

Is disability really on the development agenda?

**A review of official disability policies of the major
governmental and international development
agencies**

Bill Albert
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“States, both industrialized and developing, have the responsibility to cooperate in and take measures for the improvement of the living conditions of persons with disabilities in developing countries.

- Measures to achieve the equalization of opportunities of persons with disabilities, including refugees with disabilities, should be integrated into general development programmes.
- Such measures must be integrated into all forms of technical and economic cooperation, bilateral and multilateral, governmental and non-governmental. States should bring up disability issues in discussions on such co-operation with their counterparts.
- When planning and reviewing programmes of technical and economic operation, special attention should be given to the effects of such programmes on the situation of persons with disabilities. It is of the utmost importance that persons with disabilities and their organisations are consulted on any development projects designed for persons with disabilities. They should be directly involved in the development, implementation and evaluation of such projects.”

Standard Rules on the Equalization of Opportunities for Persons with Disabilities,¹ United Nations, 1993, New York. Rule 21 (first part)

Introduction

The Millennium Development Goals did not specifically mention disability with respect to the key aim of poverty reduction; as an unintended result, their promulgation may have served as a catalyst, encouraging many people and organisations to affirm or reaffirm the links between disability and poverty. Of course, such concerns, together with the argument that disability is essentially a human rights issue, have been around for some considerable time and they form the bedrock principles of the international disability movement. Furthermore, the adoption by the United Nations (UN) in 1993 of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities marked an important milestone in the official international recognition of the need to address the social and economic exclusion of disabled people.¹ Alongside, of course, has been the continued lobbying by the disability movement.

It is against this background that we can begin to understand some of the factors that account for why disability has apparently moved up the development agenda. A well-quoted reason why this is necessary was given by the director of the World Bank, James D. Wolfensohn, in December 2002, in which he wrote:

¹ The Standard Rules came out of a longer historical process within the UN. www.un.org/esa/socdev/enable/disun.htm#First%20Steps

“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 center of national life, will do much to improve the lives of many from among the poorest of the poor around the world.”

One year later the European Union (EU) produced a Guidance Note on Disability and Development, in which it stated:

“In the last few decades, disabled people’s organisations around the world have promoted a human rights approach and an environmental approach to disability issues. These approaches are both based on a social model of disability. [...]

“If the interests of disabled people are not recognised then the key goal of poverty reduction in developing countries will not be achieved. Nor will the human rights of people with disabilities or their participation in society be promoted. If sustainable poverty reduction is to be achieved, disability needs to be addressed by sensitising people active in development work funded by the EU to these issues.”²

These statements are broadly representative of declarations from many other major international and national bodies concerned with development. However, in order to assess any impact on the lives of disabled people in developing countries, it is more important to consider if these pronouncements, or indeed the basic tenets of the UN Standard Rules, are reflected in the official policies of the leading development agencies (i.e. policies defined as norms expected to be incorporated into an agency’s strategy and practice). This was the major objective of this study.

Of course, determining this is only a first step because policies are often either not implemented effectively or not put into practice at all. Practice is therefore touched on in this paper mainly for illustrative purposes and to draw provisional conclusions about the impact of policy.

To research the question ‘Is disability on the development agenda?’ in the depth it requires would be a formidable task. The primary focus of the study and this paper is official policies, as these offer a first step to understanding how, and in some cases if, disability and development are understood by the principle national and international aid agencies. It must also be noted, however, that official policy is often difficult to capture as it is constantly changing.

Conducting the research

Finding out the details of official policies was not an easy task. Official websites were viewed and where these did not yield results, contact was made with the organisation in question by email, letter and/or telephone. This, too, was often unsuccessful.

² European Union, *Guidance note on disability and development for EU delegations and services*, March 2003

Problems encountered included the following: while some organisations had disability policies, on further investigation it became clear that they had either never been implemented or had never actually reached project level. Also, many agencies have produced documents on disability and development, but their status is unclear. An example is an Issues Paper published in 2000 by the UK Department for International Development (DFID), called *Disability, poverty and development*.³ This was not a policy statement, seemed not to have any impact on the organisation, and indeed seems to have become better known externally to DFID. However, in a 2003 report *Label Us Able*, produced by STAKES for the Finnish Ministry of Foreign Affairs, it is stated that DFID's Issues Paper has been "...official policy since 1999" (p.22). Therefore, it would seem that in some cases at least, the existence of documents that might be inferred to be policies is not necessarily evidence of genuine official policies, let alone action on disability and development.

Conversely, not having an official policy does not mean that an agency is necessarily ignoring disability issues entirely. For example, DFID funds a variety of disability projects,⁴ and has a substantial Partnership Programme Agreement with *Action on Disability and Development (ADD)*, an NGO that supports capacity building of disabled people's organisations (DPOs) in developing countries.

What information was being sought?

