



Department
for International
Development



DFID's Strategy for Disability Inclusive Development 2018-23



A man on a deaf awareness march in Kapsabet, Kenya. Jeffrey DeKock/ICS

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Foreword from the Secretary of State



At the UK's first ever Global Disability Summit in July 2018, the world promised to do more for people with disabilities – who have all too often been neglected in developing countries. I promised that the UK would take a lead in working towards a fairer world in which no one is left behind.

We will not eradicate poverty, deliver the Sustainable Development Goals (SDGs)¹ or implement the UN Convention on the Rights of Persons with Disabilities² (UN CRPD) without including people with disabilities in all our work. **That is why this strategy is vital.**

This strategy – the first my department has ever published on disability inclusion - outlines the scale of the challenge we face. One billion of the world's population have a disability, with an estimated 80% of people with disabilities living in developing countries.

We know that the UK, and the world as a whole, has made far too little progress up to now in tackling the root causes of the stigma, discrimination and abuse that hold people with disabilities back.

It is pivotal that this strategy is ambitious and builds on our existing achievements.

My department's achievements are considerable. We have provided hundreds of grants to grassroots disabled people's organisations in developing countries to advocate for their rights. We have provided an education to 46,000 girls with disabilities through the Girls' Education Challenge. We have constructed accessible toilet facilities in schools and public places in Mozambique – allowing people with disabilities to access safe, clean water and sanitation. We have trained health workers in Ghana to better address and care for those with mental health conditions, and we have provided skills training and apprenticeships to 20,000 people with disabilities in Bangladesh. And we have done this in different settings, all around the world. For example, I am particularly proud of our work pioneering new assessment tools to help children with disabilities in opposition-held areas in Syria.

But now is the time to think even bigger.

With advice from people with disabilities and their representative organisations all over the world, we have selected and prioritised the areas where we can add the most value and make the greatest impact.

¹ The SDGs include people with disabilities in their overarching call to 'leave no one behind' but also contain a total of 11 explicit references to people with disabilities under five of the seventeen goals (education, growth and employment, inequality, safe and inclusive human settlements, and data collection and monitoring).

² In 2007, the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) was adopted to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all people with disabilities, and to promote respect for their inherent dignity.

We are sure that increasing access to inclusive quality education, working with other governments to improve social protection, empowering people with disabilities to get into work, and stepping up our efforts in humanitarian contexts will prove the most effective method of making the most significant difference. We will also step up our efforts on mental health – a seriously neglected issue around the world.

We must consider the differential needs of girls and women with disabilities, tackle the causes of stigma and discrimination and ensure people with disabilities can access the same opportunities as everyone else, such as through assistive technology.

And most importantly of all, we need to hold ourselves to account, and deliver on our promises. We will also be asking all of our stakeholders how they think we are doing. This can no longer be business as usual.

This means getting my own department in order. This strategy sets out how we intend to improve representation of people with disabilities across DFID and where they can most effectively influence our work.

We are setting the bar high, not just for ourselves – but for all development agencies, suppliers and governments.

And at every stage of the journey, we will remind ourselves why we are doing this. Including people with disabilities is not just the right thing to do for humanity - it creates healthier, fairer and more prosperous societies for everyone to enjoy. Unless every one of our citizens can reach their full potential, our nations never will. That is our incentive.

Now is the time for our ideas to be implemented. **Now is the time**, for women, girls, men and boys with disabilities to be consistently included in, and benefit from, the opportunities that are available to everyone in society.

A handwritten signature in black ink, appearing to read 'Penny Mordaunt', written in a cursive style.

Rt Hon Penny Mordaunt MP
Secretary of State for International Development

1. The Challenge

There are an estimated one billion people with disabilities globally³ – approximately 15 percent of the world's populationⁱ. An estimated 80% of people with disabilities live in developing countries and one in five of the world's poorest people have a disabilityⁱⁱ. The number is likely to increase in the future as populations age and chronic conditions that lead to impairment and disability become more prevalentⁱⁱⁱ.

Despite millions of people escaping poverty over the last 20 years, **the global situation and wellbeing of the majority of people with disabilities has not improved**^{iv}. The poorest of the poor are increasingly difficult to reach^v, and the growing concentration of poverty and inequality in fragile states and sub-Saharan Africa^{vi} – alongside other pressing issues such as climate change^{vii}, conflict and humanitarian crises^{viii}, urbanisation and unequal access to technology – make the challenge of eradicating poverty even greater. More than half of all people with disabilities live in countries affected by conflict and natural disasters^{ix}.

In low and middle-income countries, **people with disabilities and their families are poorer than people without disabilities in nearly all socio-economic indicators**^x. They are more likely to remain poor due to higher living costs^{xi}, unpaid caring responsibilities^{xii}, exclusion and entrenched stigma and discrimination^{xiii}. People with disabilities face barriers in all sectors (access to education, healthcare, employment, income, justice, social support, appropriate assistive technology and opportunities for civic involvement) and at all levels from system-wide exclusion to negative attitudes within the community and wider society. Many people with disabilities in emergency contexts have limited access to essential basic services such as water, shelter, food or health and rehabilitation^{xiv}. Children with disabilities face multiple forms of discrimination, leading to their exclusion from school and their communities^{xv}. This means adults and adolescents with disabilities are far less likely than those without disabilities to have attained even minimal literacy^{xvi}. People with disabilities also face disproportionate social isolation, prejudice and stigma and are at far higher risk of violence in their everyday lives^{xvii}. These barriers create lasting disadvantages and a vicious cycle of poverty between schooling, employment and people's life-chances.

People with disabilities face intersecting and compounding forms of discrimination on the grounds of gender, sexuality, impairment type, age, race, ethnicity, religion or belief, and location which all contribute to disability-related exclusion. Women and girls, children and youth, older people, and indigenous people with disabilities all experience a range of complex, structural and institutional barriers and face multiple exclusions. Women and girls,

³ There is no one definition of disability. However, the **UN Convention on the Rights of Persons with Disabilities** (UN CRPD) recognises that 'disability is an evolving concept': 'persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'. In line with the UN CRPD, DFID takes a rights-based approach to disability inclusion; addressing the physical, communication, legal and attitudinal barriers that people with disabilities face.

in particular, are disproportionately affected by disability. It is estimated that 19 per cent of women across the world have a disability, compared to 12 per cent of men^{xviii}. Evidence across many indicators (health, sexual and reproductive health and rights, water and sanitation, and gender-based violence) demonstrates that women and girls with disabilities are marginalised and discriminated for their gender as well as for their disability^{xix}.

There has been far too little global progress to deliver the SDGs and implement the UN CRPD. Business as usual will not achieve the transformational change that is needed. Many policy makers and practitioners have been unaware that international frameworks for disability exist or that people with disabilities must be included in all development, stability and humanitarian efforts. The world must do more to address this and must do more to uphold the fundamental rights of all citizens; including women, girls, men and boys with disabilities.

2. The Opportunity: Now Is The Time

We can overcome these challenges and now is the time to do so. There is growing momentum for disability inclusive development worldwide – with new political appetite from world leaders, greater attention on the UN CRPD and the SDGs, and new actors and coalitions becoming involved.

The Global Disability Summit 2018 (GDS18) was an expression of that momentum, energising **new leadership and concrete actions** on disability inclusion – as well as enabling people with disabilities to voice their rights. Decision makers from around the world made ambitious commitments to bring about real and lasting change for people with disabilities and put them at the centre of their work. This included game-changing commitments from across the UN system, International Financial Institutions, the private sector and from governments all around the world. Many were new actors who had not prioritised the rights of people with disabilities ever before. The Summit resulted in 320 organisations and governments signing up to the [Charter for Change](#) – aimed at driving implementation of the UN CRPD.

