Disability Framework – One Year On
Leaving No One Behind
Updated December 2015

Foreword

In many of the countries we work in people with disabilities face unacceptable levels of discrimination and stigma. Many have not benefited from the progress of international development efforts and continue to live in poverty. This has to change.

Our Prime Minister made a promise at the United Nations General Assembly in September to fulfil the pledge of the Global Goals for Sustainable Development (SDGs) to leave no one behind. Ensuring people with disabilities benefit equitably from international development is central to this promise.

Since we launched our Disability Framework 12 months ago we have learned a lot. Our review has shown us that we are doing more as an organisation to reach people with disabilities than ever before. This is progress we should celebrate and I am proud of.

The review also showed us that there is much more that we and our partners can do to ensure people with disabilities are included in and benefit from the day-to-day work we are already doing. We must continue to challenge ourselves and each other to do more, to share the lessons we learn and to continue to raise our ambition.

No one should face the indignity of extreme, absolute, chronic poverty; no one should be denied the opportunity to realise their full potential; and no one should have their interests systematically overlooked. By working together I believe we can turn the Global Goals' promise to leave no one behind into a reality.

Rt Hon Justine Greening MP
Secretary of State for International Development

Contents

Part One – The context

1. Our vision

Our vision is a world where no one is left behind. A world where all women and men, girls and boys, throughout all stages of their lives, have equal opportunities to realise their rights, achieve their potential and live in dignity, free from extreme poverty, exclusion, stigma, discrimination and violence. A world where people with disabilities have a voice, choice and control over the decisions that affect them. Where they participate in and benefit equitably from everyday life, everywhere.

2. Our first year and what's next

Our first Disability Framework was launched in December 2014. It was a new venture for us and set out our overall approach to disability inclusion. It also highlighted specific actions across a wide range of policy areas that we would undertake over the first year to start embedding disability across our work. The Framework focused on inspiring our colleagues to do more, with great support from civil society partners. Our review of progress has shown that while we still have a long way to go our approach is having an impact and we are on track.

The identification of actions was a useful way of holding ourselves to account across the organisation. We have started to see real progress in many areas, including humanitarian, Violence Against Women and Girls and data, with many of our commitments in those areas from last year being fulfilled. And across the board country offices are doing more now on disability inclusion than ever before. Since the launch of the Framework policy areas including Social Protection and Climate and Environment have identified new commitments.

But the review also highlighted areas where we need to make further enhancements, including in the areas of stigma and discrimination, economic development and mental health. Reviewing the Framework annually, while valuable for maintaining momentum, has to be balanced against resources it diverts from on-the-ground implementation. Also feedback from colleagues told us that it would be valuable if the Framework set out how colleagues can be more disability inclusive and also how disability can be used to help offices think about exclusion and discrimination to support our work to leave no one behind.

We always intended that our Disability Framework would be a practical and 'living document' to guide our colleagues: one that evolves as we learn and acts as a tool for us to reassess and raise our ambition at regular intervals. This new Framework reflects the lessons we have learned over the past year and outlines the next steps we will take as an organisation to deliver our vision.

3. What disability inclusive development means for us

For us disability inclusive development means that people with disabilities are systematically and consistently included in and benefit from international development.

There cannot be a one-size fits all definition of disability. The UN Convention on the Rights of Persons with Disabilities (UNCRPD) explains that disability is an 'evolving concept', because 'disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective

participation in society on an equal basis with others'.[i] An impairment becomes disabling when individuals are prevented from participating fully in society because of social, political, economic, environmental or cultural factors.[ii] For example children with disabilities can be denied access to education because of the discriminatory attitudes of their parents, school teachers or fellow pupils, or inaccessible classroom infrastructure, sanitation facilities or learning materials.

4.   Why disability inclusive development matters

One billion people across the globe have a disability, 80% of whom live in developing countries.[iii] People with disabilities often face significant levels of discrimination and stigma and as a result are not visible in society and are prevented from participating in their families and communities. And **disability prevalence is likely to increase;** as people around the world live longer lives, more are likely to experience health conditions that lead to impairments.[iv]

People with disabilities are often the poorest in their community and face multiple barriers that stop them from realising their rights and living with dignity. They are less likely than others to be able to move themselves out of poverty.[v] People living in poverty are at greater risk of experiencing disability due to higher risk of malnutrition, disease, lack of access to health care, water supplies and sanitation and worse living conditions. People with disabilities are more likely to experience poverty due to multiple barriers to accessing education, health care and employment.[vi] They are likely to face heightened risk associated with environmental hazards and the impacts of climate change. Children with disabilities and adults with mental health conditions are almost four times more likely to experience violence than people who do not have a disability.[vii] Women and girls with disabilities live with double discrimination due to existing gender inequalities.[viii]

Many people with disabilities do not have a voice, choice or control over their lives. They often cannot easily engage with governments and decision makers, therefore their voices are not taken into account. This is further compounded by a lack of data on disability and weak data collection systems, which often grossly under-estimate the prevalence of disability.[ix] This makes it all too easy for decision makers to overlook the rights of people with disabilities.

However, evidence shows us there are positive returns to society when people with disability are included. A study in Nepal found that wage returns to education associated with increased schooling for children with disabilities are substantial, with estimated returns to education for people with disabilities ranging from 19.3% to 25.6%.[x]

For further information please see our Disability Fact Sheet at Annex C.

5. International context

The Sustainable Development Goals (SDGs) have the potential to be truly transformative for people with disabilities. For the first time in history, people with disabilities are clearly included in a universal and ambitious plan to end poverty and hunger by 2030 which pledges to leave no one behind. To realise this opportunity, our Prime Minister has promised to prioritise the interests of those people who are being left behind, including people with disabilities (Annex A).

Monitoring progress as we implement the SDGs is critical. It is vital that either a disability-specific indicator or the disaggregation by disability for relevant indicators is included under each of the targets in the SDGs that specifically mention disability. This is the only way we will know if people with disabilities are benefiting from global development or are continuing to be left behind.

