains a fruitful strategy to mainstream disability, using consultations, workshops, and high-visibility events.

Inclusion of disability in World Bank operations was partially through the regular World Bank budget and a Norwegian Trust Fund for disability and development. Since the Disability Advisor was appointed, this has been complemented with funds from the World Bank's President Contingency Fund. A separate Disability Accommodation Fund was created to pay for special needs of disabled staff, consultants and experts working for the World Bank and guest government officials (involved in logistics, not operational work).

However, this is work in progress, is insufficient to carry out the whole disability agenda, and needs urgent support to ensure that disability is mainstreamed in development.

3.4. MAINSTREAMING DISABILITY IN KNOWLEDGE INITIATIVES

Definition: The 1997 and 2000 White Papers on International Development recognise the importance of knowledge to achieving DFID's objectives. Research that benefits the poor is an example of a global public good which is underfunded. DFID White Papers recommend governments and development agencies create more partnerships and invest directly and substantially in research that benefits poor people.

Priorities: For disability in development, major priority areas are: (i) action-orientated research bringing disability into development assistance (i.e. disability and SWAPs), and (ii) training and dissemination.

Recommendations

- **Short-term measures**
  - Provide tools to DFID staff to mainstream disability (e.g. short reference lists on different issues).
  - Focus applied research/expertise on bringing disability into development assistance – disability and SWAPs.
  - Use the KIPAF framework (see page 16), a DFID-specific tool that links disability and DFID poverty and human rights agenda, and harmonises with work done by other international organisations.
  - Carry out DFID internal training – two types:
    - specialised (equality training, or future disability and development training); and
    - a one-hour summary session on disability and development, to become mandatory in Training Development Programme Activities (this session can be added to different training modules – e.g. post-conflict training, poverty reduction training, human rights workshops).
  - Use the website
    - create a direct link from the DFID website to the current Disability KaR website as soon as possible (DFID is currently designing a new research portal);
    - revamp the content of the Disability KaR website, making it adhere closer to the social model and poverty reduction topics. Maintain the current content that highlights good DFID work in disability, but add useful links and tools for mainstreaming disability in development in the different areas highlighted in this report.
  - On the DFID Intranet place practical information on disability for the use of DFID officers.
  - In collaboration with other development agencies, elaborate good practices with lessons learned.

- **Medium-term measures**
  - Continue the Disability KaR Programme, focusing on action-orientated research to support disability knowledge and research in a twin-track approach, mainstreaming disability both within DFID and the international development agenda, and collaborating with relevant donors.

4. ASSESSING THE POVERTY FOCUS OF THE DISABILITY KaR PROGRAMME

"[Despite WHO estimates that disabled persons represent 10 per cent of the world's population...] ...disabled people are so excluded as not to be considered even worthy of research. Where research has been done, it has often been done by Northern non-disabled academics. Disabled people may be used in the research but this is often done to add legitimacy to the work, rather than really allowing disabled people to control or influence the agenda. The results therefore often miss disabled people's real main issues or concerns. Sue Stubbs (Save the Children Fund, 1999) cites that out of 180 publications, two thirds were written by Northern writers and only five authors stated that they were disabled people [...]. As disabled people are among the most severely marginalised people in the world they are also among those least represented by any research." (Rebecca Yeo, ADD/Chronic Poverty Research Center, 2001)

Launching a Disability KaR Programme was an excellent DFID knowledge initiative to try to break the cycle of exclusion from research described by Rebecca Yeo (above). This was first attempted by investing in partnerships between members of the UK scientific community and centres with disability expertise in developing countries (producing a total of 14 projects). In this first stage – Disability and Healthcare Technology KaR – healthcare technology research proposals were also included (a total of 10 projects).