GDS18 was the beginning of a new era for disability inclusion – creating new partnerships and coalitions for change. We now have a shared responsibility to ensure that the momentum from GDS18 continues in the months and years to come – and that we deliver on our promises. And we must ensure our efforts focus on building national level accountability to deliver on our commitments.

Collectively, we have the tools at our disposal to meet our commitments, and DFID will play its part through leadership on the world stage. DFID will do this directly, through our funding and setting minimum standards across all our existing work, but also indirectly through influencing others and bringing new actors together so that we are greater than the sum of our parts. We will use UK influence to ensure better coordination, collaboration and partnership, and more action across diverse multilateral and bilateral actors, including those working in fragile and conflict affected settings and responding to crises. Through a new Key Stakeholder Group (KSG) and advised by a wider Partnership Forum that is open to all, we will ensure there is accountability for GDS18 commitments. Our approach will address the multiple layers of discrimination using UK leadership to address deep-rooted inequalities in power to ensure no girl or woman with disabilities is left behind. We will work increasingly closely across the UK Government to join up our development and diplomatic approaches to deliver for people with disabilities.

Now is the time for us all to move from rhetoric to sustained action. We will only achieve progress if we accelerate action and take concrete leaps forward at local, national and international levels to change the lives of people with disabilities.

3. The Vision: Leaving No One Behind

DFID's **vision** is a world where all people with disabilities, women, men, girls and boys, in all stages of their lives, are **engaged, empowered** and able to **exercise and enjoy** their rights on an equal basis with others, contributing to poverty reduction, peace and stability. A world where no-one is left behind.

This strategy is about how we can achieve that vision and how we will implement disability inclusive development. To do so, we will embed three **fundamental principles** meaning that people with disabilities are:

- **Engaged**, consulted, represented and listened to at all levels of decision-making and as leaders – in their household, community, institutions and society - truly practising the principles of 'nothing about us, without us';
- **Empowered** as powerful and active agents of change to challenge discrimination and harmful norms and to hold governments and implementers to account;
- Able to **exercise and enjoy** their fundamental rights and freedoms on an equal basis with others so that they are fully included in and benefit from development processes and outcomes.

Our vision for the world requires four essential **outcomes** and fundamental shifts to happen:

1. **All human rights of all people with disabilities are fully recognised, respected and fulfilled.** This requires political will and deep understanding, respect and accountability for the implementation of a government's obligations under the UN CRPD – and a recognition that exclusion drives poverty. This means putting the principle of 'nothing about us, without us' into action, so that people with disabilities are rightly leading and shaping decisions – those decisions affecting their own lives, and affecting their wider society and communities. It means working with governments, multilateral institutions and civil society organisations to catalyse political will and the institutional shifts needed for disability inclusive development. It means leveraging new diverse and innovative partnerships, including with the private sector.
2. **Full and active participation, representation and leadership of all people with disabilities in society** and in all policies and programmes. Those holding power must prioritise the representation of all people with disabilities as both leaders and active citizens at the community, country and international level. People with disabilities should have meaningful participation and leadership in informal and formal power and decision-making structures - in communities, local administration and planning processes, up to national governments and parliaments. This requires

supporting people with disabilities and their representative groups in developing countries to build their capacity, hold their governments to account and take leadership roles as well as working to overcome the structural barriers that restrict people's participation. It means actively working to support diverse leadership and involve groups that face multiple and intersecting discrimination, including women with disabilities and people with mental health conditions, psychosocial or intellectual disabilities. Taking into account the different forms of discrimination that people experience, and people's intersecting identities, is core to an inclusive approach.

3. Equal access to opportunities and outcomes for all people with disabilities.

This means our communities, schools and educational institutions, hospitals and health centres, workplaces and environments are fully accessible to, and meet the needs of all, so that people with disabilities can move from isolation to inclusion within society and enjoy equality of opportunities and equity of outcomes. We know equitable access to quality healthcare for people with disabilities is an important enabler to deliver this change. Universal Health Coverage means reaching everyone including people with disabilities and ensuring they can access services without financial hardship. And it means recognising everyone's right to the highest attainable standard of physical and mental health. Providing equal access also requires strengthening our focus on disability inclusive infrastructure⁴, and working with partners and the private sector to collectively enable inclusive environments and the resources needed to do so. It requires expanding access and affordability of appropriate assistive technology – and going beyond physical barriers, to include attitudinal and institutional barriers, to ensure wider adjustments, provisions and accommodations are made so all people with disabilities can thrive and enjoy their rights and wellbeing.

4. Evidence-based understanding of the scale and nature of disability-related exclusion and what works to improve outcomes for people with disabilities.

Reliable and comparable data and high-quality research, both quantitative and qualitative, is needed to better understand the lived experience of people with disabilities and the nature of the challenges they face⁵. Understanding who is poor and excluded, where and why, and the most effective policies for reducing poverty, inequality and discrimination in different contexts, is critical to guide action, monitor progress and for accountability. These insights, combined with evidence from programme monitoring and evaluation, will allow us to better identify what does and does not work for people with disabilities in a diverse spectrum of settings. This requires strengthened data, disaggregated by disability as the [Inclusive Data Charter](#) recognises, alongside sex- and age-disaggregated data. It will also be important to collect clear and structured information on the costs, alongside the tangible and non-

⁴ Disability Inclusive Infrastructure means infrastructure and services that are fit for purpose and removing barriers to people with disabilities; including but not limited to physical, mental, intellectual or sensory impairments.

⁵ DFID has supported various strands of research into disability-inclusive development. Our [Disability Inclusive Development](#) programme will be the centrepiece of future research and evaluation into what works at a programmatic level, building a rigorous global evidence base on from mixed methods impact evaluation and operational research of DFID-funded programmes, both pilot and at-scale.

tangible impacts of interventions. This will help to identify the most effective disability inclusive actions, and ensure that spending - by governments, NGOs and donors – is spent equitably and will have the greatest possible impact on the lives of all people with disabilities.

4. The Approach

To achieve DFID's vision, this strategy sets out how we will raise our ambition further, focus our efforts, and hold ourselves and others accountable for delivery.

We remain committed to mainstreaming disability inclusion across all of our work – in all policies, programmes, in all country offices and across all sectors - and continuing a twin-track approach of mainstreaming as well as specific and focused action for people with disabilities. We know that the greatest impact will come from across the international system. To do this, we will hold others to the same standards as our own and use all levers to achieve change, including through our strategic relationships with bilateral and multilateral partners, our funding to suppliers and partners and through joining up our development and diplomatic efforts across government. We will ensure accountability for, and delivery of GDS18 commitments.

To achieve the greatest impact we will initially focus on a set of distinct and transformational areas where DFID has the expertise and ability to deliver at scale, whilst continuing to mainstream disability across our portfolio.

Over the next five years we will prioritise four strategic pillars for action: (i) **inclusive education**, (ii) **social protection**, (iii) **economic empowerment**, and (iv) **humanitarian action**. There is a close fit between these areas and the SDGs, and they are areas where DFID has a comparative advantage, and global influence. We will measure success in these four pillars; by doubling the proportion of programmes that are disability inclusive by 2023 – tracked across all areas using the internationally agreed OECD Development Assistance Committee's (OECD-DAC) disability inclusion and empowerment marker.