The UK ratified the UNCRPD in 2009.[xi] By doing so, we committed to taking actions to secure the rights of people with disabilities contained in the Convention, including articles 11[xii] and 32[xiii] which relate to international cooperation.

6. Our approach

There is a common assumption that development programmes targeting extreme poverty will inherently include people with disabilities and other excluded groups. It is increasingly recognised that this is not the case and people with disabilities can remain hidden or excluded unless their active inclusion is planned from the start. The International Development Committee found in their report on Disability and Development that in 2012 -13 only just over 5% of our bilateral programmes were designed to benefit people with disabilities.[xiv]

We have a 'twin-track' approach to disability inclusion. This means we aim to mainstream disability in our policies and programmes as well as supporting disability-targeted programmes. While we are supporting some programmes that target people with disabilities directly, we need to go further to ensure that our or our partners' mainstream programmes are inclusive. We recognise that this will take time. However, the principles outlined in the second part of this Framework, and the commitments outlined in Part three, can help us to embed inclusion in our and our partners' work.

7. Organisational capacity

Over the last year we have strengthened our capacity to work on disability inclusion.

We have appointed a **Director level managerial champion**. Her role is to hold teams to account for delivering the Framework and increase organisational drive and ambition on disability.

Our **Disability Team** supports, inspires, catalyses and shares good practice. They are also responsible for monitoring and reporting progress.

We now have a group of **15 Internal Disability Expert Advisers (IDEA)** from across our organisation who have identified themselves as having experience or interest in disability inclusion. The IDEA members help us to give technical assistance to less experienced advisers and colleagues on how to embed disability inclusion into their work.

In last year's Framework we committed to develop guidance or training to ensure that our colleagues could make their work more inclusive. When we surveyed colleagues they told us that they did not want to have a generic 'one-size-fits-all' training but instead wanted to learn from their peers, people with disabilities and subject matter experts about how to make their sector more inclusive. In response to this we have incorporated principles of inclusion into this Framework, have developed a 'topic guide' on disability, and are producing sector specific guidance where it is required.

8. How we will measure success

Last year in the Framework we made a commitment to revise, review and republish it annually. What we have learned throughout this annual review process is that while monitoring progress in this way provides an opportunity to re-evaluate our ambition on disability, it can divert our attention and often limited resources away from implementing our programmes. We also found reviewing progress just ten months after the Framework was launched meant we were largely assessing process rather than the impact or results of our actions.

For these reasons, and in consultation with civil society partners, we have adapted our approach. We will conduct two reviews over this five year spending period – one at mid-term to be published in December 2018 and a further review of progress at the end. We will assess staff capability on disability inclusion during each review. To maintain momentum we will expand our sectoral commitments and extend these to country office commitments between now and the next review period. This approach gives us the best opportunity to stay focused on implementation while retaining the measurement of the impact of our programmes for people with disabilities at regular intervals.

Part two – Delivering our vision

This section outlines the practical steps we want colleagues and our implementing partners to take to make our work inclusive of and accessible to people with disabilities.

We can't do everything immediately but we can do more: We want all programmes to be inclusive of people with disabilities. We will do this through a phased approach, recognising the complexity and ensure our partners do this too. We need to consistently share challenges and successes so we can learn as we go.

Plan for inclusion from the start: Deliberately ensuring our programmes are disability inclusive from the start reduces the risk of inadvertently excluding or discriminating against people with disabilities. It is also better Value for Money (VfM) to consider disability inclusion from the start, rather than retro-fitting programmes. In terms of physical accessibility, providing fully accessible facilities can increase building costs by as little as 0.5% to 1% if planned, designed and implemented from the outset, but retro-fitting can be much more expensive.[xv]

Nothing about us without us: If development work is to benefit people with disabilities, it must be done in partnership with them.[xvi] If people with disabilities do not have a central role, existing power imbalances will continue.[xvii] There is also a risk that we will design a programme that simply does not have the benefits for people with disabilities that we intended. Including people with disabilities through local Disabled Person's Organisation (DPOs) in the design, delivery and monitoring and evaluation of policy and programmes and in round table discussion with the local government is critical to hear first-hand the challenges people with disabilities are facing and identify effective approaches for collectively addressing these challenges. Reasonable adjustments, such as wheelchair access or a sign language interpreter, should be provided when they are required.

'Leave No one Behind' through a disability lens: A case study from Rwanda

As DFID Rwanda reviewed their bilateral aid programme they used disability as a lens to consider how effective they were at leaving no one behind.

In Rwanda people with disabilities are some of the poorest and excluded people in society. To assess how effective DFID Rwanda's programmes were at reaching people with disabilities, a light touch stocktake was carried out, starting with a cross-office meeting to present the Disability Framework, and followed by a desk-based review of programme documents and interviews with all programme officers. This process allowed them to consider issues around social inclusion and to think about a more dynamic interpretation of poverty – what people are able to do, rather than what they have.

Laure Beaufils, DFID Rwanda's Head of Office said: "It gave us the opportunity to step back and re-examine our programmes to question what they could be doing better to promote inclusion and which groups they might be unintentionally leaving behind. It also led us to consider how our programmes need to adapt to challenge some of those, often invisible, social and attitudinal barriers that may constrain certain groups from participating."

This process provoked a range of meaningful discussions around questions such as the implications of a disability inclusive approach on Value for Money, whether _all_ programmes should mainstream disability, or just some, and whether there are trade-offs. The process has also begun to raise awareness and to engage DFID staff to think about how their programmes could mainstream inclusion more effectively so no one is left behind. The review uncovered gaps in current programming and also shone a light on a number of opportunities, such as the inclusion of people with disabilities in our new Cross Border Trade programme and more systematic mainstreaming of disability in DFID's work on preventing gender based violence.