At a later stage, Disability KaR activities were commissioned to respond more strategically to the needs of disabled poor people by mainstreaming disability in development. A total of six additional activities have been initiated or are scheduled: *disability policy project, disability equality training, enabling disabled people to reduce poverty, roundtables Africa and Asia, responsive budget to DFID requests,* and *communications.*

The assessment of the poverty focus of the different Disability KaR projects has been made using the concepts of **K**nowledge, **I**nclusion, **P**articipation, **A**ccess and **F**ulfilment of obligation in disability rights (leading to the acronym KIPAF).

The KIPAF framework is based on concepts from the social model of disability. The poverty and social exclusion cycle facing the majority of disabled people can only be truly overcome when the barriers to their incorporation in society are addressed in an integrated manner – attending to issues of inclusion, access, participation, knowledge and fulfilling obligation in human rights (Box 3, p17).

By specifically referring to participation, inclusion and fulfilling obligation[6], the KIPAF framework reflects the DFID human rights agenda. 'Access' is added as a major disability-specific topic, and 'knowledge' is added given DFID's role as a catalyst of change and supporter of strategic development innovation. Other major development institutions (World Bank, Asian Development Bank)[7] are adopting similar approaches to link disability and poverty reduction. The KIPAF framework is thus a DFID-specific product that helps to mainstream disability in development, and at the same time harmonise work with other international institutions.

The assessment of the poverty focus of the different Healthcare Technology KaR projects has been made using the Millennium Development Goals/Targets.

Two Poverty Focus Reports have been designed, one for the Disability projects and the other for Healthcare Technology Projects (Appendixes 4 and 6). The Poverty Focus Reports were tested among C2 project staff (with 65 per cent written replies plus telephone interviews with 85 per cent responsible officers).

A desk review of the KaR Disability and Healthcare Technology projects is presented in Appendixes 5 and 7, respectively.

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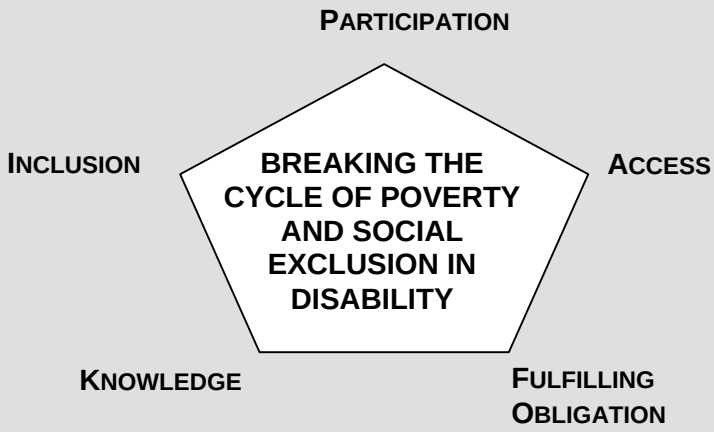
[6] DFID 2000: *Realising human rights for poor people*, Target Strategy Paper, DFID, London

[7] The multilateral banks focus on inclusion, access, participation and knowledge. See Stienstra, D., Enns, H. et al. (2002). *Inclusion and disability in World Bank activities.* The World Bank, Washington DC.; Asian Development Bank (2003). *The disability manual for identifying and addressing issues affecting disabled people in poverty reduction and social development using the KIPAF strategic framework* (draft July 03), ADB Manila

Box 3: 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.

With respect to disability, the results of the desk review show that contributions to reduce poverty and social exclusion among disabled people are more significant in recent disability activities, given their more comprehensive approach. These are six of the commissioned initiatives of the second Disability KaR: *disability policy project, disability equality training, enabling disabled people to reduce poverty, roundtables Africa and Asia, responsive budget to DFID requests,* and *communications*, plus one of the second-phase competition projects, *Improving access to disability information* (developed by Source and Handicap International).