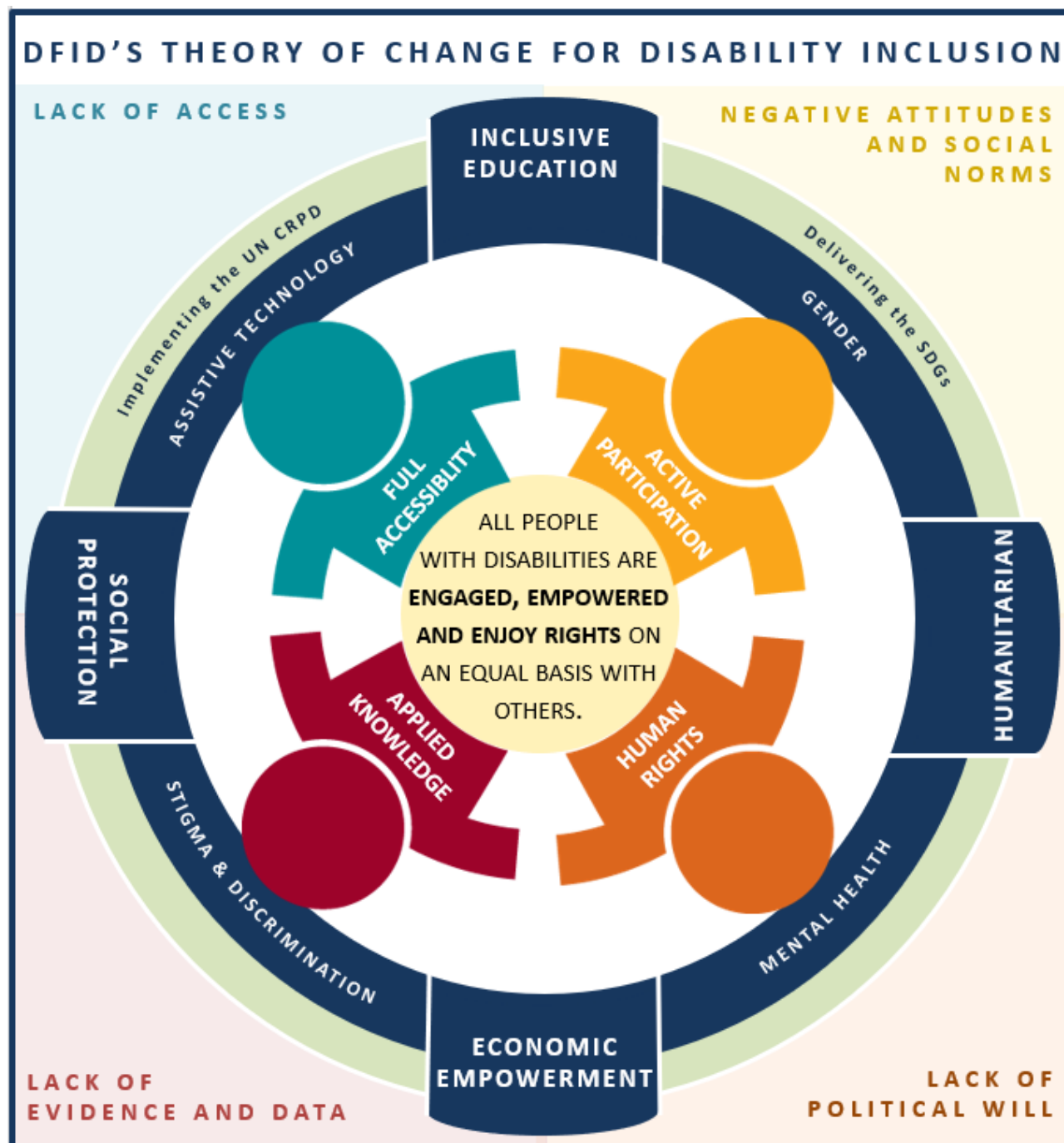
To complement this focus we are adopting three cross-cutting areas, vital to disability inclusion, which will be consistently and systematically addressed in all of our work: (v) tackling **stigma and discrimination**; (vi) empowering **girls and women with disabilities**; and (vii) access to appropriate **assistive technology**.

We are also stepping-up on **mental health for all** and breaking the cycle of poverty, discrimination and stigma facing people with mental health conditions and psychosocial disabilities - a too-long neglected issue in international development.

Alongside this focus we will introduce standards (see Chapter 5) that will require all DFID business units to change culture and practices, engage meaningfully with disabled people's organisations, influence others, adapt programmes and collect disaggregated data.

We will take a life-course approach; ensuring the delivery of transformative change for all persons with disabilities of all ages.

*Diagram 1: Summary of DFID's theory of change for disability inclusion. A more detailed theory of change on disability inclusion with a full range of interventions for each outcome is at **Annex B**.*



Strategic Pillars

Pillar 1: Inclusive Education

Objective: Ensure that all children with disabilities can access a quality education that enables them to learn and thrive, including children who are currently out of school.

Despite global progress in achieving universal access to education, more than half the 65 million children with disabilities in low- and middle-income countries are not in school^{xx}. The World Report on Disability found that in low-income countries, only 33 percent of girls with disabilities and 46 percent of boys have completed primary school education, compared with 42 percent of girls, and 56 percent of boys without disabilities^{xxi}. There are multiple reasons for this such as entrenched stigma and discrimination, lack of trained teachers, inaccessible school facilities or a lack of assistive devices, inadequate water, sanitation and hygiene (WASH) facilities, or long distances to school^{xxii}.

Children and young people with disabilities are the last to enter school and more likely to leave school before completing primary or secondary education^{xxiii}. Where children with disabilities are in school, a lack of trained teachers, inaccessible environments and inappropriate curriculums can significantly impact on their learning outcomes. Negative attitudes, such as the belief that children with disabilities are incapable of learning, can also affect learning as well as self-esteem. Children with disabilities are almost four times more likely to be victims of violence than children without disabilities^{xxiv}, which is a further barrier to their attendance and learning outcomes. The rights of people with disabilities, alongside the opportunity costs to the economy and health sector of children being unable to achieve even a basic education, provides a powerful argument for increased investment in inclusive education – from early childhood through to higher education.

At GDS18, 17 national governments committed to creating and implementing inclusive education sector policy and plans; 12 national governments to expanding teacher capacity building and training on inclusive education; and 5 donors and multilaterals committed to endorsing or supporting a new Inclusive Education Initiative. A full summary can be found [here](#).

[Deliverable 1] DFID will build on these commitments and keep our promises to support millions of children with disabilities who are out of school (including those with mental health conditions, psychosocial disabilities, and those with intellectual disabilities). DFID's Education Policy: [Get Children Learning](#), launched in January 2018, demonstrates new leadership on inclusive education. The Policy pledges to help children with disabilities transition into mainstream education and learn, support comprehensive and cost-effective interventions; and increase the number of teachers and support staff with the skills needed. We will encourage others to deliver on their GDS18 commitments, including as co-chair of the Global Alliance on Disability (GLAD) group. We will continue to ensure that all school buildings directly funded by DFID adhere to our policy on accessible school construction.

[Deliverable 2] We will deliver targeted interventions to increase the number of children with disabilities accessing inclusive and equitable quality education, and improve their learning outcomes. We will scale up our inclusive education programming to support the most disadvantaged girls and boys with disabilities to learn and thrive. We will work with national education systems, for example in Ethiopia, Jordan, Rwanda, Pakistan, Tanzania, Bangladesh and Jordan, to implement new at-scale inclusive education work in partnership with governments. In line with DFID's Strategic Vision for

Gender Equality, we will sharpen our focus on the education of highly marginalised girls with disabilities. Through the second phase of the Girls' Education Challenge, we will reach up to 18,000 girls with disabilities. The projects will support girls through a range of initiatives and activities such as counselling, mentoring, teacher training and empowerment forums.