As DFID Rwanda shifts its approach from one of small-scale targeted programmes addressing social inclusion and disability towards a mainstreaming approach, it plans to establish a Disability Advisory Group, through which Disabled Peoples Organisations can be consulted and advise on the office's work and help build awareness and capacity of DFID staff. This group will also help the office to strengthen evidence and data analysis on disability and encourage staff to consistently challenge some of the barriers and discrimination that leads to socioeconomic inequalities.

The team recognises that integrating an inclusive approach across its whole portfolio will present challenges but is also excited by the opportunities. "We believe that this new approach could reap greater rewards, as we move beyond seeing social inclusion as something to be addressed through basic services like education and social protection, to a wider challenge that needs to be part of everyone's work and everything we do, whether around trade, finance, governance, civil society or work on statistics."

Ensure Value for Money (VfM) assessments at a programme level are focused on maximising impact, given available resources and not about minimising costs.
Anecdotal evidence from our colleagues and partners has told us that programmes that specifically include people with disabilities often fair less well in our VfM assessments.

One reason for this is that reaching people furthest behind can cost more. Comparing the unit costs of reaching easy to reach beneficiaries compared to unit costs for hard to reach beneficiaries can adversely affect VfM assessments. Another reason that programmes that include people with disabilities can fare less well in VfM assessments is that interventions may be less well tested creating challenges for our colleagues and partners in conducting cost-benefit analysis and putting a value on outcomes. We need more evidence to understand the value of leaving no one behind and we will be considering centrally how we can support colleagues with this. Unless we continually publically demonstrate that 'VfM doesn't mean we only do the cheapest things'[xviii], but instead is about the impact we have, we may be inadvertently incentivising partners to focus on easier to reach groups rather than on programmes that are attempting to leave no one behind.

Ask partners to do their part: We deliver a lot of our programmes through implementing partners. Where we are supporting government work we should be making partner governments aware of their responsibility to deliver on their United Nations Convention on the Rights of Persons with Disabilities commitments through policy dialogue and during programme design. Civil society and private sector partners should outline their approach to disability inclusion as standard in all proposals and if they need extra support, we should be asking that they engage Disabled Peoples Organisations or disability-specific NGOs. We will continue to ask centrally-funded civil society partners to report on disability during their annual review.

Improve disability data: Our guidance at Annex B should be used by all partners to disaggregate their programme data by disability status where it is possible. Where there are national censuses and surveys coming up, we have committed to advocate for the UN recommended Washington Group Short Set of Questions to be inserted to assess disability prevalence.[xix] Reported national prevalence rates in low and middle income countries are often much lower than the 10 – 20% global average.[xx] There are many reasons for this. For example, many people with disabilities face daily stigma and discrimination and as a result often do not like to identify or be labelled as having a disability.[xxi] The Washington Group Questions assess an individual's ability to function in their environment and, by doing so, produce more reliable disability prevalence data.

Investigate disability inclusion during baseline surveys, poverty analyses and research: People with disabilities should be involved in every stage of the process if you are commissioning disability research– from collecting the data to analysing the results. This will not only build both your and their capacity, but it is also likely to deliver more reliable results and address barriers more effectively.

Part three – Action plan

In this section we outline the actions that the Disability Team and policy areas will undertake between now and the next review. As the Framework is a living document, we may add to this list over time as we explore new areas of work.

The Disability Team

The Disability Team's primary focus is to support, inspire, catalyse and share good practice across our organisation and our partners. The Disability Team will continue to work closely with Policy Teams and our country programmes, utilising expertise from

Civil Society Organisations and DPOs in our partner countries, to build the confidence of colleagues and to support them to be inclusive of people with disabilities. We will explore how disability inclusion can be embedded in our systems and tools so colleagues are supported to consider it at all stages of the programme cycle. We also will continue to focus on influencing our multilateral and bilateral partners, as well as partners such as fund managers who administer UK funds on our behalf, to be inclusive of people with disabilities. To support this we will establish and co-host a new international disability action group designed to raise the profile of disability, share learning and ensure accountability in the implementation of the SDGs across a wider range of public and private organisations globally.

The Disability Team will prioritise our commitment to become an authority on disability data. Reliable internationally comparable data is essential to ensure greater accountability to and outcomes for people with disabilities. In addition, reflecting what we have learned in the review, the Disability Team will take a proactive approach to further enhancing our work in these areas:

1. **Economic empowerment** - Economic growth is a key priority for DFID. We will explore how to strengthen our work on inclusive economic growth, jobs and livelihoods for people with disabilities, learning from what works in different contexts.

2. **Mental health, intellectual and psychosocial disabilities** – People with mental health impairments and intellectual and psychosocial disabilities face unique and complex challenges that are not widely understood. Tackling this area is challenging but important. We will explore where we can strengthen our work on mental health, intellectual and psychosocial disabilities, recognising that we do expect progress in this area to take time.

3. **Stigma and discrimination** – Failure to shift harmful social norms undermines the promotion of rights and limits the opportunity for people with disabilities to engage in everyday life. Focusing on changing perceptions of disability and giving people with disabilities a real voice in their communities is an area that is critical to the success of this agenda, but it is again challenging to do and we will expect progress to be incremental. We are committed to looking at existing evidence, supporting learning and to exploring how we as an organisation can strengthen our work on shifting social norms.

Policy Areas

Our Policy Teams have refreshed commitments since the last Framework based on what our colleagues have told us and where we have identified new opportunities. We will reported against these commitments and update them in December 2018. Where we can, we will extend these commitments to country offices during the next Framework refresh.

Education

We will build on progress we have already made on inclusive education by:
- Continuing to ensure that all school building directly funded by DFID adheres to our policy on accessible school construction[xxii],
- Working closely with the Global Partnership for Education to ensure they include a

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specific strategy for children with disabilities as criteria for assessing Education Sector Plans and data on disability in their reporting,

- Working with UNESCO Institute of Statistics and Education for All Global Monitoring Report to ensure they regularly report on education indicators disaggregated by disability, and
- Collating and disseminating lessons learnt from our disability-focused education programmes such as Zimbabwe, Pakistan and Tanzania from the UK's Girls' Education Challenge.