As well as looking for evidence of the existence of official policies, the research sought to answer the following questions:

1. How is disability defined?
 - a. Is a social model used?
 - b. Is a medical model used?
2. What approach is employed to address disability once it is defined?
 - a. Is a human-rights approach used?
 - b. Are the Standard Rules taken into account?
3. How is disability seen with respect to the Millennium Development Goals (MDGs)?
4. How is disability seen in terms of the process of multilateral development, i.e. Poverty Reduction Strategy Processes (PRSPs) and Sector Wide Approaches (SWAPs)?
5. Is disability mainstreamed?
6. How does the agency see the role of disabled people's organisations (DPOs) in terms of policy formation and/or project development?

Unfortunately, agencies' policies, practices and structures are not set out in such a way that the majority of these questions could be answered easily, or so that the findings could be tabulated in such a way that comparisons could be made across

³ On the genesis of this document and the difficulties within DFID surrounding its status, see Thomas, P. *DFID and disability: A mapping of the Department for International Development and disability issues*, 2004, pp.15-16. www.disabilitykar.net/pdfs/mapping_report_web1.pdf

⁴ Ibid.

the issues.⁵ As a result, a simplified table has been produced (Appendix I, page 16), looking mainly at whether selected agencies have an official disability policy and offering a brief comment on that policy. Links to websites have been provided to make it possible to monitor any policy changes. These policies, as well as some of the points raised by the questions asked in the research, are discussed in more detail below.

How is disability defined?

A clear definition of disability would seem to be central to designing a disability policy or strategy. If disability is seen essentially as a health issue, the solutions will be quite different from an understanding of disability that highlights human rights, discrimination and exclusion. It was, therefore, quite surprising that the research found so little serious attention paid to this question. Most attempts made at a definition, as, for example, in the case of DFID (see below), represented a compromise between different, and quite opposed, ways of understanding disability. With a few notable exceptions, in most cases even a composite definition was not given and it was necessary to impute a working concept of disability.

The traditional understanding of disability is that it is what 'is wrong' with someone. According to this formulation, disability equals impairment – being unable to walk, being deaf or blind, having a mental disorder or a condition such as Downs syndrome. While those who adopt this view (the individual or medical model of disability) may agree that there are unfortunate social consequences that arise from being disabled, to them the essential nature of the problem is medical, begins with individual deficit and the primary solutions are, therefore, cure, care and/or rehabilitation.

Since the 1970s, the international disabled people's movement has challenged this understanding, arguing that it is not physical or mental conditions that are disabling but social, attitudinal and physical barriers preventing equal participation in community life. Disability, according to this conception (the social model of disability), is the result of discrimination and social exclusion. It is a human rights issue that demands a socio-political rather than a health-based focus.⁶

⁵ For an excellent review of some of the European countries disability and development policies see Sue Stubbs, *Mainstreaming disability into development cooperation and European governments*, draft ms, June 2004.

⁶ The issues for development policy posed by different models of disability will be discussed more fully in a forthcoming Disability KaR research briefing paper. See also, Albert, B. et al, *Perspectives on disability, poverty and technology: A report to Healthlink Worldwide and GIC Ltd*, Sept. 2002, pp.14-18, 22-24.

It should be noted that Vic Finkelstein, whose pioneering 1970s work on interpreting disability inspired the subsequent formulation of the social model of disability, has attacked those in the UK disability movement who have used the social model as the starting point for a rights-based approach. He writes, "...the campaign for 'disability rights' does not depend on, nor is it a reflection of, the social model of disability." He sees the political logic of his Marxist formulation – the radical social model of disability – in revolutionary social transformation, not rights-centred reformism. See Finkelstein, V. *The social model of disability repossessed*, Manchester Coalition of Disabled People, December 2001 www.leeds.ac.uk/disability-studies/archiveuk/archframe.htm

Of the official documents examined in this study, only the European Union Guidance Note, quoted on page 3, mentions the social model of disability. In all the other documents, either a medical model may be assumed (this is in the majority of cases) or a definition is adopted that tries to combine both models. The clearest example of the latter is found in DFID's Issues Paper, which considers both models and then decides it is preferable to go for "an integrated approach using best practice in both social and medical terms."⁷

The World Bank observes on its website:

"Defining what is meant by disability is sometimes a complex process, as disability is more than a description of a specific health issue; rather it is affected by people's cultures, social institutions, and physical environments. The current international guide is the World Health Organization's discussion and classification within **ICF: International Classification of Functioning, Disability and Health**. ICF presents a framework which encompasses the complex multifaceted interaction between health conditions and personal and environmental factors that determine the extent of disablement in any given situation."

The Asian Development Bank (ADB) adopted a similar position, opting in 1999⁸ for the 1980 World Health Organization (WHO) definition⁹. More recently, in a draft of a handbook¹⁰ addressing disability and poverty, the ADB seems to sign up to the revised ICF. It is perhaps to be expected that these major international bodies choose to follow the definitional guidelines established by such an influential sister organisation.