[Deliverable 3] We will catalyse the will, tools and resources needed to realise inclusive and equitable quality education. We will support countries to build their capacity to deliver comprehensive and cost-effective interventions through the new global Inclusive Education Initiative (IEI). This is a new UK-led multi-donor partnership, implemented by the World Bank, to support countries to accelerate disability inclusive education by providing technical assistance, supporting innovation, and the production of key global public goods. It will help governments understand who is learning, why and what is needed to deliver this for all children. In our country programmes, we will do more to tackle the fundamental challenge of teacher reform. We will support teachers to adopt strategies which work for poor and marginalised children and work with them and others to tackle stigma and combat violence in schools, making sure schools provide the safe space needed for their learning and wellbeing, for example through the provision of safe water, sanitation and hygiene facilities. We will use the Washington Group Child Functioning Module to disaggregate data. We will work with influential partners such as the Global Partnership for Education (GPE) to ensure other donors and civil society fund and support better policy-making and education systems that deliver for children with disabilities.

We will continue to tackle the underlying drivers of institutionalisation and work towards the long-term process of **de-institutionalisation**⁶. Children and young people with disabilities, including those with psychosocial and intellectual disabilities, are often the first to be placed in institutional care, the last to leave, suffer the most as a consequence, and often end up being forgotten by society once institutionalised. They often remain in inappropriate facilities long into adulthood. Institutionalisation has a disproportionate negative effect on both children and adults with intellectual and psychosocial disabilities^{xxv}. We will support inclusive community services for all children and the promotion of family and community-based care, together with individually tailored services for children with disabilities.

Pillar 2: Social Protection

Objective: Ensure social protection systems are inclusive of, and deliver better outcomes for, people with disabilities and their families.

People with disabilities and their families can face high living costs and barriers in access to healthcare, education, employment and other economic opportunities. We know that social protection⁷ reduces poverty, gives people with disabilities more choice and control in their lives, enhances their income security and supports people to cope with shocks and changes in lifestyle circumstances, including those related to disability. It can support people with

⁶ At GDS18, 18 civil society organisations committed to working towards eliminating the institutionalisation of children globally.

⁷ Social protection can be in the form of social assistance such as cash transfers, social insurance, labour policies and standards, and social care.

disabilities to meet their basic needs and live independently, take advantage of education and economic opportunities. It is often an essential pre-requisite for poverty reduction^{xxvi}.

At GDS18, 14 national governments and multilaterals committed to supporting inclusive social protection systems. **DFID will support the delivery of these [Deliverable 1], and increase the global and national focus on, and support for, disability inclusive social protection [Deliverable 2].** Our approach is to support governments to increase the coverage, adequacy and quality of social protection systems so that they are more inclusive of women and men with disabilities, and their families, throughout an individual's life. We will support programmes that provide assistance for people with disabilities through disability-specific and mainstream transfers. We will also strengthen social protection delivery systems (identification, eligibility and targeting, outreach and communications, payment systems and grievance mechanisms) to improve the access of people with disabilities and their families to social protection. Our efforts will seek to ensure that people with mental health conditions and psychosocial disabilities and their carers are included, and not discriminated against, in social protection systems. We will also address stigma and discrimination through awareness raising and other activities, so that social protection systems are more inclusive.

We need to engage with others, including people with disabilities and their representative organisations, partner governments and development partners. We will work with development partners to advocate for greater disability inclusion and to develop guidance and tools to enhance disability inclusion in social protection policies and operations.

[Deliverable 3] We will build the evidence base around inclusive social protection and push for improved disaggregated data on people with disabilities. We will invest in improving the availability and quality of disability disaggregated data in social protection programmes. This is critical to better understanding the coverage and impacts of social protection on all people with disabilities, including people with mental health conditions and psychosocial disabilities, and to identify additional support and services that are most needed. We will continue to work with national governments and other development partners, in our social protection programming to advocate for the integration of the Washington Group questions into social protection monitoring and evaluation systems, both at the level of individual programmes and in system-wide social protection information systems. This will enable all of us to better reach people with disabilities and know the impact on their lives. We will identify the barriers preventing people from accessing social protection, understand how best to design or adapt social protection programmes to better meet the needs of people with disabilities and identify innovative approaches to pilot and test.

Pillar 3: Economic Empowerment

Objective: Empower people with disabilities, particularly women with disabilities, to access and have choice and control over economic opportunities.

A large majority of people with disabilities are not employed, under-employed or earn lower wages than people without disabilities^{xxvii}: gender inequality furthers that divide. It is

estimated that 20 percent of women and 59 percent of men with disabilities are in employment, compared with 32 percent of women and 71 percent of men without disabilities^{xxviii}. In low and middle-income countries, the loss to GDP from the exclusion of women and men with disabilities from the labour market is estimated to be between 3 and 7 percent of GDP^{xxix}. Given the diversity of circumstances faced by people with disabilities and the different barriers and discrimination they experience, there are multiple pathways to economic empowerment. The nature of the economy, laws and policies, adequate infrastructure and services, and equal access to resources, information and networks, all play a crucial role in ensuring access to decent work (either through waged employment, self-employment or the informal sector).

DFID's Economic Development strategy, published in 2017, committed to do more to empower people with disabilities to access economic opportunities. We will deliver on this through a diverse approach, with multiple components of action, that contributes to a better global understanding and improved data and evidence.

At GDS18, 13 national governments, multilaterals, donors and businesses committed to: enabling inclusive environments in the workplace; 11 national governments, multilaterals, donors and businesses to invest in skills development for decent work; and 8 national governments, multilaterals, donors and businesses to improve access to decent work.

[*Deliverable 1*] We will seek to **address the systemic and attitudinal barriers to economic empowerment**; strengthening anti-discrimination laws and policies (and supporting implementation) including those related to people with psychosocial disabilities, and shifting the underlying harmful attitudes that weaken the rights and opportunities for all people with disabilities, including women and girls. We will improve access to financial services for people with disabilities; exploring how suitable digital finance can overcome barriers to access, supporting the modernisation of payment infrastructure, and learning from, and scaling up, programmes in countries such as Burma and Ghana where people with disabilities receive innovative micro-finance and agricultural support.

[*Deliverable 2*] To **enhance economic and social participation**, we will support people with disabilities as employers and as employees, expanding access to skills and quality jobs. We will continue to support businesses to target people with disabilities as consumers of goods and services. Engagement with the private sector and international financial institutions is key. We will work with CDC and IFC to develop a good practice note on Disability Inclusion linked to the IFC Performance Standards⁸, used as a benchmark across the industry and helping to raise the bar across the board. We will also work with CDC to ensure that disability inclusion matters to, and is taken into account by, the companies they fund. We will realise the potential of innovative partnerships such as the new strategic partnership with the Government of Kenya and a small group of leading businesses.

⁸ The IFC Performance Standards provide guidance on how to identify risks and impacts, and are designed to help avoid, mitigate, and manage risks and impact as a way of doing business in a sustainable way, including stakeholder engagement and disclosure obligations of the client in relation to project-level activities.

We are significantly increasing our programming to support people with disabilities to access decent jobs and livelihoods, understanding both the enablers and the barriers to obtaining and remaining in employment. DFID's flagship 'Invest Africa' programme will scale up access to jobs and livelihoods in the manufacturing sector in Africa where the potential reach is huge. We will develop a good practice note on Inclusive Stability to support the inclusion of people with disabilities alongside other marginalised groups in economic development in fragile and conflict affected states. Wherever possible we will disaggregate data so that differential outcomes become visible and ask our partners to do the same. We will work with other UK government departments to leverage our influence on other official development assistance (ODA) spend across government, such as the Prosperity Fund which removes barriers to economic growth and promotes efforts to reduce poverty.

[*Deliverable 3*] Accessible environments are an essential enabler for people with disabilities to access economic opportunities. To **promote accessibility and usability** we will invest in and strengthen our approach to accessible infrastructure (including transport) by providing greater guidance and support for disability-inclusive infrastructure. Through DFID's infrastructure programming we will provide bilateral technical assistance to support improvements in the design and implementation of disability inclusive infrastructure. We will go beyond implementing universal design principles to a broader focus on disability inclusive infrastructure and build capacity in understanding enabling legislation, standards, principles and design integration. We will understand how interfaces between infrastructure and services can create barriers to people with disabilities, such as audio, visual, intellectual and physical. We will ensure digital platforms and services are accessible for people with disabilities.

Pillar 4: Humanitarian Action

Objective: to promote a fully inclusive humanitarian response, within DFID and across the broader system, which is evidence-based, equitable, inclusive in design, and founded on the principles of dignity, safety, empowerment and protection.

People with disabilities are disproportionately impacted by conflict and disasters^{xxx}. They may be particularly at risk of death or injury if they are unable to evacuate, seek refuge, or access sufficient information about the events around them^{xxxi}. In the social upheaval that accompanies crises, people with disabilities are at greater risk of abuse, exploitation, discrimination and serious harm^{xxxii}.

Despite this, people with disabilities are often invisible in, and excluded from, the humanitarian response^{xxxiii}, and unable to access adequate assistance and protection due to physical, communication and attitudinal barriers^{xxxiv}. The humanitarian system has been slow to develop its capacity to identify people with disabilities and tailor assistance accordingly. People with disabilities have rarely been able to participate in the planning and delivery of humanitarian responses and there are inadequate accountability mechanisms for them to report issues when they are not receiving the assistance and protection to which they are entitled.

DFID is committed to ensuring humanitarian response efforts become more inclusive. At the 2016 World Humanitarian Summit the UK Government signed up to the Charter on Inclusion of Persons with Disabilities in Humanitarian Action⁹. This charter enshrines the principles of dignity, equality and non-discrimination of people with disabilities in all humanitarian action. We are now committing to take further steps to strengthen our work in this area, and encourage others to join us. At GDS18, 16 governments, 7 donors and 10 multilaterals committed to strengthening disability inclusive humanitarian approaches.

[*Deliverable 1*] As a critical first step, DFID will **promote the routine, systematic collection and use of disaggregated data, and improve the evidence base**. Accurate and systematic disaggregated data (using tested tools such as the Washington Group questions) on the extent of people with disabilities affected by a given crisis, as well as rigorous evidence on the barriers experienced, is the foundation to including all individuals in a response. We must better understand who is in most need of humanitarian assistance and who may be excluded from responses in each context. This starts with efficient identification of needs and through listening more to the voices of affected people, including women and girls with disabilities. This will require us to build the capacity of humanitarian actors to collect, analyse and use quality disaggregated data and for us to explore barriers facing people with disabilities affected by issues such as climate change. By 2021 we expect all individual level data generated by core delivery partners to be disaggregated by disability wherever possible.

[*Deliverable 2*] We will strive for **equitable access to essential humanitarian services** for all people with disabilities, including both refugees and home populations with disabilities. We must seek to understand the barriers faced by people with disabilities, including women and girls, and ensure that we go beyond physical challenges to eliminate all barriers. We will undertake an inclusion review of DFID's humanitarian portfolio beginning in 2019, and explore the intersection of disability, safeguarding, gender and protection needs in sudden onset and protracted crises. DFID Nigeria will pilot this approach. Through these inclusion reviews we will develop our understanding of inclusive programming, share good practice, and make recommendations for improved humanitarian programming going forward.

[*Deliverable 3*] We will **place a greater focus on mental health and psychosocial support including for people with disabilities**, including in our education in emergencies work. This recognises that exposure to conflict, violence and insecurity can have a major impact on the mental health and psychosocial wellbeing of all people, while people with disabilities, and people with psychosocial disabilities in particular, are often more impacted and have less access to support services. We will scale up mental health and psychosocial support in our bilateral and multilateral education in emergencies programming, such as our global Education Cannot Wait programme, which supports 50% of qualified teachers in crises to be fully trained in psychosocial support.

⁹ Charter on Inclusion of Persons with Disabilities in Humanitarian Action:
<http://humanitariandisabilitycharter.org/>

[*Deliverable 4*] We will **advocate for the safety and protection of girls, women, boys and men with disabilities** in humanitarian crises. We will focus on providing services that work to end physical, sexual and psychological violence and all types of discrimination, and promote dignity, safety, empowerment and protection. We will expect partners receiving UK Aid (including through our Rapid Response Facility) to demonstrate disability inclusion by highlighting the collection and analysis of data, and to adhere to the Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, which includes specific guidance on the protection of people with disabilities. At the country level, we will push for stronger accountability mechanisms which partner with people with disabilities and their representative organisations to deliver stronger outcomes.

[*Deliverable 5*] We will pursue **reform of the international humanitarian system to ensure disability inclusion is effectively and comprehensively addressed**. We will support the integration of system-wide guidelines, standards and action plans, including the roll-out of the new Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action; the implementation of the Core Humanitarian Standards; and adherence to the Humanitarian Inclusion Standards. This will include holding our partners to account for the commitments they made at GDS18, inclusion of humanitarian action within the UN System Wide Action Plan, and greater partnerships with people with disabilities and their representative organisations in humanitarian programming reforms. We will also trial new standards and reporting mechanisms to bring greater clarity on how our partners are approaching disability inclusion in our programming, for example, in DFID Syria.

Cross-cutting issues

We are adopting three cross-cutting areas which are vital to disability inclusion: tackling **stigma and discrimination; empowering women and girls** and access to **assistive technology**. It is essential that these are mainstreamed for all strategic pillars, country offices and sectors to enable us to meet our vision and ensure we are fully embedding disability inclusion in everything we do.

Tackling stigma and discrimination is critical to ensuring all communities respect the rights, dignity, capabilities and contributions of all people with disabilities. We simply will not succeed in achieving inclusive societies without tackling the negative assumptions and discriminatory beliefs that exist at all levels. At GDS18, 7 national governments and 4 multilaterals committed to raising public awareness and/or developing new strategies or programmes to challenge harmful stereotypes, attitudes and behaviours against people with disabilities.

Across our approach we will seek to:

- support the full participation and leadership of people with disabilities in all aspects of decision-making and amplify their work in leading the charge against stigma and discrimination¹⁰. We will continue to provide leadership on inclusive governance

¹⁰ For example, [the Disability Catalyst Programme](#) will strengthen the voice of disabled people's organisations in developing countries to advocate for changes in policies, legislations and programmes.

processes and inclusive elections, so that people with disabilities can influence decision makers on the allocation of resources and hold them to account;

- transform harmful stereotypes, attitudes and behaviours;
- challenge and change unequal power relations between men and women, and negative attitudes and discriminatory practices that hold women and girls with disabilities back;
- influence and support others – including national governments - to ensure there are the policies, structures and resources needed to counter discrimination, monitor change and hold decision-makers to account from the global to the local level;
- lead innovation to test and scale up best practices in eradicating stigma and discrimination. For example, our flagship Disability Inclusive Development programme will lead investment into new innovations to tackle stigma and discrimination, reaching millions of people through targeted interventions.

Our minimum and high achievement standards (see Chapter 5) provide an important vehicle through which we will deliver this across our work.

Empowering girls and women with disabilities is critical. Women and girls with disabilities are often disadvantaged on multiple levels, chronically under-represented and often excluded from both gender equality and disability inclusion initiatives. We recognise the multiple layers of discrimination faced by the most excluded girls and women with disabilities, and we will ensure that implementation of this strategy works hand in hand with delivery of DFID's Strategic Vision for Gender Equality. The Strategic Vision calls for greater focus on those who face multiple and compounding discrimination or disadvantage, including girls and women with disabilities.

At GDS18, 20 national governments, 4 donors and 6 multilaterals committed to strengthening inclusive approaches relating to women and girls with disabilities.

As we go forward, we will bring about a step change in how we understand, include and empower the most excluded and vulnerable girls and women with disabilities. We will take a twin-track approach, providing specific funding and support for women and girls with disabilities, for example through the UN Trust Fund to End Violence against Women, whilst systematically taking a gender and disability inclusive lens to all our work to redress power imbalances and promote the rights of people with disabilities.

We will go further than our obligations under the UK's Gender Equality Act (2014), which considers gender equality at the outset of all our development and humanitarian assistance. We will promote the leadership of women and girls with disabilities, amplify their voices, and ensure their effective and meaningful participation in all spheres of life at all levels. We will tackle the taboos and denial of their rights to information, advice and autonomy around their own sexual and reproductive health, including menstrual health, particularly those with psychosocial and intellectual disabilities.

Access to appropriate, accessible, assistive technology (AT) such as wheelchairs, prosthetics, hearing aids and glasses, is a key enabler for change and can be transformative and life changing for people with disabilities. It will be a focus across everything we do and plays a vital role in supporting inclusion. We have already launched the AT:2030 programme to help lay the foundations for life-changing assistive technology for all. As part of the new global partnership [ATscale](#), which 19 governments and organisations committed to join at GDS18, our ambition is that by 2030 over 500 million people will be being reached by essential AT. We will continue to learn from the best of UK innovation and ensure best practice is shared with our global stakeholders. We are also committed to bridging the disability divide through digital technologies through [DFIDs Digital Strategy](#). Technological innovations and the expansion of mobile phones and internet access can link excluded people to jobs, finance and markets, and improve access to services previously out of reach. They also create opportunities for marginalised voices to be heard, contributing to greater accountability.

One further sector where equal access is of critical importance to DFID is within healthcare – vital for rehabilitation and access to assistive technology. Accessible, equitable and quality health services are a key enabler for people with disabilities to move from isolation to inclusion within their communities. This means accessing quality services and support both to address any disability-related health needs as well as the wider health needs required to live overall healthy lives (such access to sexual and reproductive health and rights for women and girls with disabilities). We recognise that everyone has the right to the highest attainable standard of physical and mental health. At the country level, we will embed this in our work, influencing and supporting national governments to finance and establish cost effective essential service packages to achieve Universal Health Coverage. Our forthcoming Health Systems Strengthening Position Paper will include our approach to Leaving No One Behind as part of our support to health systems, including people with disabilities. And across our health work, from the local to the global, we will listen to the voices of people with disabilities and seek opportunities to enable their participation in our policy and programmes.

Mental Health and Psychosocial Disabilities

Objective: To step up as a global leader and support and enable the full rights, inclusion and empowerment of people with mental health conditions and psychosocial disabilities

Mental health is a fundamental part of being human, covering a full spectrum from everyday well-being through to mental health conditions and long-term psychosocial disabilities. Yet globally, mental health conditions are on the rise and one of the leading causes of disability^{xxxv}. Experiences of being separated from communities or hidden away, entrenched discrimination, negative attitudes and human rights violations – in some cases being tortured and abused - remain an all too common reality.

Despite the profound need, progress has been painfully slow and woefully neglected by the international community. The majority of people with mental health conditions and psychosocial disabilities will not access essential services and support in their lifetime^{xxxvi}, and for the slim minority that do, the quality of services is all too often poor and, at times,

violates their basic rights and dignity^{xxxvii}. This simply must change and requires bold leadership and coordinated action, putting people with lived experiences and their representative groups at the heart of that change. DFID will therefore step up as a leader on global mental health and the full inclusion of people with psychosocial disabilities.

This means getting disability-inclusive development and humanitarian responses to deliver change for *all* people with disabilities — whilst also targeting the specific barriers facing people with psychosocial disabilities. This strategy sets out specific ways in which we will support **full inclusion and empowerment** both in our targeted thematic pillars for action (such as social protection) and our wider mainstreaming efforts. We will place particular emphasis on:

- Supporting the leadership and participation of people with psychosocial disabilities and their representative groups in decision-making at all levels, for example ensuring our consultation with representative groups and within disability inclusion programmes is diverse and inclusive;
- Strengthening the internal skills, knowledge and expertise to ensure we have the right foundations needed to scale up on mental health including through formalised training and learning.

Beyond this strategy, we commit to develop a more **comprehensive approach and a theory of change to step up on mental health for all**, to:

- promote well-being and prevent situations that may lead to mental health conditions – including addressing key risk factors;
- ensure access to quality mental health and community based services in line with human rights-based approaches; and
- facilitate recovery, empowerment and societal inclusion – combatting stigma and discrimination and ensuring the fulfilment of rights.

As recognised leaders in health, human rights and inclusion, the UK is well placed to turn the tide on this long-neglected area. We will look to influence and drive collective action to deliver against the ambition set out in the UN CRPD, the SDGs and the World Health Organisation’s Mental Health Action Plan. Our approach will recognise that there cannot be development without mental health and well-being for all.

We will also step up as a global leader to provide inclusive and accessible **mental health and psychosocial support (MHPSS) in conflict and emergencies**. This includes our leadership on ensuring the right of all children and young people, including those with disabilities, to enjoy the highest attainable standards of mental health. We know experiences in childhood can shape mental health for life; children’s prolonged exposure to ‘toxic’ stress in times of crisis impact their health and ability to learn^{xxxviii}. We will therefore push the humanitarian system to better integrate and address MHPSS, convening a permanent donor group to strengthen coordinated action.

5. Mainstreaming disability inclusion in everything DFID does

Realising our vision and achieving the ambition set out in this strategy requires a culture change across DFID. We must mainstream disability inclusion across everything DFID does and press others to take action in the same way.

Minimum and High Achievement Standards

To drive the change that we need, we have introduced a new set of standards for all DFID business units to meet. The standards require all country offices and departments to; review their leadership and culture, engage with people with disabilities, influence others, adapt programming and improve data and evidence. The standards apply across all business units in DFID, including to those responsible for corporate processes such as Human Resources and procurement. Achieving these standards will be challenging, but we will aim to systematically and consistently embed disability inclusion across everything that we do.

All business units will be expected to meet a set of minimum standards by the end of 2019 and report on them. To fully embed disability inclusion, we need to go further and reach high achievement standards. We will take a phased approach: four DFID country offices will reach high achievement in 2019, twelve in 2020 and sixteen by 2023.

Our standards cover five areas:

1. **DFID's approach and culture** – leadership is vital to achieve change. We will appoint disability champions in all business units, include disability in core plans and strategies and increase the numbers of staff with disabilities.
2. **Engagement and empowerment of people with disabilities** – we will routinely undertake regular consultation with people with disabilities and their representative organisations, in the design, implementation and evaluation of programmes and policy and strategy. This must build capacity, and include all groups, ensuring the voices of girls and women and people with psychosocial or intellectual disabilities are heard. This will be supported by sufficient investments in disabled people's organisations to promote their meaningful engagement in development policy and programmes and help build the development of a strong disability movement as a key part of accountability mechanisms in developing countries.
3. **Influencing others** – we will expect regular engagement on disability inclusion with stakeholders, including country governments, and consistent signalling that this is an important issue to DFID. Governments and other stakeholders will be supported to address stigma and discrimination and implement their commitments under the UN CRPD.
4. **Programming** – we will undertake stocktakes of programmes. All new Business Cases and all Annual Reviews will assess the extent to which their programmes are

including people with disabilities and all programmes will be marked against the OECD-DAC disability inclusion and empowerment marker. Flagship programmes will deliver results at scale.

- 5. Data and evidence** – all new programmes will collect, use and analyse disability disaggregated data for relevant indicators. We will use the [Washington Group questions](#) and encourage use of the enhanced short set to cover psychosocial disability inclusion. Building on GDS18 where 10 national governments committed to using the Washington Group questions in upcoming national censuses or surveys, we will advocate for others to use them. Lessons from pilot programmes and emerging evidence will be shared regularly and widely. Cutting edge evidence and learning will be generated that informs disability inclusive programming.

Further detail on the standards can be found at [Annex C](#).

Living our values

We recognise that to meet our ambition to be a global leader on disability inclusion we must practise what we preach. We must recognise the skills and talents of our own staff with disabilities, and develop inclusive procurement practices.

Our new people strategy will set out our plans over the next three years to recruit, retain, and recognise the skills and talents of all our staff, including three key areas of focus on disability:

- attraction and recruitment of people with disabilities to improve representation of those with a disability in DFID year-on-year with the aim of matching the working age population (19%) (baseline 30 Sept 2018 – 14%);
- improved retention and career development for staff with disabilities, with a target to increase the flow of staff with a disability into Senior Civil Service positions to at least 11.9% (baseline: 30 Sep 2018 – 9%);
- develop organisational culture and staff confidence - including workplace adjustments, assessing and improving accessibility of our estates both in the UK and overseas, awareness raising, developing management capabilities; and reporting of disability data (target 70%. Baseline 30 Sep 2018 – 60% of Home Civil Servants have reported their disability data).

We will provide tailored assistance where needed and continue to provide support to staff with disabilities through the Civil Service Workplace adjustments service. We will continue to provide support and enable staff with disabilities to raise issues, network and celebrate diversity through our staff networks including the Disability and Empowerment Network, the Listening Network (focused on mental health), the Parents of Children with Disabilities network and the Carers Network.

We will harness DFID's purchasing power and implement disability inclusive procurement practices. We will place an expectation on DFID's delivery partners to demonstrate their technical understanding of, and commitment to, disability inclusion in our supply engagement practices, including consulting and engaging with people with disabilities. This

approach will be incorporated into guidance for staff covering Terms of Reference, Evaluation Criteria and Sourcing Strategy. We have already incorporated requirements on non-discrimination, equality and social inclusion into our Standard Terms and Conditions of Contract and our Supply Partner Code of Conduct.

6. Looking Forward

It is vital that we all deliver on the promises we have made to the world's poorest people, and that all levels of society are held accountable for change. To deliver on the commitments made at GDS18, we are setting up a transparent and visible accountability mechanism – building support for implementation at all levels and ensuring it aligns to broader movements. **We know that we cannot end extreme poverty without being accountable for the promises we make.**

Monitoring and Accountability

We are introducing a new DFID-wide Disability Inclusion Delivery Board to hold senior responsibility for the implementation of this strategy within DFID. This Board will include senior officials from all relevant DFID Departments with lead responsibility for actions included in the accompanying delivery plan at **Annex A**. The Board will meet on a quarterly basis and review progress against this strategy and the actions in the accompanying delivery plan, consider risks to delivery, and ensure delivery remains on target. We will publish an annual assessment against progress, which will include an assessment against the standards. The delivery plan will be a live document, revised and published at regular intervals. We will measure progress to increase the proportion of programmes that are disability inclusive through regular analysis and publication of data from the OECD-DAC disability inclusion and empowerment marker. Whilst we have set a high bar for all of DFID's work, we do anticipate some failure and therefore we will build in measures to learn from this.

External scrutiny in the monitoring and accountability of this strategy will be vital to deliver on its ambition. We will undertake regular engagement with stakeholders, including people with disabilities and their representative groups and wider civil society organisations, on delivery and our assessment of progress. We will continue to build partnerships and forge close relationships with people with disabilities, their representative bodies and other appropriate networks and work together to influence others. We will forge close relationships with key stakeholders including bilateral development agencies, multilaterals, foundations and private sector organisations to prioritise disability inclusion in their work. Country offices will work with people with disabilities and their representative bodies, including through the provision of technical support and funding to build their capacity and increase knowledge.

Learning

We are creating communities of internal champions on disability inclusion and mental health to support teams and staff across DFID to learn from each other and share best practice. These will draw on existing research, evidence, and learning from programming, with support from the evidence sharing component and helpdesk facility of the Disability Inclusive Development (DID) programme. We will also support business units to implement the new standards to mainstream disability inclusion and build knowledge and skills on global mental

health in development. We will equip DFID staff with the skills, tools and knowledge to better integrate disability inclusion into all of our policies and programmes. We will increase the capacity of the social development advisory cadre in DFID on disability inclusion, including reviewing the addition of disability inclusion into the social development technical competency framework in 2019.

We will continue to invest in high-quality research, monitoring and evaluation, and the organisational learning mechanisms that will disseminate this knowledge within and beyond DFID. The research component under the DID programme will be central to the generation of new DFID research on disability inclusion over coming years, but other research programmes will also generate evidence on disability inclusion in the fields of health, education, economic empowerment and humanitarian policy and programming. Measurement of inclusion and outcomes for people with disabilities will be mainstreamed in DFID's research. These various lines of data and evidence will help to ensure that our investments are based on robust evidence of what is needed, and what does and does not work to improve lives for people with disabilities.

We will continue to deliver training on how to design and manage evaluations in ways that are disability inclusive into our continuous professional development programme for Evaluation Advisers. This is already leading to an increase in the number of evaluations that DFID is commissioning that use a human rights approach to understand inclusion and outcomes for people with disabilities. We are sharing good practice about disability inclusive evaluations with other donors and evaluators at international evaluation forums and meetings to increase the number of global evaluations that are designed and delivered in ways that are disability inclusive and support the voices of people with disabilities.

External scrutiny

The Independent Commission on Aid Impact scrutinises UK Aid spending. Their report on DFID's approach to disability in development was published in May 2018, and their recommendations have been taken into consideration in the development of this strategy.

References

- ⁱ WHO (2018, January 16) *Disability and Health* [Fact Sheet] Retrieved from <http://www.who.int/en/news-room/fact-sheets/detail/disability-and-health>
- ⁱⁱ *ibid*
- ⁱⁱⁱ *ibid*
- ^{iv} WHO (2011), *World Report on Disability*, WHO http://www.who.int/disabilities/world_report/2011/report.pdf
- ^v World Bank. (2018). *Poverty and Shared Prosperity 2018: Piecing Together the Poverty Puzzle*. World Bank, Washington, DC, <http://www.worldbank.org/en/publication/poverty-and-shared-prosperity>
- ^{vi} OECD (2018), *States of Fragility 2018*, OECD Publishing, Paris, <https://doi.org/10.1787/9789264302075-en>.
- ^{vii} Maria Kett and Ellie Cole. (2018) Disability and Climate Resilience Research Report. Leonard Cheshire
- ^{viii} Mitchell, D., & Karr, V. (Eds.). (2014) p226. Crises, conflict and disability: Ensuring equality. New York: Routledge New Urban Agenda recognises the need to address discrimination faced by persons with disabilities, along with other marginalised groups.
- ^{ix} Atlas Alliance (2018) Disability in Conflicts and Emergencies Fact Sheet,
- ^x Banks LM, Kuper H, Polack S (2017) Poverty and disability in low- and middle-income countries: A systematic review. PLoS ONE 12(12): e0189996. <https://doi.org/10.1371/journal.pone.0189996>
- ^{xi} Rohwerder, B. (2015) Disability Inclusion Topic Guide, p.14. Available at: <http://www.gsdc.org/wp-content/uploads/2015/11/DisabilityInclusion.pdf>
- ^{xii} Groce, N., Kett, M., Lang, R. & Trani, J-F. (2011) Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice, *Third World Quarterly*, 32(8), 1493-1513. p. 1499, available at <http://dx.doi.org/10.1080/01436597.2011.604520>;
- ^{xiii} WHO & World Bank. (2011). World report on disability. Geneva: WHO. available at: http://www.who.int/disabilities/world_report/2011/report.pdf
- ^{xiv} Handicap International (2015) Disability in Humanitarian Contexts, available at: <http://www.un.org/disabilities/documents/WHS/Disability-in-humanitarian-contexts-HI.pdf>
- ^{xv} Morgon Banks, L. & Polack, S. (2014). The economic costs of exclusion and gains of inclusion of people with disabilities: Evidence from low and middle income countries. CBM, International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine. available at: <http://disabilitycentre.lshtm.ac.uk/files/2014/07/Costs-of-Exclusion-and-Gains-of-Inclusion-Report.pdf>
- ^{xvi} Groce, N. E. & Bakhshi, P. (2011) Illiteracy among adults with disabilities in the developing world: a review of the literature and a call for action. *International Journal of Inclusive Education*, 15(10), 1153-1168. Available at: <http://dx.doi.org/10.1080/13603116.2011.555068>
- ^{xvii} Hughes, K., Bellis, MA., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, L., Officer, A. & Shakespeare, T. (2012), Prevalence and Risk of Violence Against adults with Disabilities: A systematic Review and Meta Analysis of Observational Studies, *Lancet*, vol. 379, no. 9826.
- ^{xviii} World Health Organisation/World Bank (2011) World Report on Disability, Washington, p. 28, Table 2.1, available at http://www.who.int/disabilities/world_report/2011/report.pdf.
- ^{xix} CBM (April 2018) *The Intersection of Disability and Gender in the Global South: Narratives, Gaps and Opportunities* - CBM UK advocacy paper.
- ^{xx} World Health Organisation/World Bank (2011) *World Report on Disability*, Washington, http://www.who.int/disabilities/world_report/2011/report.pdf.
- ^{xxi} World Health Organisation/World Bank (2011) *World Report on Disability*, Washington, http://www.who.int/disabilities/world_report/2011/report.pdf.
- ^{xxii} Groce, N. & Kett, M. (2014). Youth with disabilities (Working Paper Series: No. 23). London: Leonard Cheshire Disability and Inclusive Development Centre. Available at: https://www.ucl.ac.uk/lc-ccr/centrepublishations/workingpapers/WP23_Youth_with_Disabilities.pdf
- ^{xxiii} UNESCO (2016) *Leaving no one behind: How far on the way to universal primary and secondary education* [Fact Sheet] <https://en.unesco.org/gem-report/sites/gemreport/files/LeavingNoOneBehindReference.pdf>
- ^{xxiv} Jones L, Bellis M A, Wood, S, Hughes K, McCoy E, Eckley, L et al (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies *Lancet*. 380; 9845, 899-907. [https://doi.org/10.1016/S0140-6736\(12\)60692-8](https://doi.org/10.1016/S0140-6736(12)60692-8)
- ^{xxv} Groce, N. (2005) Violence Against Disabled Children, Summary Report, New York: Unicef.. Available at: https://www.unicef.org/videoaudio/PDFs/UNICEF_Violence_Against_Disabled_Children_Report_Distributed_Version.pdf
- ^{xxvi} United Nations (2018) Promoting Inclusion through Social Protection, available at: <https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2018/07/1-1.pdf>
- ^{xxvii} Groce, N., Kett, M., Lang, R. & Trani, J-F. (2011) Disability and Poverty: the need for a more nuanced understanding of implications for development policy and practice, *Third World Quarterly*, 32(8), 1493-1513. p. 1499, available at <http://dx.doi.org/10.1080/01436597.2011.604520>; World Health Organisation/World Bank (2011) *World Report on Disability*, Washington, p. 235, available at http://www.who.int/disabilities/world_report/2011/report.pdf;
- Heymann, J., Stein, M. A., & Moreno, G. (Eds.). (2014). *Disability and equality at work*, New York: Oxford University Press. pp. 4-5; Mitra, S. (2014). *Employment challenges and successes in low- and middle-income countries*. In J. Heymann, M. Stein, & G. Moreno (Eds), *Disability and equality at work*. New York: Oxford University Press. p.269
- ^{xxviii} World Health Organisation/World Bank (2011) *World Report on Disability*, Washington, available at http://www.who.int/disabilities/world_report/2011/report.pdf.
- ^{xxix} Morgon Banks, L. and Pollack, S., (2014) *The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities: Evidence from Low and Middle Income Countries*, available at <http://disabilitycentre.lshtm.ac.uk/files/2014/07/Costs-of-Exclusion-and-Gains-of-Inclusion-Report.pdf>
- ^{xxx} Mitchell, D., & Karr, V. (Eds.). (2014). *Crises, conflict and disability: Ensuring equality*. New York: Routledge.
- ^{xxxi} Rohwerder, B. (2013). Intellectual disabilities, violent conflict and humanitarian assistance: Advocacy of the forgotten. *Disability & Society*, 28(6), 770-783.
- ^{xxxii} Kett, M., & Twigg, J. (2007). Disability and disasters: Towards an inclusive approach. In World disasters report – Focus on discrimination. Geneva: IFRC.

-
- ^{xxxiii} Smith, F., Jolley, E., & Schmidt, E. (2012). *Disability and disasters: The importance of an inclusive approach to vulnerability and social capital*. The World We Want; UNISDR. (2014). *Living with disability and disasters: UNISDR 2013 survey on living with disabilities and disasters – Key findings*. UNISDR
- ^{xxxiv} Fembek, M., Butcher, T. H., Heindorf, I., & Wallner-Miki, C. (2013). *Zero Project report 2013: Employment*. Klosterneuburg: Essl Foundation; Kett, M., & Twigg, J. (2007). Disability and disasters: Towards an inclusive approach. In *World disasters report – Focus on discrimination*. Geneva: IFRC; Smith, F., Jolley, E., & Schmidt, E. (2012). *Disability and disasters: The importance of an inclusive approach to vulnerability and social capital*. The World We Want.
- ^{xxxv} WHO (2017) *Depression and Other Common Mental Disorders: Global Health Estimates*
<http://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf>
- ^{xxxvi} Thornicroft G, Chatterji S, Evans-Lacko S, et al. (2017) Undertreatment of people with major depressive disorder in 21 countries. *Br J Psychiatry*. 210(2): 119-24
- ^{xxxvii} Human Rights Watch. (2012) *Like a Death Sentence* <https://www.hrw.org/report/2012/10/02/death-sentence/abuses-against-persons-mental-disabilities-ghana>
- ^{xxxviii} Save the Children (2017) *Invisible Wounds: The impact of six years of war on the mental health of Syria's children*
<https://reliefweb.int/sites/reliefweb.int/files/resources/Invisible%20Wounds%20March%202017.pdf>

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