Data

We maintain our commitment to become an authority on disability data, and will:

- Continue to advocate for the use of the UN's Washington Group Short Set of Questions on disability in national censuses and surveys that we support and in programme management data,
- Ask all partners to use our guidance at Annex B to explore how they can disaggregate data by disability status in their programmes using the Washington Group Short Set of questions and encourage all organisations to do so where they can,
- Engage with key suppliers, fund managers and partners to outline our approach to data and data disaggregation, including the disaggregation of data by disability status,
- Influence bilateral and multilateral partners to use the Washington Group's tools and guidance (the Short Set as a minimum, and when finalised the Extended Set, Child Module and Employment Module) to collect disability data in censuses, national surveys and in programme management data, and
- Explore how we can disaggregate key indicators in our Single Departmental Plan by disability status and work to increase this over the next 5 years.

Humanitarian

We have made significant progress in strengthening disability inclusion in our humanitarian response, including the development of an internal guidance note on ageing and disability in Humanitarian Response. We will build on this foundation by:

- Supporting partners to deliver on our commitment to include disaggregated data on age and disability as part of our requirements for funding humanitarian proposals, and
- Advocating for the use of the Minimum Standards on Ageing and Disability Inclusion[xxiii] with humanitarian partners to improve the mainstreaming of the principles of inclusion.

Social Protection

Commitments on social protection are new for the Disability Framework. Social protection plays a core role in reducing poverty and supporting people who are excluded from society like people with disabilities. It can increase people with disabilities' access to basic services, help them to overcome the additional costs of having a disability, and enable greater participation in social and economic life:

- We will improve the understanding of policy makers and practitioners about how to design or adapt existing social protection policies, programmes and systems to maximise benefits for people with disabilities.

Water, Sanitation and Hygiene (WASH)

We have maintained and expanded our commitments on WASH to support implementing partners to be disability inclusive:

- We will push for greater and more accurate disaggregation of data by disability status in the global monitoring system for WASH,
- Where we are financing WASH through delivery partners with disability policies, we will remind them of their commitments, and
- Where we are financing WASH through delivery partners that do not have a disability policy, we will advocate for the development of a policy.

Climate and Environment

The evidence base on disability in the context of climatic and environmental change is weak. However, it is likely that people with disabilities are at particular risk to the impacts of climate change and have less ability to adapt due to their lack of access to a range of assets, mobility and voice. Recognising this, we have made new commitments in this area for the first time in the Disability Framework to seek to better understand how we can ensure that UK climate finance benefits people with disabilities. Specific actions we will take include:

- Integrating questions on disability in to evaluation work that will assess who is benefiting from the International Climate Fund, and
- Encouraging research partners to look at this issue within the context of the Leave No One Behind agenda.

Infrastructure

We continue to be committed to ensuring that infrastructure we directly fund is accessible for people with disabilities. We will disseminate internal guidance which outlines key practical features of accessible infrastructure to support colleagues to build to universal design principles. It will require attention to policy, regulation, programmes and monitoring and evaluation.

Violence Against Women and Girls

People with disabilities are at greater risk of violence than those without.[xxiv] Children with disabilities and adults with mental health conditions are almost four times more likely to experience violence than people who do not have a disability.[xxv] [xxvi] Over the last year, we have made good progress in strengthening disability inclusion in our work on violence against women and girls. We will build on this foundation by:

- Exploring ways for the UN Trust Fund to End Violence against Women to expand the number of grantees tackling violence against women and girls with disabilities,
- Asking our What Works to Prevent Violence programme partners to put measures in place to disaggregate data by disability in their research projects.

Health

The commitments we made last year are maintained:

- We will continue to strengthen health systems to ensure that the health interventions that we fund are accessible to and inclusive of people with disabilities. This includes increasing coverage, equity, access and quality to strengthen health services to address all health problems, including non-communicable diseases such as mental health and dementia,
- We will continue to strengthen health and nutrition interventions that reduce the onset of disability, including tackling polio, neglected tropical diseases, sexual and reproductive healthcare and early childhood nutrition.

Disability Research and Evidence

We will continue to build on our commitment to fund world class research and evidence on disability. We will strengthen central analysis of research findings and programme evaluations to find out what works at scale. And embed internal structures for identifying

and sharing knowledge and evidence to build the evidence based of how we and others can ensure no one is left behind:

- With the Economic and Social Research Council (ESRC) we will disseminate learning as it emerges from the Leonard Cheshire Disability and Inclusive Development Centre, University College London, £2m research programme. The research intends to develop an in-depth and nuanced understanding of how people with disabilities are at increased risk of being excluded from social and economic development,
- We will commission new research to better understand how to reach people, including people with disabilities, who remain trapped in poverty over years or a lifetime, damaging their own capabilities and those of their children irreparably.

Girls and Women

Women and girls with disabilities are at particular risk as they live with double discrimination. To enhance our work in this area our Gender Team will:

- Work closely with the Disability Team as they develop all new business cases to consider the specific needs of girls and women with disabilities and how their needs can be addressed in programme design and implementation,
- Work closely with the Research and Evidence Team to see how research on what works to improve the well-being of adolescent girls considers neglected areas such as adolescent mental health which has a major impact on mortality and morbidity of young people, and
- Through our international influencing work (e.g. Commission on the Status of Women) actively promote the rights of girls and women with disability and ensure global normative frameworks reflect disability rights.

DFID staff with disabilities

Our internal policies as an employer of people with disabilities are not formally covered by this Framework. Our annual report of our progress on diversity and inclusion can be found on our website.[xxvii] We recognise that people will look to us to set a positive example. That is why we are outlining a number of new corporate objectives on diversity and inclusion for 2015-16 here that model good practice within our own department.

- We will continue to focus on improving the proportion of staff providing information to us on whether they have a disability or not and to do so we will engage with other government departments and external organisations to see what lessons we may learn to help with our progress,
- Mental Health remains a strategic focus for us. We are working alongside Time to Change and See Me Scotland on our action plan to tackle stigma in the workplace, and
- We know that having an effective system for reasonable adjustments is not just a legal requirement but also a key driver for employee engagement. There is a new Civil Service Workplace Adjustment Service. We will engage with colleagues to review our own system; benchmark it against the central provision and see whether it makes sense to adopt this.