The new ICF seems set to become the gold standard for defining disability. However, even though disability ('disablement' is the word used in the ICF) is now seen as arising from the negative impact of the environment in its broadest sense, the minute classifications of health and functioning remain central. Many critics have argued that the ICF represents medical model thinking clothed in watered-down social model language.¹¹ As with the DFID definition, it starts with the individual, rather than society, and tries to find a compromise between the two ways of understanding disability. As Colin Barnes writes:

"Whilst the ICF asserts that individuals are but one element in the analysis of disability, the 'biopsychosocial' approach is not that far removed from its

⁷ DFID, *Disability, poverty and development*, 2000, p.8.

⁸ ADB, *Disability and development* Report of the Workshop Organized by the Asian Development Bank and the Disabled Peoples International Co-financed by the Government of Finland 13-14 October 1999, Manila, p.11.

⁹ *International Classification of Impairments, Disabilities and Handicaps (ICIDH)*.

¹⁰ ADB, *Handbook for identifying and addressing disability issues in poverty reduction and social development strategies of the ADB*, Part I, Draft ms, April, 2003, pp.7 -12.

¹¹ There is an extensive literature about the ICF. See Bury, M. 'A comment on the ICIDH2', *Disability & Society*, Vol.15, No.7, 2000, pp.1073-1077. Pfeiffer, D. 'The devils are in the details: the ICIDH2 and the disability movement', *Disability & Society*, Vol.15, No.7, 2000, pp.1079-1082. These articles were written before the official adoption of the ICF in 2001, but the final draft had been around for some time. See also, Miles, M. 'ICIDH meets postmodernism, or "Incredulity toward meta-terminology"', in *Disability World*, No. 7, March - April 2001, www.disabilityworld.org/0304_01/resources/icidh.shtml

forerunner in that it retains the individual as the starting point for the analysis of 'bodily function and activity'. The concept of participation is included but underdeveloped in the scheme and is still linked to individual circumstances rather than tied firmly to social and political inclusion."¹²

It is interesting to note that the biopsychosocial model was first proposed by psychiatrist George Engel in a 1977 article in *Science*, with the intriguing, albeit fairly predictable title, 'The need for a new medical model'.

Of course, ICF comes from the WHO, so it should not be a surprise that health is the primary concern. But the extension of this concern to a conception of disability as a socio-political construct may not be particularly helpful for the practical business of designing development policies and practices that break with traditional medical assumptions, seek to promote human rights and bring disabled people into the mainstream of society.

Rachel Hurst, an experienced disability activist who took part in redrafting the ICDH, has no illusions about the difficult compromises that had to be made, but claims:

"The ICDH2, with all its many faults and its misuse of disability language, can, I believe, now be used as an international example of how the environmental impacts are the key to understanding the nature of disability/disablement and how solutions must come through social change."¹³

Whatever the possible benefits with respect to planning for health provision, and whatever the ICF says about the need to see disability in terms of environmental factors, because of its genesis in the medical world, its emphasis on classification of function and its staggering complexity, it is doubtful whether it will overturn deeply-held medical assumptions about the nature of disability. Because such assumptions tend to inform action, there is the strong possibility that, no matter what is said, international development agencies will, in practice, default at all levels to a health-centred understanding of disability. The only way this will be avoided is through an ongoing, critical awareness of the contradictions inherent in the ICF, together with a vigorous commitment to human rights, supported by clear, practical guidance for implementation.

Approach adopted towards disability issues

In the cases where there have been policy statements, the majority advocate a human rights approach, despite a lack of a clear definition, the use of the ICF or a medical model understanding of disability. This might indicate that how disability is understood is of little concrete importance. Perhaps. But as will be seen, the overall failure to implement human rights policies and/or mainstream disability in development may suggest just the opposite. This is not, however, to argue that

¹² Barnes, C. Review of *Disability and culture: universalism and diversity*, eds. Ustun, T. B. et al, WHO, 2001, in *Disability and Society*, Vol. 18, No. 6 pp. 827-833.

¹³ Hurst, R. 'To revise or not to revise', *Disability & Society*, Vol.15, No.7, 2000, pp.1083-1087.

adopting the social model will in itself be the key to more effective engagement with disability issues.

The increasing focus on a human rights agenda follows decades of lobbying by disabled people, the lead given by the UN, particularly since the promulgation of the Standard Rules in 1993, and the more recent negotiations on an International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities. It is, therefore, to be expected that various UN agencies have a stated commitment to a human rights approach. Such a commitment is also prominent in the policy statements of Scandinavian countries, suggesting at least an implicit acceptance of some key arguments derived from the social model of disability.

The Scandinavian DPOs and their countries have played a leading role in putting human rights at the heart of disability and development. In 1991 the Nordic DPOs met in Hanaholmen, Finland and agreed to lobby their governments for increased action on disability and development. In 1996 the Finnish government made a formal Decision-in-Principle to include "...the status of disabled people as a concern in the context of poverty reduction and human rights."¹⁴ Four years later in Copenhagen, all the Nordic ministers for development cooperation declared in concert to, among other things:

"Recognise and promote the UN Standard Rules as guidelines for all bilateral and multilateral development work and to assure that special measures are taken to create accessibility and participation in development society for persons with disabilities in order to strengthen their possibilities to exercise their human rights."¹⁵

While this commitment continues to be reflected in some of the Nordic countries' disability policies, there has been criticism that, with the exception of Norway, there has been a failure overall to establish national strategies for inclusion of the disability dimension in the development cooperation; in Denmark there has even been a decision not to make mainstreaming of disability a priority.¹⁶ As explained below, even in those countries with positive-sounding policies, what the human rights approach means in practice remains at best ambiguous.

Outside of the Scandinavia, although a number of other European countries have indicated that they are considering disability and development policies, only Italy has one.¹⁷ The Italian guidelines are comprehensive, if at times somewhat eclectic. They begin with strong statements on the centrality of human rights and then detail how

¹⁴ STAKES National Research and Development Centre for Welfare and Health, *Label us able: A proactive evaluation of Finnish development co-operation from the disability perspective*, 2003, p.28.

¹⁵ Final Report from Copenhagen Conference 2000, Inclusion of the disability dimension in Nordic development cooperation

¹⁶ Ulland, K. H. *People with disability in the development aid policy of Scandinavian countries*, Conference: Development needs participation – Nothing about us without us. People with Disability as Partners in Development Cooperation, Berlin, 14 November 2003.

¹⁷ Ministero degli Affari Esteri, *Direzione Generale per la Cooperazione allo Sviluppo*, Italian Cooperation Guidelines Concerning the Disabled, nd (2004?)

disability needs to be twin tracked – both mainstreamed into overall policy and supported through disability-specific projects.

The United States Agency for International Development (USAID) policy seems to be set more in the traditional anti-discrimination mode that characterises the Americans with Disabilities Act and other civil rights legislation in the US. The 1997 policy document states:

“USAID’s policy on disability is as follows: To avoid discrimination against people with disabilities in programs which USAID funds and to stimulate an engagement of host country counterparts, governments, implementing organizations and other donors in promoting a climate of non-discrimination against and equal opportunity for people with disabilities.”¹⁸

Its definition of disability is, however, strictly medical: “For purposes of this policy, a disability is defined as a physical or mental impairment that affects a major life function, consistent with the definition of the Rehabilitation Act.” The latter is similar to the UK’s Disability Discrimination Act, which defines disability medically, while setting out social-model-like provisions about non-discrimination.

Policies into practice

To have good disability policies is important, but unless they are effectively implemented they can become little more than empty rhetoric and a substitute for meaningful action. At the moment, with just a few notable exceptions, this is very much what seems to be happening.

One of the clearest examples is that of USAID which since 1996 has been trying to develop a more inclusive approach to disability issues. In its 1998 report on policy implementation¹⁹ it explained the key reasons behind the new policy initiative:

“It was recognized that the needs of PWDs [people with disabilities] are the same as the needs of other constituencies with whom USAID works. Segregation of PWDs in USAID activities would tend to increase discrimination among our ranks and in the countries we serve. Consistent with our participation efforts, the Team recognized that to be effective, programs must be constructed to include PWDs at all stages of implementation.”

To carry out this programme they established both a central disability team and moved to ensure that each USAID mission devised a disability plan and established links with local DPOs. The policy was backed up by plans for disability equality training for the organisation, although no extra funding was appropriated.

While all this sounded promising, by 2000, and the second implementation report, although some positive results were evident, the overall evaluation was notably candid and downbeat:

¹⁸ USAID, *USAID Policy Paper on Disability*, September 12, 1997

¹⁹ USAID, *First Annual Report on Implementation of the USAID Disability Policy*, December 23, 1998

“Efforts at promoting the USAID Disability Policy have been disjointed and minimally effective. Strong words at the highest levels dissipate rapidly. Opportunities for personal contact with PWDs, while fruitful, have not been deemed a priority. And, a reward structure does not exist to promote adherence to this policy.

“While the Disability Policy and the World Program of Action call for inclusion rather than distinct disability programming, feedback to Team members strongly suggests that in this time of conflicting priorities, specific funding must be attached to this target.”²⁰

A third report²¹ in 2002 was considerably more optimistic. In that year disability reports were received by 48 USAID missions, in contrast to only 28 two years before. While just 11 said they had drawn up specific disability plans, 34 reported they were working actively with local disability organisations. A particularly positive feature of the report was that democracy and governance accounted for the largest single number of projects (nineteen).

Nonetheless, overall, significant problems still remain. Rather than mainstreaming, activities, specific disability projects – many in traditional social welfare areas – seem to account for the efforts of most missions. Unlike the disability movements in the Scandinavian countries, disabled people’s organisations in the US have had little input into USAID policy. The report concludes that although there has been progress, “There is still limited understanding of the USAID Disability Policy and, in many cases, inclusive efforts are not by USAID design, but rather by the policies and purposes of our partner NGOs and PVOs [Private Voluntary Organizations].”

The other national agency that has carried out an evaluation is the Finnish Ministry of Foreign Affairs. In absolute terms, its spending on disability is small, averaging just €6.2 million (1991-2001), although this did represent a respectable five per cent of its aid budget. As with other Scandinavian countries, Finland’s disability and development policies have in general been advanced compared to those elsewhere in the world. Nonetheless, the evaluation report found that:

“Most of the assistance via NGOs has been effective and has made an impact on the planned target groups, for example, training of the deaf and blind in specialised institutions has received a lot of funding. However, the impact on some individuals has been limited and it has had less influence on communities and countries. This is because most of the assistance has been disability-specific (targeted at the people with disabilities) and has been based on the dominant social welfare approach.”²²

There were also criticisms that disability had not been mainstreamed into development, that there had not been enough attention paid to adjusting policy in line with the shift from a social welfare to a human rights approach and that the overall policy had to be overhauled to take into account the new international aid

²⁰ USAID, *Second Annual Report on Implementation of the USAID Disability Policy*, February 2000

²¹ USAID, *Third Report on the Implementation of the USAID Disability Policy*, May 30, 2003

²² STAKES National Research and Development Centre for Welfare and Health, *Label us able: A proactive evaluation of Finnish development co-operation from the disability perspective*, 2003, p80

instruments for the poorest countries, such as SWAPs (Sector Wide Approaches) and PRSPs (Poverty Reduction Strategy Papers).

If such apparently highly developed disability policies as Finland's are found wanting, especially with respect to the development and practical application of a human rights approach, we might assume that these, as well as similar and more profound shortcomings, are to be found elsewhere.

An important issue raised by the Finnish and USAID studies, and one that seems to apply to almost every agency, is the failure to mainstream disability into development policy, despite stated intentions in some cases. Although far more detailed research would be needed to confirm this, the Finnish and US experiences, if even close to representative²³, imply that in the vast majority of cases any disability focus continues to be on the traditional areas of health or special education, relatively small-scale projects funded through NGOs, and (with some notable exceptions²⁴) undertaken within a social-welfare, rather than a meaningful human rights, framework (even if human rights language is used). In this process disabled people continue to be objects of care rather than being given the opportunity to take action on their own behalf.

If the above is true, it is extremely problematic as it means that promises of listening to DPOs have been empty, disability issues remain trapped within a special-needs ghetto, the language of human rights remains empty rhetoric and the needs of disabled people for equality, dignity, social inclusion and poverty alleviation remain unfulfilled.

Such a pessimistic analysis seems more justified if we consider what has happened with PRSPs, which since 1999 have become the main multilateral instruments (mandated by the World Bank and IMF) for providing debt relief and, therefore, development aid, to the poorest countries. According to a 2002 ILO report:

“An examination of all 29 currently available African Interim PRSPs shows that – apart from some notable exceptions – persons with disabilities have again been either ‘forgotten’ or treated in a way that does not correspond to their aspirations to socio-economic integration. Up to now, persons with disabilities have not been involved in an opportunity to be included in the most important poverty reduction initiative of recent years.

“The relative absence or inadequate treatment of the disability issue in currently available African PRSPs reflects the fact that persons with disabilities and their organizations have not been given the opportunity to participate or have not sufficiently participated in consultative PRSP processes, that they have not been able to formulate their needs, that they have not been heard, even in broad-based consultations of the poor on poverty reduction...”²⁵

²³ This seems to also be true in Denmark. Denmark, Ministry of Foreign Affairs, *From charity towards inclusion: The way forward for disability support through Danish NGOs - A study of Danish NGO support to disability organisations in developing countries*, Copenhagen, 2000.

²⁴ Examples include the funding of DPI by CIDA, DFID's funding of ADD for work with DPOs, and the support given by many agencies for capacity building of DPOs.

²⁵ *Disability and Poverty Reduction Strategies. How to ensure that access of persons with disabilities to decent and productive work is part of the PRSP process*. ILO Discussion Paper, November, 2002.

A sampling of the [World Bank website](#) confirms that in almost all PRSPs there is either no mention of disability, and if it is mentioned the reference is to “the disabled” within a list of vulnerable groups and/or to either social welfare or health. Perhaps this should not come as a surprise when overall PRSP implementation has been seriously flawed, particularly in terms of human rights²⁶, and poverty reduction has been minimal.²⁷ Furthermore, gender, a much more prominent cross-cutting issue than disability, has also not been well served by PRSPs. A recent [Oxfam Report](#) illustrates this:

“On gender equity, almost all PRSPs have been very weak, with minimal attention paid to the issue. World Bank and IMF Joint Staff Assessments of PRSPs singularly fail to address gender equity. Oxfam and its partners believe that gendered poverty strategies are the only ones that will actually succeed in reducing poverty, and that the IMF and World Bank could do much more to ensure that the next round of PRSPs routinely and comprehensively addresses the issue.”²⁸

The observation that PRSPs have failed to include disability is echoed in a 2002 baseline assessment of the World Bank’s activities²⁹ relating to disability. The report concluded that, “Based on the sampling from this study, few of the current activities of the World Bank include disability in any meaningful way.” Furthermore, on examining five key criteria for assessing inclusion – lending, knowledge, mandate, resources and accountability – all were found to be significantly deficient. The report’s comments on lending are particularly interesting:

“According to the survey results of Bank projects, a majority of respondents thought their projects addressed disability. However almost all responses suggested that people with disabilities might benefit, rather than that they were included explicitly. Only one project had specific disability components and none mainstreamed disability into the project.”

It is probably too early to judge the World Bank’s efforts, as these were given a new impetus only recently with the appointment of Judith Heumann in 2002 as its first Advisor on Disability and Development. In the intervening period (to 2004) there have been lots of upbeat statements, but on the ground little seems to have changed. For example, at a recent meeting, ‘International Dialogue on Disability and Development’, hosted by the World Bank in Helsinki, the participants were extremely critical of the lack of action and concluded:

“...the disability and development landscape has been characterized by small, fragmented, unsustainable projects; a disconnect between disability and mainstream development efforts; a ‘flavor of the month’ approach to country focus; preoccupation with prevention, to the exclusion of rehabilitation and

²⁶ UN, *The Highly Indebted Poor Countries (HIPC) initiative: A human rights assessment of the Poverty Reduction Strategy Papers (PRSP)*, Economic and Social Council, Commission on Human Rights, E/CN.4/2001/56, 18 January 2001

²⁷ Oxfam, *‘Donorship’ to ownership? Moving towards PRSP Round Two*, Oxfam Briefing Paper, January, 2004.

²⁸ Ibid.

²⁹ Stienstra, D., Fricke, Y., D’Aubin, A. et al, *Inclusion and disability in World Bank activities*, Canadian Centre on Disability Studies, June 2002, p.11

inclusion; 'exclusion by design' in mainstream projects; and poor coordination, evaluation and knowledge-sharing." ³⁰

The Bank has launched a consultation process to develop a Global Partnership for Disability and Development, but while this is a positive step, the preamble to the draft Concept Paper³¹ shows just how far there is to go before any meaningful changes can be expected:

"Poverty alleviation in developing countries and genuine progress toward achievement of the Millennium Development Goals requires that disabled people be explicitly taken into account in national and international economic development efforts. The social and environmental obstacles that marginalize and impoverish disabled people cannot be dissolved by any one kind of entity or organization, but only through the collaborative efforts of diverse stakeholders, including governments of developing and developed countries, multilateral development agencies, members of the United Nations family of agencies, foundations, national and international NGOs, and the private sector.

"Yet the idea of mainstreaming disability into the economic development agenda is a novel concept to many foreign assistance providers, developing country governments, and even NGOs. There is sometimes a disconnect between the people who are knowledgeable about international economic development and foreign assistance on the one hand and disability on the other."

Conclusions

Is disability really on the official development agenda?³² If by this we are asking if some of the main players are talking about the issues, then the answers would be "some of them" and "sort of". If, however, we are concerned about real changes being put in motion – even with a small percentage of the degree of the commitment given to gender, another major cross-cutting issue in development – the most optimistic answer would be "not yet". The experience of the gender issue indicates how far there is to go, for despite the strong policy commitment of almost all development agencies on this matter, a great deal remains to be done and this commitment has not been followed through in the poorest countries with respect to the new international aid instruments.

While the World Bank, major UN-related agencies and most Scandinavian countries have made positive statements on disability, up to now these remain little more than statements. With few exceptions, their policies have not been implemented and it seems they are struggling to find practical means to deliver their promises. Most of the available evidence and comments, even from major agencies like the World Bank, would seem to confirm this. The European Union has promulgated excellent

³⁰ *Disability World*, June-August, 2003

³¹ World Bank, Draft Concept Paper Global Partnership for Disability and Development, mss. 4/9/04

³² For an excellent and broad-based critique of this question see Yeo, R. and Moore, K. 'Including disabled people in poverty reduction work: "Nothing about us, without us"', *World Development* Vol. 31, No. 3, 2003, pp. 571-590. Also see Könkkölä, K. *Disability coming on the front-line in development*, International Conference: Development needs Participation. People with Disability as Partners in Development Cooperation, Berlin, 14 November 2003.

guidelines for disability and development, but most of the major European countries have not even progressed to the stage of formulating policies. Here disability is clearly not only not on the agenda, it has not even appeared on the horizon.

This is not to say there have not been many disability-focused development projects. There have, and many have undoubtedly delivered positive results for disabled people. The reports from USAID missions seem to be particularly encouraging in this regard. However, the reports from the US, UK³³ and Finland suggest that most of these projects remain locked within a traditional social welfare paradigm with limited value for mainstreaming disability in development and delivering a wider human rights agenda.

In cases where the disability agenda is farmed out to NGOs, as in the UK, despite the excellent results achieved³⁴, this may have simply confirmed the 'special' nature of disability and to that extent made effective mainstreaming within DFID more problematic.

What is called for from international aid agencies, besides a far stronger, clearer commitment, is a genuine understanding that disability is a social issue that cannot be addressed without bringing disabled people's organisations, both in the South and in the North, into the heart of the process, as has been done in Finland in the latter instance. As an example of the former, USAID policy has put a strong emphasis on inclusion of disabled people in the South, and the agency has concluded: "...it is clear that 'best practice' occurs when USAID and disability voices are combined in developing solutions."³⁵

Disability needs to be mainstreamed, and promoted explicitly and officially as a cross-cutting issue, as gender has been. In fact, as a start it would be useful to consider disability within the same general parameters that have been set out for gender. A crude illustration of how this might work can be given by simply substituting the word "gender" with "disability" in documents on gender mainstreaming. For example,

"Mainstreaming **disability** equality is a commitment to ensure that **disabled people's** experiences are integral to the design, implementation, monitoring and evaluation of all legislation, policies and programmes so that they benefit equally and inequality is not perpetuated. The ultimate goal is to achieve **disability** equality. **Disability** mainstreaming is integral to all development decisions and interventions; it concerns the staffing, procedures and culture of development organisations as well as their programmes; and it forms part of the responsibility of all staff.

"**Disability** mainstreaming does not preclude **disabled-person** only projects. It shifts their focus from **disabled people** as a target group, to **disability** equality as a goal. It supports **disabled-person** only projects designed as strategic interventions to address aspects of **disability** inequality and promote greater

³³ Thomas, P. *DFID and disability*

³⁴ See, for example, Action on Disability and Development, *Annual Review 2002*.

³⁵ USAID, *Third Report on the Implementation of the USAID Disability Policy*, May 30, 2003, p.13.

equality.”³⁶

Above all, we must not let good intentions or fine-sounding declarations about human rights substitute for action that addresses the social exclusion, grinding poverty and human rights’ abuses that continue to blight the lives of disabled people throughout the world.

“Words are but wind that do from men proceed;
None but Chamelions on bare Air can feed;
Great men large hopeful promises may utter;
But words did never Fish or Parsnips butter.”

(John Taylor, the Water Poet, 1651)

Recommendations

Development agencies need...

- ❑ a clearer understanding of the social model of disability and how this relates to effective human rights policy and practice
- ❑ a stronger commitment to involve DPOs from both North and South at every level of development work
- ❑ to promote disability explicitly and officially as a crosscutting issue on a par with gender
- ❑ be made fully aware of, and trained on, disability mainstreaming
- ❑ to look for practical and measurable ways to implement this mainstreaming policy
- ❑ to learn disability-relevant lessons from their experience of work on gender

³⁶ Adapted from Derbyshire, H. *Gender manual: A practical guide for development policy makers and practitioners*, DFID, 2002

Appendix I. Official disability policies of major government and international agencies

A. International agencies	Official disability policy?	Comments
<u>World Bank</u>	Yes	Inclusion of DPOs, poverty reduction, economic approach, human rights.
<u>United Nations</u> ³⁷	Yes	Human rights, access, capacity building, mainstreaming.
<u>UNFAO</u> (UN Food and Agriculture Organisation)	Yes	Aims to integrate disabled people into development programmes.
<u>UNDP</u> (UN Development Programme)	No	No mention of disability in documents on MDGs and no mention in policy document, <i>Overview of UNDP's support to poverty reduction strategies</i> .
<u>UNICEF</u> (UN Children's Fund)	Being developed	Child protection, health, education.
<u>Asian Development Bank</u>	Yes	Poverty reduction, knowledge, inclusion of DPOs, participation, mainstreaming and access.
<u>African Development Bank</u>	No	
<u>Inter-American Development Bank</u>	Unclear	Inclusion of disabled people in social and economic development. President affirmed that "inclusion is a synonym for equality." No indication of specific policy statement.
<u>ILO</u>	Yes	Concerns employment issues in general. Not specifically linked to development.
<u>European Union</u>	Yes	Guidance note on disability and development for EU countries. Social model-based, human rights, mainstreaming, inclusion of DPOs.

³⁷ Department of Economic and Social Affairs Division for Social Policy and Development

B. National agencies	Official disability policy?	Comments
<u>Canadian International Development Agency (CIDA)</u>	No	When asked said no official policy. But, claims to include disability (together with other vulnerable groups) into its poverty reduction programme. ³⁸ Also, has given financial support to Disabled Peoples International (DPI) for 20 years.
<u>Danish Ministry of Foreign Affairs</u>	No	“The issue of disability and development is integrated in the Danish development assistance through a rights-based approach in relevant sectors and sector programmes e.g. education and health and through specific projects. “No specific policy paper or guidelines have been worked out on disability and development.” ³⁹
<u>Department for International Development (DFID), UK</u>	No	<u>Issues paper (2000)</u> argues for twin-tracking, empowerment-based, rights-based approach. Supports disability projects, funds major NGO working on disability, but no overall organisational policy.
<u>Ministry of Foreign Affairs (FINNIDA), Finland</u>	Yes	Mainstreaming, human rights, Standard Rules, inclusion of DPOs, poverty reduction. Also see critical assessment of FINNIDA’s practice, <u>Label us able</u>
<u>German Ministry of Economic Cooperation and Development</u>	No	No mention of disability in any policy field. ⁴⁰ “No policy on disability in development cooperation and no mainstream approach in the human rights context. But the Ministry has begun to look for possibilities to include disability in relevant programmes.” ⁴¹
Italian Ministry of Foreign Affairs General Directorate 354/Xiii For Development Cooperation	Yes	New comprehensive guidelines. “Within the programmes aimed at disabled persons, the participative approach is a factor that should be promoted as a democratic and representative model. This implies full involvement in all the phases of the Project Cycle: a) Indicative Planning, b) Identification, c) Formulation, d) Financing e) Implementation and, f) Evaluation.”

³⁸ “CIDA’s approach to poverty reduction in terms of specific groups, such as persons with disabilities, is to promote activities aimed at equality and full participation in economic, political, social and cultural development.” Speech for Henry Fast for Media Launch of DPI’s World Summit April 23, 2004.

³⁹ Email response from Eva Egesborg Hansen, Head of Section, DANIDA.

⁴⁰ See report of 2003 Berlin conference, Development needs and participation:...

⁴¹ Email response from Disability & Development Cooperation, July 2, 2004.

<u>Belgian Agency for Development Cooperation</u>	No	Besides the absence of a policy, “The people that I’m in touch with at the agency don’t believe in a role for DPOs. They still believe that working for disabled people is good, but everything should be done for them, certainly not with them. And many NGOs working with service providers as partners believe the same thing.” ⁴²
<u>Japan International Cooperation Agency</u>	No	“Assistance for the disability is not explicit in this section (<u>Medium-Term Strategy for Overseas Economic Cooperation Operation</u>), but we recognise it as ‘consideration for social vulnerable’. Now JBIC is revising the strategy for next three years. We discuss the treatment of assistance for the disability in the new strategy.” ⁴³
<u>Norwegian Agency for Development Cooperation (NORAD)</u>	Yes	Detailed policy and practice. Human rights, mainstreaming, inclusion of DPOs.
<u>US Agency for International Development (USAID)</u>	Yes	“To avoid discrimination against people with disabilities in programs which USAID funds and to stimulate an engagement of host country counterparts, governments, implementing organizations and other donors in promoting a climate of nondiscrimination against and equal opportunity for people with disabilities.”
<u>Swedish International Development Cooperation Agency (SIDA)</u>	Yes	Detailed policy. Human rights, social inclusion, DPOs, etc.
<u>French General Directorate for International Cooperation and Development Ministry of Foreign Affairs</u>	No	Review of website and reports.
<u>Australian Agency for International Development (AusAid)</u>	No	“I have asked several of our AusAID policy people if AusAID has a disability policy and they have all replied that AusAID does not have such a policy.” Email reply, May 31, 2004.

⁴² Email from Herman Janssens, colleague working on development with Belgian disability NGO.

⁴³ Email from JIAC Public Relations Dept, June 18, 2004.

<u>Development Cooperation. Netherlands Ministry of Foreign Affairs</u>	No	Review of website. Review of report, <i>Mutual interests, mutual responsibilities. Dutch Development Cooperation en route to 2015</i> . Also see <i>Inclusion of disability in Dutch cooperation policy and practice</i> , 2003.
<u>Agencia Española de Cooperación Internacional (AECI)</u>	No	Review of website. Review of report, <i>Plan Anual de Cooperación Internacional 2002</i> .
<u>Austrian Ministry for Foreign Affairs, Department of Development Cooperation</u>	No	"We hope to have a policy paper on Disability and Development in place early next year (2005), most likely in connection with that on human rights." ⁴⁴

⁴⁴ Email from Anton Mair, Austrian Ministry of Foreign Affairs, June 18,2004:

"Despite the fact that the Austrian Development Cooperation Law 2003 specifically refers to disability as an important topic of Austrian Development Cooperation, we do not yet have an official policy on Disability and Development. Amongst other reasons, this has to do with recent major changes in the set-up of Austrian Development Cooperation, resulting in the creation of the Austrian Development Agency - ADA at the beginning of this year. ADA is charged with all operational aspects of cooperation, whereas the Ministry for Foreign Affairs, Department of Development Cooperation, is responsible for planning, strategy and policies."