To link disability and DFID poverty reduction agendas, it is recommended that:

- as initiated during the second Disability KaR, open competition projects are discontinued, focusing instead on commissioned activities to mainstream disability in development assistance to maximise impacts on disabled poor people in developing countries;

- the Disability KaR programme is extended beyond 2005, fully focused on strategic priorities to assist DFID to mainstream disability in development, as described in earlier pages of this report.

Appendix 1: People interviewed

Lucy Ambridge, Research Manager, DFID
Pat Holden, Senior Gender and Human Rights Advisor, DFID
Kameljit Kerridge-Poonia, Diversity Advisor, DFID
David Woolnough, Information Communications for Development Adviser, DFID
Jim Touhy, Head of Section ENG KAR, DFID
Philippa Thomas, Disability KAR Policy Officer, DFID

Rachel Hurst, Director, Disability Awareness in Action
Victoria Richardson, Head of Information and Knowledge Systems, Healthlink Worldwide
Claire Ackworth, Handicap International/Source
Stefan Lorenzkowski, Handicap International/Source
Christine Cornick, Motivation Charitable Trust
Mac Mishri, CSIR Transportek
Gerald Douglas, Baobab Health Partnership
Garth Singleton, Ziken International

Bill Albert, International Disability Equality Agency/Advisor Disability KaR
David Seddon, Professor ODG-DEV/Adviser Disability KaR
Frank Ellis, Professor ODG-DEV

Andrew Chetley, Director, Exchange, UK
Christine Kalume, Healthlink Worldwide UK

Roger Drew, Disability KaR Director
Paul Burgon, Disability KaR Manager
Katherine Trott, Disability KaR Assistant

Appendix 2: Models of disability

Three main models of disability exist, conceptualising different understandings of disability and development.

Charity model

The charity model was the principal paradigm for many social issues, used from the 19th century, up to World War II. Directed from non-disabled people to disabled people, it was a philanthropic and charitable approach, which provided random (and normally insufficient) support to those described as being 'less fortunate' and 'defective'. This entrenched view in society of disabled people being dependent promoted the perception that disabled people did not have the capacity to become equal members of society or the capacity to contribute economically and socially to their community's development. This attitude is illustrated by the responsibility given to religious institutions in the 19th and earlier 20th century to support the destitute; no social system existed to offer support for vulnerable people. Many religious institutions still function in this way today in developing countries.

Medical model

The medical model emerged after World War II as a result of progress in health and technology. Positively, it created unprecedented improvements in the capacity of society to prevent the causes of impairment and improve the functional independence of people with impairments; however, with this came the perception that people with impairments ('disabilities') were 'ill'. Disability in this model is understood as an impairment or disease to be prevented and/or treated. Accordingly, disabled people are institutionalised and/or isolated from their community, mostly within very costly medical and rehabilitation systems. This approach perpetuates dependency on the medical system.

Social model

The social model emerged in the 1970s, led by disabled people and their organisations, to deconstruct the institutional and professionally dominated medical model of disability and fight for the equal rights of disabled people. The social model locates disability outside the individual and places it in a disabling society full of architectural barriers and negative prejudices that restrict the ability of disabled people to become integral members of society and equal citizens in their communities. The social model proposes that societies become more inclusive to, accessible to and accepting of disabled people, by developing accessible transport, infrastructure and services, inclusive education and encouraging employment and independent living among disabled people.

Appendix 3: List of PRSP countries

1	Tanzania
2	Mozambique
3	Sao Tome & Principe
	Uganda
4	Senegal
	Burkina Faso
5	Benin
6	Chad
7	Kenya
8	Zambia
9	Ghana
10	Mali
11	Cameroon
	Tanzania
12	Guinea Bissau
13	Gambia
14	Madagascar
15	Niger
16	Malawi
17	Rwanda
18	Guinea
19	Central African Republic
	Mauritania
20	Lesotho
21	Ethiopia
22	Sierra Leone
	Mozambique
	Niger
23	Cote D'Ivoire

East Asia & South Pacific Region (EAP)