[i] UN Convention on the Rights of Persons with Disabilities (2007), Preamble, http://www.un.org/disabilities/convention/conventionfull.shtml.
[ii] World Bank (2007): People with disabilities in India: from Commitments to Outcomes, World Bank Human Development Unit South Asia Region, p.1, http://documents.worldbank.org/curated/en/2007/05/8746167/people-disabilities-indiacommitments-outcomes.
[iii] Word Health Organization (2006): Promoting access to healthcare services for persons with disabilities, Global Programming Note, http://www.who.int/nmh/donorinfo/vip_promoting_access_healthcare_rehabilitation_update.pdf.pdf.

[iv] World Health Organization/ World Bank (2011): World Report on Disability, Geneva, p.34, http://www.who.int/disabilities/world_report/2011/report.pdf.

[v] World Health Organisation/World Bank (2011) World Report on Disability (Washington)

[vi] Mitra, S., Posarac, A. & Vick, B. (2013): Disability and Poverty in Developing Countries: A Multidimensional Study, World Development, Vol. 41, pp. 1–18.

[vii] Jones, L. et al (2012): Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies, Liverpool John Moores University and World Health Organization, Liverpool and Geneva, p.2.

[viii] UN Economic and Social Commission for Asia and the Pacific (2003): Final Report of the UNESCAP Workshop on Women and Disability: Promoting Full Participation of Women with Disabilities in the Process of Elaboration on an International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities, 18-22.08.03, Bangkok, https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCEQFjAAahUKEwjM88ffgY3JAhVBiBoKHTLeBrQ&url=http%3A%2F%2Fwwda.org.au%2Fwp-content%2Fuploads%2F2013%2F12%2Funescapwwd1.doc&usg=AFQjCNFJ-jHtJKyO_9vQLAqc_LO5M1nuew&sig2=dH0Gbq4m5qNfPtL09DUuZQ.

[ix] United Nations (2013): A New Global Partnership: Eradicating Poverty and Transforming Economies through Sustainable Development - The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, New York, http://www.un.org/sg/management/pdf/HLP_P2015_Report.pdf.

[x] Lamichhane, K. and Sawada, Y. (2013): Disability and returns to education in a developing country, Economics of Education Review, Vol. 37, pp. 85–94.

[xi] UN Convention on the Rights of Persons with Disabilities (2007).

[xii] 'States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters' (UNCRPD, Article 11).

[xiii] 'Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities.' (UNCRPD, Article 32).

[xiv] House of Commons International Development Committee (2014): Disability and Development, Eleventh Report of Session 2013–14, London, http://www.publications.parliament.uk/pa/cm201314/cmselect/cmintdev/947/947.pdf.

[xv] Metts, R. (2000): Disability issues, trends and recommendations for the World Bank, World Bank Washington, URL: http://siteresources.worldbank.org/DISABILITY/Resources/280658-1172606907476/DisabilityIssuesMetts.pdf.

[xvi] House of Commons International Development Committee (2014).

[xvii] Department for International Development (2007): Working on Disability in Country Programmes, How To Note, p.8, http://www.make-development-inclusive.org/docsen/howtonotedfid.pdf.

[xviii] DFID's approach to Value for Money https://www.gov.uk/.../file/67479/DFID-approach-value-money.pdf

[xix] Washington Group on Disability Statistics: Census Questions on Disability Endorsed by the Washington Group, http://www.cdc.gov/nchs/data/washington_group/WG_Short_Measure_on_Disability.pdf.

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[xxi] Mont D. (2007): Measuring Disability Prevalence, SP Discussion Paper No. 0706, World Bank, Washington, http://siteresources.worldbank.org/DISABILITY/Resources/Data/MontPrevalence.pdf.

[xxii] https://www.gov.uk/government/publications/dfid-policy-on-standards-of-accessibility-for-disabled-people-in-dfid-financed-education-construction

[xxiii] Collinson, S. (2015): Minimum standards for age and disability in humanitarian action, Age and Disability Capacity Building Programme ADCAP, HelpAge International, London, http://www.helpage.org/download/55cc741a169c8.

[xxiv] World Health Organization/World Bank (2011) World Report on Disability (Washington).

[xxv] Jones, L et al, 2012, Prevalence and risk of violence against children with disabilities: a systematic review and metaanalysis of observational studies, Lancet, 9845:899 -907

[xxvi] Hughes, K et al, 2012, Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies, Lancet, 379:1621-1629.

[xxvii] Department for International Development (2015): DFID Diversity and Inclusion: Annual Report 2014-15, https://www.gov.uk/government/publications/dfid-diversity-and-inclusion-annual-report-2014-15.
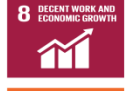
Annex A: Leaving No One Behind: Our Promise

We commit to putting the last first.

The Global Goals for Sustainable Development offer a historic opportunity to eradicate extreme poverty and ensure no one is left behind. To realise this opportunity, we will prioritise the interests of the world's most vulnerable and disadvantaged people; the poorest of the poor and those people who are most excluded and at risk of violence and discrimination.

We believe that no one should face the indignity of extreme, absolute, chronic poverty, no one should be denied the opportunity to realise their full potential or to share in progress, no one should be unfairly burdened by disaster or a changing climate, and no-one should have their interests systematically overlooked. We believe it is in all of our interest to leave no one behind and to ensure a fair opportunity for all, now and for the future.

We pledge to ensure that:

- Every person has a fair opportunity in life no matter who or where they are.
- People who are furthest behind, who have least opportunity and who are the most excluded will be prioritised.
- Every person counts and will be counted.

As governments, citizens, civil society and businesses, we commit to work together to eradicate extreme poverty and leave no one behind by:

- Listening and responding to the voices of those left furthest behind, such as people with disabilities, children, older people and those who face discrimination based on who they are or where they live. Every country, regardless of their stage of development, has a responsibility to empower and address the needs of its most vulnerable citizens.
- Holding ourselves and each other accountable for designing policies and building inclusive institutions that put the furthest behind first and sustainably address the root causes of poverty and exclusion.
- Taking steps to enable all people to reach their full potential, including by securing good nutrition, protection from disease, access to quality education, access to clean water and sanitation, and freedom to have a say in the decisions that affect their lives.
- Challenging the social barriers that deny people opportunity and limit their potential, including changing discrimination and exclusion based on gender, age, location, caste, religion, disability or sexual identity.
- Building inclusive and open economies and societies, where there is rule of law, inclusive political systems, action to address corruption and where all people are able to hold their governments to account.
- Working with young people to help break the cycle of discrimination, exclusion and poverty.
- Achieving gender equality, prioritising the empowerment of girls and women, end violence against girls and women, and stop modern slavery.
- Supporting a data revolution to ensure timely, accurate and high quality data is used to achieve and measure sustainable development and to monitor progress and assess whether targets are being met by all peoples and all segments of society.

Annex B: Disaggregating programme data by disability

Why does disability data matter?

The Sustainable Development Goals (SDGs) have the potential to be truly transformative for people with disabilities. For the first time in history, people with disabilities are clearly included in a universal and ambitious plan of action that aims to end poverty and hunger by 2030 and pledges to leave no one behind. Monitoring progress is critical to the achievement of the SDGs.

By 2030 we want to live in a world where data has changed the power dynamic between citizens and governments, where policies and programmes are routinely designed around putting those who are furthest behind first, and where robust systems are in place that enable people to hold their governments to account. To achieve this objective, disaggregated data is essential.

Disaggregating data is not a new technique and has most commonly been done for characteristics such as age and sex. To make it possible to determine if a programme is reaching and successfully serving people with and without disabilities, we must disaggregate by disability status – this means information on programme objectives and other characteristics is available according to disability status[xxviii].

We ask all partners to use the **Washington Group Short Set of Questions on Disability** to disaggregate programme data by disability status using the approach outlined in this guide. Asking these 6 questions in existing surveys and registration processes is known to add 1 minute 15 seconds per person to the data collection process. Our policy is that partners should use the questions without any changes to the wording of questions, order of questions, response categories, and cut-off points for classification of disability. It is also critical that the questions are asked without using the word 'disability' to prevent any stigma, discrimination or bias that this can incur.

The approach:

<u>History:</u>

Asking one question to assess disability, such as 'Do you have disability?', with the response categories 'yes' or 'no' is known to lead to under-reporting of disability. There are many reasons for this. For example, many people with disabilities face daily stigma and discrimination and as a result do not like to identify or be labelled as having a disability. There is also a great deal of variability in how the term 'disability' is interpreted. Much of this is culturally determined. The lack of consistency and agreement about the meaning of the term disability and the stigma attached to it has resulted in poor quality and non-comparable disability statistics that have limited programme and policy use.

To address this, the UN formed Washington Group on Disability Statistics developed a short set of 6 questions which allows individuals to self-report functional limitation against 4 response categories. Although the questions were developed to be used in a census, they were specifically designed to be used as a disaggregation tool and to be included in other data collection tools in order to take advantage of the information on all aspects of life that was already being collected. The questions can be incorporated into smaller-scale surveys, programmes, or administrative systems which collect data at the individual level. The Washington Group is in the process of publishing a list of frequently asked

questions to support the use of the questions in the collection and disaggregation of programme data, from which much of the content of this guidance note is drawn.

The Washington Group Short Set of Questions on Disability:

Introductory phrase:
The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM.

1. Do you have difficulty seeing, even if wearing glasses?
   - a. No - no difficulty
   - b. Yes – some difficulty
   - c. Yes – a lot of difficulty
   - d. Cannot do at all

2. Do you have difficulty hearing, even if using a hearing aid?
   - a. No- no difficulty
   - b. Yes – some difficulty
   - c. Yes – a lot of difficulty
   - d. Cannot do at all

3. Do you have difficulty walking or climbing steps?
   - a. No- no difficulty
   - b. Yes – some difficulty
   - c. Yes – a lot of difficulty
   - d. Cannot do at all

4. Do you have difficulty remembering or concentrating?
   - a. No – no difficulty
   - b. Yes – some difficulty
   - c. Yes – a lot of difficulty
   - d. Cannot do at all

5. Do you have difficulty (with self-care such as) washing all over or dressing?
   - a. No – no difficulty
   - b. Yes – some difficulty
   - c. Yes – a lot of difficulty
   - d. Cannot do at all

6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?
   - a. No – no difficulty
   - b. Yes – some difficulty
   - c. Yes – a lot of difficulty
   - d. Cannot do at all

How to use the Short Set to disaggregate data by disability status:

The Washington Group Short Set assesses whether the respondent has a disability based on their responses to questions that assess functioning rather than by asking them to identify as having a disability. The tool is not designed to be used in isolation; rather it should be used in conjunction with other measurement tools. For example, the questions could be included as part of a larger survey or as part of a register for access to services (e.g. clinics, schools, legal access). This enables any of the other questions to be disaggregated by disability status.

Collecting data using the Washington Group Short Set will provide valuable insight into whether people with disabilities are benefitting from programme interventions. Results can either be compared with available population data to see if access is equitable or the questions can be asked at several points in time to see if progress has been made during the intervention period in order to ascertain whether people with disabilities are being included or left behind. These do not have to be large-scale surveys which may be beyond the resources of a programme. In many cases it will be possible to integrate the questions into the programme's usual management/monitoring and data collection processes. For example, the questions could be used in an existing employment survey to determine the % of people with disabilities who are unemployed in comparison to the % of people without disabilities who are unemployed.