24	Cambodia
25	Vietnam
26	Lao
27	Mongolia

Europe & Central Asia Regional Office (E

28	Albania
29	Tajikistan
30	Macedonia FYR
31	Moldova
32	Georgia
33	Armenia
34	Azerbaijan
35	Kygyz Republic

Middle East & North Africa (MENA)

36	Yemen
37	Djibouti

South Asia (SAR)

38	Pakistan

Latin America & The Caribbean Region (

39	Bolivia
40	Honduras
41	Guyana
42	Nicaragua
	Bolivia
	Nicaragua
	Honduras

Note: A total of nine PRSPs have been completed – in Uganda, Burkina Faso, Tanzania, Mauritania, Mozambique, Niger, Bolivia, Nicaragua, and Honduras (Numbers indicate progress).

Source: World Bank

Appendix 4: Poverty focus of Disability KaR projects

Project Title:

1. POOR/NON-POOR BENEFICIARIES

Benefits to the poor	**Estimated number of poor beneficiaries**
Describe the direct benefits of the Project to the poor e.g. - *Disabled poor receive wheelchairs* - *Community-based rehabilitation training assists poor families with a disabled family member to fight negative attitudes* *Benefits to the poor may be indirect e.g.* - *Trained professionals on wheelchair technology will assist poor disabled people* - *Development of health information systems will assist monitoring of poor patients*	*Provide an approximate estimation of the amount of poor people benefiting from the project*

2. KIPAF (KNOWLEDGE – INCLUSION – PARTICIPATION – ACCESS – FULFILLING OBLIGATION) FRAMEWORK

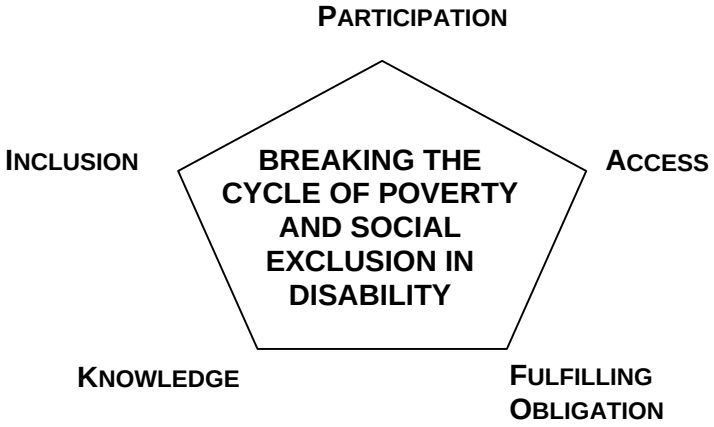
Select those areas that describe best the project's contribution to reducing poverty and social exclusion among disabled people (see concept note next page). A project does not need to fill all areas (knowledge/inclusion/participation/access/fulfilling obligation); please choose only those that best describe the project.

Please tick in the right hand column:
✓✓ strong project focus
✓ partial project focus
Add a brief narrative justification

Knowledge	✓✓
Narrative on how the project contributes to the outcome of knowledge serving disabled people – do disabled people have more capacity as a result of the project?	
Inclusion	
Narrative on how the project contributes to the outcome of inclusive societies/organisations – are disabled people more integrated in economic and social activities after the project?	
Participation	
Narrative on how the project contributes to the outcome of democratic practices implemented – has the voice of disabled people been heard in decision making processes as a result of the project?	
Access	✓
Narrative on how the project contributes to the outcome of equality in infrastructure, services and acquisition of assets – have barriers to disabled people been removed as a result of the project? Have disabled people's livelihoods been improved?	
Fulfilling obligation	
Narrative on how the project contributes to the outcome of rights enforced – are disabled people empowered as a result of the project?	

Attachment to poverty focus report – the KIPAF Framework
(Knowledge – Inclusion – Participation – Access – Fulfilling obligation)

The KIPAF framework is based on concepts from the social model of disability. The poverty and social exclusion cycle facing the majority of disabled people can only be truly overcome when the barriers to their incorporation in society are addressed in an integrated manner – attending to issues of inclusion, access, participation, knowledge and fulfilling obligation in human rights.



The KIPAF framework reflects DFID human rights agenda by specifically referring to participation, inclusion and fulfilling obligation[8]. Access is added as a major disability-specific topic, and knowledge is added given DFID's role as a catalyst of change and supporter of strategic development innovation. Other major development institutions (World Bank, ADB)[9] are adopting similar approaches to link disability and poverty reduction. The KIPAF framework is thus a DFID-specific product that helps to mainstream disability in development, and at the same time harmonise work with other international institutions.

Knowledge
Disabled people deserve quality of life through knowledge that builds 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 serving the poor and vulnerable groups, disabled people are aware of ideas that improve their lives.
Examples:

- *Do you offer any education or training on disability awareness as a core dimension of your project?*
- *Does your project research and disseminate results in the areas of science, engineering, business and other forms of technical skills development for disabled people?*

Inclusion
Inclusion measures how disabled people are taken into social and economic activities, from education to employment.
In development institutions like DFID, this would include taking disabled people into account in the design, implementation and evaluation of programs and policies.
Outcome: Inclusive societies/organisations, disabled people are integrated.
Examples:

[8] DFID 2000: *Realising human rights for poor people*, Target Strategy Paper, DFID, London

[9] The multilateral banks focus on inclusion, access, participation and knowledge. See Stienstra, D., Enns, H. et al. (2002). *Inclusion and disability in World Bank activities.* The World Bank, Washington DC.; Asian Development Bank (2003). *The disability manual for identifying and addressing issues affecting disabled people in poverty reduction and social development using the KIPAF strategic framework* (draft July 03), ADB Manila

- *Are you working on mechanisms to ensure that the needs of disabled people are addressed in long and medium term planning of national and sector programs (education, health, employment...) which impact on disabled people?*
- *Do you have policies that provide funding or resources to implement programs to support disabled people? Describe the mechanisms you have that enable disabled people and their organisations to access financial resources to implement projects in the public and private sector*
- *Are you working to strengthen census, statistics, surveys, or background analysis of public policies to ensure they adequately include disabled people?*
- *Does your project monitor/evaluate and report on the impact of Government/donor programmes on 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 that are made affecting 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: Democratic practices implemented, disabled people have a voice.

Examples:

- *Is there a formal process for consulting with DPOs, disabled people as beneficiaries, families of disabled people, or other stakeholder groups involved in addressing the needs of disabled people? Are they regularly consulted in the planning, design and monitoring of interventions that affect their lives? Do they have power to modify decisions?*
- *Is your project strengthening any of these participatory aspects?*

Access

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

Barrier-free environment: The extent to which buildings, transportation systems and the infrastructure are available to be used by all members of society.

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 from others.

Outcome: Equality in infrastructure, services and acquisition of assets; disabled people has improved livelihoods.

Examples:

- *Are you working to assist disabled people and their families that may not be receiving any kind of services support?*
- *Is your project promoting accessible physical environments?*
- *Have disabled people's livelihoods been improved as a result of your project?*

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: Rights enforced, disabled people are empowered

Examples:

- *Are you working on legislation, rules or standards that promote equality and human rights for disabled people?*
- *Are you working to support governments to implement disability laws?*
- *Are you raising awareness among disabled people at the local level of their rights and entitlements?*

Appendix 5: KIPAF Framework
Desk assessment of Disability KaR1 and KaR2 projects

Project Name	Partner	Knowledge	Inclusion	Participation	Access	Fulfilling obligation
KAR1 Research into the extent and impact of uncorrected vision	Adaptive Eyecare Ltd, UK	✓✓			✓✓	
KAR1 An appropriate, low-cost mechanical Braille writer	Development Technology Workshop, UK	✓			✓✓	
KAR 1 Promoting good practice on disability internationally	Healthlink Worldwide, UK	✓✓	✓			
KAR 1 Field-testing the Access Portfolio	Institute of Child Health, UK	✓	✓		✓✓	
KAR 1 Evaluating the impact of a community-based rehabilitation intervention	Institute of Child Health, UK and Kenya Medical Research Institute, Kenya	✓	✓			
KAR 1 Prefabrication of knee-ankle-foot orthoses	Jaipur Limb Campaign, UK and Mobility India	✓			✓✓	
KAR 1 WorldMade wheelchairs	Motivation Charitable Trust, UK	✓			✓✓	
KAR 1 Wheelchair Technologists' Training Course	Motivation Charitable Trust, UK	✓✓		✓	✓✓	
KAR 1 Capacity building in community-based rehabilitation	Voluntary Service Overseas, UK		✓		✓	
KAR1 Developing the Essential Healthcare Technology Package	African Federation for Technology in Healthcare	*				
KAR 1 Health information systems, processes and technologies	Baobab Health Partnership Inc, USA	*				
KAR 1 Maintaining medical equipment in developing countries	ECHO International Health Services, UK	*				
KAR 1 The Global Knowledge Network Project	GIC Ltd, UK	*				
KAR 1 Establishing the International Centre for Healthcare Technology Management	International Federation for Medical and Biological Engineering, South Africa	*				

Project Name	Partner	Knowledge	Inclusion	Participation	Access	Fulfilling obligation
KAR 1 Controlling malaria and trypanosomiasis with insecticide-treated cattle	University of Greenwich, Natural Resources Institute, UK	*				
KAR 1 Production and distribution of electronic training materials	Teaching-aids at Low Cost (TALC), UK	*				
KAR 1&2 Practical healthcare technology management procedure guides	Ziken International, UK	*				
KAR 2 Low-cost technologies for accessible information on public transport	CSIR Transportek, South Africa	✓			✓✓	
KAR 2 Wheelchair Design in Africa	Motivation Charitable Trust, UK	✓✓			✓✓	
KAR 2 Improving Access to Disability Information	Handicap International UK, Source International Information Support Centre	✓✓	✓	✓	✓	
KAR 2 Membership System for Disability Organisations	POWER – The International Limb Project, UK	✓	✓✓	✓		
KAR 2 Phase II research into health information systems, processes and technologies	Baobab Health Partnership, USA	*				
KAR 2 Disability Policy Project	ODG-Healthlink Worldwide UK	✓	✓✓	✓	✓	✓
KAR 2 Disability Equality Training	ODG	✓	✓✓	✓	✓	
KAR 2 Enabling Disabled People to Reduce Poverty	ODG	✓✓	✓✓	✓		
KAR 2 Responsive Budget to DFID requests (projected activities)	ODG	✓✓	✓✓	✓✓	✓	
KAR 2 Roundtables Africa and Asia (projected activities)	Healthlink Worldwide UK	✓	✓	✓✓		✓✓
KAR 2 Communications	Healthlink Worldwide UK	✓✓	✓	✓		✓

Legend: ✓✓ = strong project focus
✓ = partial project focus

* = healthcare technology focus

Source: Programme management records

Appendix 6: Poverty focus report – Healthcare Technology KaR projects

Project title:

1. POOR/NON-POOR BENEFICIARIES

Benefits to the poor	**Estimated number of poor beneficiaries**
Describe the direct benefits of the Project to the poor e.g. - *Disabled poor receive wheelchairs* - *Community-based rehabilitation training assists poor families with a disabled family member to fight negative attitudes* *Benefits to the poor may be indirect e.g.* - *Trained professionals on wheelchair technology will assist poor disabled people* - *Development of health information systems will assist monitoring of poor patients*	*Provide an approximate estimation of the amount of poor people benefiting from the project*

2. HEALTH- AND TECHNOLOGY-RELATED MILLENNIUM DEVELOPMENT GOALS/ TARGETS

Select those goals to which the project is contributing, if any is relevant (see next page). Please tick in the right-hand column:
✓✓ The project focuses on the Millennium Development Goal/Target
✓ The project contributes indirectly to the Goal/Target

Add a brief narrative justification

Reduce infant mortality rates	
Narrative on how the project contributes to the outcome of improved health under this MDG	
Reduce maternal mortality rates	
Narrative on how the project contributes to the outcome of improved health under this MDG	
Combat HIV/AIDS and malaria	✓✓
Narrative on how the project contributes to the outcome of improved health under this MDG	
Affordable drugs in developing countries	
Narrative on how the project contributes to the outcome of improved health under this MDG	
The benefits of new technologies (particularly information communication technologies) are available to all	✓
Narrative on how the project contributes to the outcome of equality in access to new technologies under this MDG	

Attachment to Poverty Focus Report - Millenium Development Goals/Targets

GOALS	TARGETS
1. Eradicate extreme poverty and hunger	▪ Reduce by half the proportion of people living on less than a dollar a day ▪ Reduce by half the proportion of people who suffer from hunger
2. Achieve universal primary education	▪ Ensure that all boys and girls complete a full course of primary schooling
3. Promote gender equality and empower women	▪ Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015
4. Reduce child mortality	▪ Reduce by two thirds the mortality rate among children under five
5. Improve maternal health	▪ Reduce by three quarters the maternal mortality ratio
6. Combat HIV/AIDS, malaria and other diseases	▪ Halt and begin to reverse the spread of HIV/AIDS ▪ Halt and begin to reverse the incidence of malaria and other major diseases
7. Ensure environmental sustainability	▪ Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources ▪ Reduce by half the proportion of people without sustainable access to safe drinking water ▪ Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020
8. Develop a global partnership for development	▪ Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory. Includes a commitment to good governance, development and poverty reduction – nationally and internationally ▪ Address the least developed countries' special needs. This includes tariff- and quota-free access for their exports; enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction ▪ Address the special needs of landlocked and small island developing states ▪ Deal comprehensively with developing countries' debt problems through national and international measures to make debt sustainable in the long term ▪ In cooperation with the developing countries, develop decent and productive work for youth ▪ In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries ▪ In cooperation with the private sector, make available the benefits of new technologies – especially information and communications technologies

Appendix 7: Millennium Development Goals (MDGs)
Desk assessment of KaR1 and KaR2 Healthcare Technology projects

Project name	Partner	Infant mortality	Maternal mortality	HIV/AIDS, malaria	Affordable drugs	Technology (ICT) for all
KAR1 Developing the Essential Healthcare Technology Package	African Federation for Technology in Healthcare					✓✓
KAR 1 Health information systems, processes and technologies	Baobab Health Partnership Inc, USA					✓✓
KAR 1 Maintaining medical equipment in developing countries	ECHO International Health Services, UK					
KAR 1 The Global Knowledge Network Project	GIC Ltd, UK					
KAR 1 Establishing the International Centre for Healthcare Technology Management	International Federation for Medical and Biological Engineering, South Africa					✓
KAR 1 Controlling malaria and trypanosomiasis with insecticide-treated cattle	University of Greenwich, Natural Resources Institute, UK			✓✓		
KAR 1 Production and distribution of electronic training materials	Teaching-aids at Low Cost (TALC), UK					✓
KAR 1&2 Practical healthcare technology management procedure guides	Ziken International, UK					
KAR 2 Phase II research into health information systems, processes and technologies	Baobab Health Partnership, USA					✓✓

Legend: ✓✓ = The project concentrates on the MDG
✓ = The project contributes indirectly to the MDG
Source: Programme management records