All programmes reporting on data which have been gathered using the Washington Group Short Set need to articulate clearly how the questions were used, the age range of participants and the cut-off point used to determine disability status (see below). For example:

Employment disaggregated by disability status: 18-64 years
Data from the US National Health Interview Survey (NHIS – 2013)

	Disability status[1]	
Employment status[2]	% with disability	% without disability
Working	29.1	73.4
Not working	70.9	26.6

[1] Disability status determined by use of the Washington Group Short Set of Questions. The sub-population *with disability* includes everyone that answers at least one question with *a lot of difficulty* or *cannot do it at all*.

[2] NHIS question: What was you employment status last week?

Method of data collection:

To disaggregate data by disability status, questions need to be asked directly of individuals, or when necessary through a proxy (for example, when a person is unable to give consent or participate directly due to their level of functional difficulty).

Asking functioning or disability questions through the head of household is known to reduce identification, as persons with functional limitation tend to be missed (deliberately or inadvertently). This method may help identify households with a member who has a disability, but unless intra-household equity in participation and access can be assumed, it doesn't allow understanding of individual level access to programmes or services. This makes it difficult to evaluate whether the intervention has effectively included people with disabilities. Likewise while the key informant method may identify some people with disabilities, particularly those with more obvious types of difficulties, assessing functioning of individuals through observation or assumed knowledge of individuals is subjective and can be very inaccurate. Key informant methods will lead to an underestimate of disability.

A key challenge might be that individual level surveys cost more than obtaining information from the head of the household or some other community informant. However, there are ways to reduce the costs of the data collection. If the programme visits households and interacts with household members for other purposes, data collection can be incorporated into those visits.

Translating the questions:

In order for the Short Set of Washington Group Questions to be understood in a way that is comparable within and across countries that rely on different languages and dialects, it is necessary to have a translation procedure that yields equivalent versions of the test questions across a variety of settings and cultures. The Washington Group has detailed guidance on its website and some standard translations are available. The aim is not to produce a literal translation but to capture the concepts being mindful of how words are used in the local context. Often different words have the same general meaning but how they are interpreted can vary. It is important to select the correct translation not only for the questions but also for the answer categories.

The cut-off:

To allow comparison of data across DFID's programmes and with wider global disability data collections, our partners should be using the same cut-off point to identify disability in their reports to DFID:

If any individual answers 'a lot of difficulty' or 'cannot do it at all' to at least one of the questions, they should be considered a person with a disability for data disaggregation purposes.

However, programmes using the Washington Group Short Set of Questions should not feel restricted to producing data solely based on the above cut-off. Depending on the specific programme needs, data could be analysed by individual questions (functional domain specific) or based on different levels of severity from very mild (some difficulty) to very severe (unable to do at all) where useful.

18

Adapting the questions:

The Washington Group Short Set have been developed and tested (including cognitive testing and translation testing). DFID's policy is that partners use the questions without any changes to the wording of questions, order of questions, response categories and cut-off points for classification of disability status.

Extensive testing and experience from the Washington Group in a variety of contexts has demonstrated that making changes to the questions in an attempt to 'improve' them tends to have unforeseen consequences in terms of reducing accuracy and comparability. Using the questions as developed allows for comparability of data across communities and contexts.

Where partners do feel an adaption is needed, other than those highlighted as exceptions below, the Washington Group should be ask about the implications of any adaptations before they are made. Please ask partners to contact DFID's Disability Team in the first instance to discuss.

Possible exceptions:

One: If pre-testing highlights that aspects of the questions are not relevant or confusing in particular contexts, small adaptations, such as removal of reference to the use of hearing aids in contexts where they are not used, can be made. So the question would be adapted from:

2. Do you have difficulty hearing, even if using a hearing aid?

to:

2. Do you have difficulty hearing?

Two: If resources really do not allow all 6 questions to be included, the first 4 questions (seeing, hearing, walking/climbing and remembering/concentrating) are considered essential.

Three: The introductory sentence 'The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM' was included as a way of transitioning from one section of the questionnaire to another for censuses and helping respondent to focus on difficulties linked to health rather than their environment (i.e. lack of pavements causing difficulties to walk). It is recommended that programmes also use this introductory sentence but should you choose not to, it is important to not replace this with an introductory sentence which uses the term 'disability'. The Washington Group Short Set has deliberately been developed to focus attention on functioning and does not use the term 'disability' given the many different ways it can be interpreted and the stigma that can be associated with the term.

Identifying disability in children:

The Washington Group has acknowledged that the short set of questions are not ideally suited for the child population and that certain domains of functioning particular among

children will be 'missed' when using the short set, for example difficulty learning, focusing attention, or controlling behaviour. While the Short Set has been used for children (5 years and older) in a census format, a tool developed specifically for use with children is currently being developed by the Washington Group and UNICEF to more accurately identify disability in children. The Washington Group is collaborating with UNICEF to develop and test the Washington Group/UNICEF Module on Child Functioning and Disability. UNICEF and the Washington Group have also begun a similar process to develop a module on inclusive education: identifying facilitators and barriers to school participation for children with and without disabilities. More information can be found on the Washington Group website.

If you want to collect more information than the short set allows:

Where information is required beyond disaggregation of data by disability, additional questions can be asked such as questions from the Washington Group Extended Set of Questions. For example, if a programme wants more information on availability and use of assistive devices, they could ask a question similar to that included in the Washington Group Extended Set such as 'Do you wear glasses?' or 'Do you use any equipment or receive help for getting around?'. If additional information is required, questions should be added to the short set, rather than taking away or changing the questions in the Short Set.

Training enumerators:

Local partners differ in their understanding of disability and their capacity to appropriately use the Washington Group Short Set in communities, and then to subsequently analyse and use the data to inform programmes. Training enumerators and administrative staff in how to use the Short Set is therefore crucial and should be followed up by ongoing supervision in the field. Role playing the questions with enumerators is a good way to get people comfortable with using the questions. Key points to emphasise in training include:

- The reasons why Washington Group focuses on 'functioning' as opposed to 'disability', noting that the questions are not diagnosis, disease or condition-based, but instead are looking at difficulties in functioning that anyone might experience.
- The use of screening questions (e.g. 'Do you have a disability?') or introductory statements (e.g. 'The next set of questions are about disability') will affect responses to the subsequent short set questions. Screening questions or statements should not be used under any circumstances, whether in a census or in a household survey.
- Questions need to be asked exactly as they have been worded. If questions are explained to participants using inappropriate or negative language, this may influence the way participants respond.
- Enumerators should never skip questions or fill in the answers based merely on their observations (e.g. if they observe that the respondent is using a wheelchair): they must ask all the questions to the participant.

For more information and advice:

For more information please refer to the Washington Group website or contact DFID's Disability Team at disabilityframework@dfid.gov.uk.

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xxviii Seeing, hearing, mobility, remembering or concentrating, self-care and communicating.

Annex C: Disability Fact Sheet

Prevalence

One in seven people has a disability.[xxix]

Worldwide there are estimated to be over one billion people with disabilities – 80% of whom live in developing countries.[xxx] One in four households contains a person with a disability.

285 million people across the world are visually impaired, 39 million of which are blind. 80% of global blindness is avoidable, whilst 90% of people who are visually impaired live in developing countries.[xxxi]

An estimated 38% of people over the age of 60 have an impairment/disability.[xxxii]

Violence

Adults with disabilities are 1.5 times more likely to experience violence than those without a disability; while adults with mental health conditions are at nearly four times the risk of experiencing violence.[xxxiii]

Children with disabilities are almost four times more likely to experience violence than children without a disability.[xxxiv]

Education

Currently only 5 - 15% of children in low income countries have access to the assistive technologies they require, thereby hindering their access to school, reducing their ability to participate, impacting on their learning achievements and holding back their independence and social inclusion.[xxxv]

In Nepal it is estimated that 85% of all children out-of-school have a disability.[xxxvi] A study in Nepal found that wage returns to education associated with increased schooling for children with disabilities are substantial, with estimated returns to education ranging from 19.3% to 25.6%.[xxxvii]

In Malawi a child with a disability is twice as likely to have never attended school as a child without a disability.[xxxviii]

Mental health

A recent survey of people with serious mental health impairments showed that between 35% and 50% of people in developed countries, and between 76% and 85% in developing countries, received no treatment in the year prior to the study. These unmet needs are often a result of physical barriers, prohibitive costs, inadequate skills and knowledge of health workers, and limited availability of health services, including for example early identification and intervention programmes for children with disabilities.[xxxix]

Gender

Approximately 20 million women become disabled each year as a result of complications during pregnancy or childbirth.[xl]

Studies on women with disabilities in rural areas of many countries in the Asia-Pacific region have found that more than 80% have no independent means of livelihood and are totally dependent on others.[xli]

Cost of disability

In low and middle income countries the loss to GDP from the exclusion of people with disabilities from the labour market is estimated to be between 3 and 7% of GDP.[xlii]

Studies estimate that in Vietnam disability increases the cost of living by about 10%.[xliii][xliv]

In Bangladesh, the cost of disability due to forgone income from a lack of schooling and employment both of people with disabilities and their caregivers is estimated at US$1.2 billion per year, or 1.7% of GDP.[xlv]

In Nepal the inclusion of people with sensory or physical impairments in schools generated estimated wage returns of 20%.[xlvi]

A study in Tanzania showed that households with a member with a disability have a mean consumption of less than 60% of the average, and include 20% more members than average.[xlvii]

Perceptions

Almost half of Tanzanians are aware of employment discrimination against someone with a disability. However, the survey also demonstrates that most Tanzanians think that people with disabilities can achieve great things - 85% could imagine a person with disabilities as a leader of change in the local community.[xlviii]

Infrastructure

The cost of integrating accessibility into new buildings and infrastructure can be negligible, amounting to less than 1% of the capital development cost.[xlix][l]

Conflict and humanitarian

For every child killed in warfare, three are injured and permanently disabled..[li]

One in five refugees in Jordan and Lebanon is affected by physical, sensory or intellectual impairment; one in seven is affected by chronic disease; one in 20 suffers from injury.[lii]

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[xxx] Ibid.
[xxxi] World Health Organization (2014): Visual Impairment and Blindness, Fact Sheet No 282. http://www.who.int/mediacentre/factsheets/fs282/en/.
[xxxii] World Health Organization/World Bank (2011).

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[xxxiv] Jones, L et al, 2012, Prevalence and risk of violence against children with disabilities: a systematic review and metaanalysis of observational studies, Lancet, 9845:899 -907

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xxxvi Ministry of Education (2012): Nepal Education in figures 2011, Kathmandu, http://www.moe.gov.np/allcontent/Detail/60.

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lii HelpAge International and Handicap International (2014): Hidden victims of the Syrian crisis: disabled, injured and older refugees, www.helpage.org/download/537207495fe87.

Annex D: The Global Goals for people with disabilities

Disability in the declaration

4. As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society. And we will endeavour to reach the furthest behind first.

19. We reaffirm the importance of the Universal Declaration of Human Rights, as well as other international instruments relating to human rights and international law. We emphasize the responsibilities of all States, in conformity with the Charter of the United Nations, to respect, protect and promote human rights and fundamental freedoms for all, without distinction of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, disability or other status.

23. People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80 per cent live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants. We resolve to take further effective measures and actions, in conformity with international law, to remove obstacles and constraints, strengthen support and meet the special needs of people living in areas affected by complex humanitarian emergencies and in areas affected by terrorism.

25. We commit to providing inclusive and equitable quality education at all levels – early childhood, primary, secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race or ethnicity, and persons with disabilities, migrants, indigenous peoples, children and youth, especially those in vulnerable situations, should have access to life-long learning opportunities that help them to acquire the knowledge and skills needed to exploit opportunities and to participate fully in society. We will strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend, including through safe schools and cohesive communities and families.

Disability specific targets

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value

Goal 10. Reduce inequality within and among countries

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons

11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts