



House of Commons
International Development
Committee

**Disability and
Development:
Government Response
to the Committee's
Eleventh Report of
Session 2013–14**

**First Special Report of Session 2014–
15**

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First Special Report

On 10 April 2014 the International Development Committee published its Eleventh Report of Session 2013-14, *Disability and Development*, HC 947. On 10 June the Committee received a memorandum from the Secretary of State for International Development which contains a response to the Report. The memorandum is published as an appendix to this Report.

Government response

Introduction

The UK Government welcomes the IDC's report on disability, and agrees that disability is a significant development challenge and important to DFID's mandate of reducing extreme poverty. We appreciate the committee's acknowledgement of the good work on disability that DFID is already undertaking and the increased focus on disability over the last 15 months. The UK Government is committed to ensuring that disabled people, and all other excluded social groups, are systematically and consistently included in DFID's policy, programming and international work and will embed the recommendations from the IDC as far as possible. The UK supports the ambition of the High Level Panel Report on the post 2015 development agenda to eradicate extreme poverty and leave no one behind.

The UK government's vision for development is to reduce poverty and transform economies by helping poorer countries achieve a secure, self-financed, timely exit from poverty. As global poverty rates decrease, extreme poverty is increasingly concentrated in fragile states and within marginal population groups that face specific barriers. People with disabilities are especially vulnerable and are over-represented amongst the persistently poor, particularly disabled girls and women and those with other characteristics that contribute to exclusion such as race, age and ethnicity.

DFID supports a comprehensive social inclusion approach to 'leaving no one behind'. All DFID's investments are based on an extensive poverty analysis at the country level which includes an assessment of the level of access, opportunity and influence of different geographic and social groups. It also outlines how investments will contribute to reducing extreme and persistent poverty and promote the needs and rights of vulnerable and excluded people. Creating parallel and separate analyses and reporting processes for different groups does not allow for an understanding of overlapping inequalities, and may risk further exclusion of people not included in a strategy. Within the social inclusion approach, however, we agree that people with disabilities have specific needs and that it is important that decision makers have a nuanced understanding of these.

In order to support a strengthened response on disability, we will:

- Publish a disability framework by November 2014. This will set out our clear commitment, approach and actions to strengthening disability in our policy, programme and international work. It will also include an explanation of how we will strengthen departmental capability on disability, how we will influence our partners to do more and a timeframe for taking forward the activities outlined in our response to the IDC recommendations. We will develop the framework in discussion with Disabled people's Organisations and Non-Government Organisations working on disability.
- Continue to advocate for 'no one left behind', as a key principle of the post 2015 development framework, and for goals to be underpinned by disaggregated data by different social group to ensure that they are met by everyone;
- Include people with disabilities systematically in our humanitarian response work;
- Announce further sectoral commitments on disability by October 2014;
- Strive to make DFID a more disability inclusive employer;
- Develop, progress and deepen our work on improving global evidence and data on disability.

In order to strengthen DFID's capability we will:

- Provide clear and simple guidance for all staff on the principles for disability inclusion (including effective consultation and 'nothing about us without us'), and detailed sectoral guidance for advisors and specialists;
- Identify a senior level (managerial) champion in DFID on disability to work alongside the Ministerial champion;
- Include Disabled Peoples' Organisations (DPOs) in the PUSS' disability group;
- Increase the central staffing team working on disability,
- Appoint a group of experts on disability within DFID to provide stronger technical capability and advice across the department. We will explore how external expertise from DPOs, NGOs and academics can contribute to this network;
- Include disability as a focal area in the next social development advisers' conference (Autumn 2014).

The UK Government is grateful to the Committee for highlighting the urgent need to do more for the millions of disabled people living in poverty and dealing with stigma and discrimination on a daily basis.

Recommendation 2 - Disability strategy, country operational plans, BAR.

- We recommend that DFID introduce a disability strategy. Disability should be a priority for DFID. Its current approach to social impact appraisal, which considers the risk of exclusion across a wide range of marginalised groups, is valuable—but not enough. There remains a danger that disabled people's interests will be lost among those of groups who are more visible - all the more after the current Minister moves roles. By publishing clear objectives, and timetables, as it has done for gender, the Department can signal its commitment to disability, and help ensure this commitment endures even as key individuals move on.
- We also recommend that the disability strategy be supported by clear references to disability in all Country Operational Plans, and in the next Bilateral Aid Review. (Paragraph 25)

Disagree. DFID takes a social inclusion approach to development programming. People can be excluded from development for a number of reasons including, but not limited to disability, ethnicity, gender, geography, age, race or any combination of these. Introducing single issue strategies does not allow for an understanding of the multi-layered and interlocking causes of poverty, and poses the risk of further excluding people who are not included in a strategy. It also risks creating silos, and encouraging single issue projects rather than supporting their inclusion in mainstream programmes.

By the end of November 2014, DFID will develop a disability framework. This will set out our clear commitment, approach and actions to strengthening disability in our policy, programme and international work. It will also include an explanation of how we will strengthen departmental capability on disability, how we will influence our partners to do more, and a timeframe for taking forward the activities outlined in our response to the IDC recommendations. We will develop the framework in discussion with Disabled People's Organisations and Non-Government Organisations working on disability.

In order to really embed disability inclusion in DFID's work, our focus is on strengthening the principles of disability inclusion in all of our programme management functions, which will apply to all DFID investments. However, we will also include specific reference to considering disability and other vulnerabilities in guidance for future country level operational plans.

Recommendation 3 - Evidence base for large-scale programmes and CSOs

We welcome DFID's research into disability, and support its commitment to evidence-based programming. However, as we found in our report on Violence against Women and Girls, DFID should strike a balance between building an evidence base on disability, and implementing programmes. The scale and urgency of the challenge are such that

DFID cannot wait for perfect data before embarking on large-scale disability programmes. Rather, DFID should take an ambitious but flexible approach:

- We recommend that DFID set challenging milestones for implementing more large-scale programmes. It should begin these programmes by piloting, as it has done in Rwanda, so that it can stop any projects that are not working, and rapidly scale up those that are.
- Similarly, we recommend DFID take a pragmatic approach to funding applications from disability-focussed civil society organisations, and should not let imperfect data prevent it funding promising projects with a clear potential—albeit unproven—benefit. We recommend that DFID continue to undertake research on disability, and monitor closely whether the research is put into practice by DFID and its partners. (Paragraph 29)

Agree. DFID will continue to invest in evidence on disability, and is keen to support new evidence that moves beyond a focus on barriers to inclusion. DFID has recently (May 2014) awarded (subject to contract) a new £2m disability research grant in collaboration with the Economic and Social Research Council, which will look at ‘what works’ in disability inclusion in health, livelihoods, education and social protection.

We agree that there is enough evidence to scale up in some areas on disability, and as such are beginning to invest in more large scale programming on disability. A recent example of this is in Pakistan, where DFID is funding a £104m programme in Punjab and Khyber Pakhtunkhwa to support the rehabilitation and upgrading of existing education infrastructure. DFID Pakistan is conducting a feasibility study to ensure that this programme addresses the needs of children with disabilities. Through strengthened systems as well as ministerial and managerial championing, we will look to strengthen disability inclusion within more large-scale programmes.

We agree that large scale programmes, including those on disability, should have clear milestones and pilot phases where necessary to enable flexible programming.

DFID already takes a pragmatic approach to funding civil society organisations’ (CSOs’) work on disability. For example, DFID was the first bilateral donor to support the Disability Rights Fund (and is still a key sponsor of the fund), pledging support soon after the adoption of the UN Convention of the Rights of Persons with Disabilities in order to increase UK support to southern DPOs.

Through DFID’s key central civil society funding mechanism, the Global Poverty Action Fund (GPAF), we currently support 18 CSOs working on disability, and two of the 41 CSOs DFID has central Programme Partnership Arrangements with are disability focussed (Sightsavers and ADD). In addition we fund a large number of disability projects through country level civil society programmes, as well as a number of

mainstream civil society organisations with a strong track record in disability, for example Plan and Wateraid.

DFID has also provided research funding to CSOs to drive innovation on disability. For example, we funded UK designers to develop and implement an innovative package to ensure the rapid and appropriate provision of emergency wheelchairs to injured and disabled people in humanitarian crises (through Motivation UK). DFID also supported Vision For A Nation to pilot ‘adjustable lense’ glasses, which can be adjusted by a nurse or recipient in the field, removing the need for costly prescription lenses.

Recommendation 4 - Intellectual and psychosocial disabilities, ageing

- We recommend that DFID's disability strategy state specifically how DFID will reach people with intellectual and psychosocial disabilities through its programmes.
- We further recommend that DFID cover ageing in the same strategy as disability, given the strong overlaps between the two issues. It should, though, recognise that not all disabled people are older people, to ensure the focus on older people does not eclipse the priorities of disabled children or younger adults. (Paragraph 32)

Agree. DFID will look for opportunities to reach people with intellectual and psychosocial disabilities, for example through our work to strengthen health systems and through our support to CSOs working in this area.

We agree that there is often an overlap between disability and ageing and also that not all disabled people are older people.

Through implementing a social inclusion approach rather than introducing a separate disability strategy, we seek to understand and consider the needs of all excluded groups, including those who face multiple exclusion.

Recommendation 5 - Data disaggregation, programme documents and results framework

- We welcome the Prime Minister's commitment to reporting disaggregated data on the number of disabled people who benefit from development programmes. We also commend the steps DFID is taking to make better data available. We recommend that DFID report results disaggregated by disability in all Annual Reviews, Project Completion Reviews and logframes.
- We also recommend that it disaggregate targets in its Results Framework by disability, as it does for gender. We recognise that collecting data on disability is not straightforward, and teams have many other demands on their time, so recommend a pragmatic approach in the short term—for example, using the Washington Group questions. In the medium term, we recommend DFID develop more precise data disaggregated by type of disability. Wherever possible, we recommend that DFID

report results disaggregated to show people who belong to several marginalised groups at once (e.g. disabled women), to help tackle the 'double discrimination' that such people face. (Paragraph 35)

Agree. DFID is committed to improving data on disability, and to the principle outlined in the high level panel report that no target for the post 2015 framework will be met, unless it is underpinned by disaggregated data which shows that it has been met for all relevant income and social groups.

To support this, DFID is planning a joint technical conference with the UN and with Leonard Cheshire Disability research unit (UCL) to look at global practice and policy on strengthening data on disability in preparation for the post 2015 framework.

DFID's priority in this area is to strengthen national governments' ability to collect, analyse and use data in the countries in which we work at a national, regional and local level, and in different sectors. This information will be used to inform national level results frameworks and reporting against future international development goals. To do this, DFID made a new commitment in September 2013 to advocate the use of the Washington Group questions on disability wherever possible in DFID supported national censuses and household surveys, and to champion their use with other donors.

As the IDC recognises, collecting disaggregated data at the programme level is difficult. DFID will make disaggregated data on age and disability part of our requirements for funding humanitarian proposals. DFID's broader approach is to identify programmes with a specific focus on disability at the design phase, and to monitor this inclusion throughout the programme management cycle.

Recommendation 7 - Including disabled people in planning, monitoring and research – programme management review

- We warmly welcome the steps DFID has taken to give disabled people greater say in aspects of its work, in particular the fact that it modified some WASH and social protection programmes in response to disabled people's feedback. The challenge is to do this more consistently across DFID's whole portfolio.
- DFID is currently reviewing its programme management, and we recommend it take this opportunity to give disabled people more influence - from programme design through to evaluation and research. DFID should ensure people with all types of disability participate, and should adjust its communications to make sure they are reached. It should consult family and community members as well as disabled people themselves. More specifically, DFID should:
 - Ensure that disabled people play a prominent role in drawing up DFID's disability strategy, and help shape its Country Operational Plans.
 - Seek to give more disabled people visible and senior roles in programme delivery - as already happens at the Kabul Orthopaedic Centre, which DFID helps fund.

- Invite DPOs from developing countries to join its disability advisory group, even if only in writing or by telephone. (Paragraph 40)

Agree. DFID upholds the fundamental right of disabled people to have influence in the programmes and decisions which affect them.

DFID will consult disabled people in the preparation of the upcoming disability framework outlining our approach to including disability in programmes and policy making.

The PUSS' disability advisory group currently consists of UK-based partner organisations working on disability in developing countries, however we will expand this group to include the Disability Rights Fund, who is an important DFID partner (based in the US) working directly with DPOs in developing countries. We are also working with the Office of Disability Issues to identify UK DPOs with significant experience in developing countries to join this group.

At DFID's country office level, stakeholder engagement and participation is a fundamental part of all strategic decision making and programme management.

Recommendation 8 - DPO funding from country offices

- We strongly welcome DFID's support for DPOs. However, we are concerned that it is hard for disabled people's organisations to access funding directly from DFID. We recommend that DFID make its funding more accessible to DPOs. We do not wish to prescribe how DFID does this, but do recommend that it address the main barriers such as information that is not accessible, and complex grant conditions.

We are also concerned that, if DPOs can only access DFID funding through intermediaries, DFID is missing a valuable opportunity to train its staff in local disability issues. While we recognise country offices have many calls on their time, we recommend that DFID seek to establish more direct contact with DPOs, which could be an efficient way to tap into local knowledge and networks. (Paragraph 43)

Agree. We agree that supporting and strengthening Disabled People's Organisations (DPOs) is vital for participation, voice and consequently for improved development outcomes for people with disabilities.

DFID is currently redesigning our central civil society funding mechanism, the Global Poverty Action Fund, which is being specifically designed to ensure that it is open to a wide range of organisations. We would welcome more applications from DPOs.

DFID's deliberate model, however, is to route much of our support to DPOs, many of whom are small organisations which require significant organisational development support, through intermediary organisations. These include the Disability Rights Fund,

ADD International and Sightsavers as well as through large in-country civil society strengthening programmes such as the human rights and governance fund in Bangladesh. These organisations are significantly better placed than DFID to provide technical and mentoring support to DPOs as well as funding and small grant management.

All DFID funding opportunities are advertised on Gov.uk. This platform has enabled DFID to comply with the Web Content Accessibility Guidelines (WCAG), which have been designed to be compatible with assistive technologies to ensure that all information is accessible for users with disabilities.

We agree that it is important for DFID country offices to have dialogue and a relationship with DPOs and other stakeholders. Many already do, and we will ensure that this principle is reinforced across the department.

Recommendation9 -Influencing mainstream NGOs to include disability

- We welcome DFID's current work to build DPO capacity and to reach out to marginalised groups, and encourage it to ensure this is standard practice in all its work with DPOs. We also recommend that, whenever DFID provides grants to 'mainstream' civil society organisations (for example, women's organisations), it monitor whether they are including disabled people (Paragraph 44)

Agree. DFID agrees with the need to influence UK mainstream NGOs to do more on disability. We have already held an initial meeting (February 2014) with mainstream NGO partners to discuss ways in which they can better mainstream disability, encouraging them to do more, and we will continue this dialogue. We will also ask the civil society organisations we fund through central mechanisms to report on their work on disability and inclusion in future annual reviews.

DFID has a central civil society learning forum – the PPA Learning Partnership – which we have set up to drive improvements across the CSO sector and to support a more coherent policy dialogue with DFID. This forum has been praised in recent ICAI reports on PPAs and on learning. We will encourage the PPA partners leading on disability – ADD and Sightsavers – to do more to raise the profile of disability within the Learning Partnership and to use this opportunity to influence others and share joint learning and expertise.

Recommendation10 - UK DPOs

- We encourage DFID to renew its links with UK DPOs, and to consider where their expertise might usefully complement that of NGOs. (Paragraph 45)

Agree. DFID has made arrangements with the Department for Work and Pensions' Office of Disability Issues (the HMG lead on disability) to jointly discuss with UK DPOs, and will also involve UK DPOs in the PUSS' disability advisory group.

Recommendation 11 - Disability staffing within DFID

- We commend the dedication of DFID's current disability team, but are concerned that DFID has no full-time disability specialists. To ensure its commitments to disability are sustainable, we recommend DFID develop a larger team, with more capacity, including: a senior sponsor; a complement of Social Development Advisors specialising in disability; and a wider network of people to champion disability in each country office. We further recommend DFID ensure all staff are trained in basic principles of disability rights and access to development programmes. It should consider making disability the theme for the next Social Development Advisor team conference. It should also ensure disability specialists are represented in its humanitarian division, as well as in its development work. (Paragraph 48).

Agree. DFID will increase staff working on disability in the central policy team to two full time staff. This team plays a key role in providing support, tools and guidance and sharing best practice with the rest of DFID, including a basic disability awareness module which will be rolled out to all staff

DFID will also appoint a knowledge group of disability experts across the department. These will be individuals with expertise in disability in specific sectors who will act as an advisory and knowledge sharing group for department. We will explore how external expertise can contribute to this network.

The DFID staff member currently seconded (until July 2015) to the disability section in the Australian development agency DFAT will continue to provide regular inputs and advice on DFID's growing disability work, based on her experience of what is working on disability within the Australian development programme.

DFID will continue to work to ensure that the highly skilled 80 strong cadre of Social Development Advisers (who are central in ensuring that DFID programming reaches the most excluded) have the knowledge and skills needed on disability. Disability will be a focal area at the next Social Development Advisers' professional conference in autumn 2014.

DFID will appoint a senior level managerial disability champion (to work alongside the Ministerial champion) by September 2014.

Recommendation 12 - Staff with disabilities within DFID

- We are concerned that DFID only employs 45 staff with a declared disability—and that no locally appointed staff in its overseas offices have declared they are disabled. A visible

disabled workforce could be a powerful way to challenge stigma and discrimination, and to get a deeper understanding of the barriers that disabled people face. DFID should investigate why it has not attracted more disabled staff, and should consider whether targets would help it redress the balance in some of its offices. (Paragraph 50)

Agree. A low number of declarations of disability on DFID's HR system is not the same as a low number of people with disabilities being employed. DFID's new HR system – Passport - implemented in 2013, will enable us to have a much richer understanding of the diversity of our staff. DFID is running a diversity monitoring campaign during 2014 to encourage staff to complete this part of their online profile. As of May 2014, 26% of staff had completed this, and 90 people have now declared a disability. The PUSS will personally focus on this issue to drive up declaration rates. We know from other government departments that declaration increases gradually and it takes time to achieve full coverage.

To further support disabled people joining the department DFID has joined the guaranteed interview scheme: anyone with a disability whose application meets the minimum criteria for an advertised post is therefore guaranteed an interview. 'Minimum criteria' means that a candidate must provide evidence in their application form that they meet the level of competencies (according to the civil service competency framework), qualifications, skills or experience defined as essential for the position.

DFID is accredited to the Job Centre Plus Two Ticks logo. This year we will review the efficacy of the operation of the two ticks logo in order to identify potential improvements which we can make.

DFID's signed the 'Time to Change' pledge in 2013, following which we commissioned an audit of how DFID accommodates employees experiencing mental health problems. This found that we had made a significant effort to publicise support for employees with mental health problems but we have a way to go until employees can talk openly about mental health problems. The findings will inform an action plan for improvement in this area.

DFID continues to be actively involved in the design of a cross Civil service training solution on mental health and will roll it out to staff upon completion.

Recommendation 13 - Focus on disability in specific sectors / countries, plus 14 disabled people's role in choosing these

- (13) DFID has taken an important symbolic step with its new commitment to make all directly-funded school buildings accessible to disabled children. However, while this commitment is welcome, it is well-known that accessible buildings are a relatively simple, low-cost, response to disability. If disabled people are to enjoy full access to programmes, donors also need to tackle more stubborn barriers such as information and stigma. We would now expect DFID to show more ambition. We recommend

DFID choose one or two substantial sectors (e.g. health or education), and a small number of countries, to focus on. Within these chosen areas, it should then pledge to give disabled people full access to all its programmes. (Paragraph 52)

- (14) We recommend that disabled people take the lead in deciding which the sector(s) DFID should to focus on initially. We further recommend that DFID play to its strengths, and select sectors and countries in which it has a strong track record. Although we recommend that DFID take a focussed approach to begin with, we also urge it to set out a long-term timetable showing how it will expand its commitments to more sectors and countries in due course. (Paragraph 53)

Partially agree. DFID is focussing on including disability more systematically across the breadth of our policy, programming and through influencing our development partners. DFID will make further specific sectoral commitments in 2014 as we did in 2013 when we committed to making all directly-funded school buildings accessible to disabled children. We also see the bigger goal in strengthening the critical foundations that allow us to systematically include disability more effectively across the breadth of our policy and programming.

In terms of disabled people's role within programming design and decision making, country offices are strongly encouraged to consult with disabled people in policy making and programme design. We will continue to use the PUSS' disability advisory group and the new disability knowledge group in DFID to discuss DFID's planned approach, sectoral commitments and guidance on disability with disabled people and NGOs working on disability.

Recommendation 15 - Quick wins

- We accept that once DFID has chosen to focus on one or two priority sectors, extensive work outside these focal areas could leave it overstretched. Nonetheless, to maximise the impact of its work, DFID should remain alert to important links between sectors, as USAID has done. It should also look out for "quick wins" across its whole portfolio, where a small intervention could have a large multiplier effect on disabled people's ability to participate (Paragraph 55)

Agree. DFID's social inclusion approach allows us to consider opportunities to reach excluded groups in all our programmes. We will continue to remain alert to opportunities.

Recommendation 16 - Combatting stigma

- We recommend that, once DFID has decided which sectors and countries to focus on, it should consider in detail the steps needed to combat stigma in these chosen areas. This will allow it to tackle the root cause, as well as the symptoms, of disabled people's exclusion. We also note that overcoming stigma takes time. Echoing our findings on

Violence Against Women and Girls, we recommend that programmes designed to tackle stigma last at least five years, with opportunities for further follow-up. (Paragraph 59)

Agree. DFID agrees that tackling stigma and social norms is a critical area for disabled people. We are already addressing this in a number of ways and will look for more opportunities. For example, many disabled beneficiaries from DFID's human rights and governance programme in Bangladesh, implemented through the Manusher Jonno Foundation, now have jobs and livelihoods as a result of the programme. During feedback on the programme, they reported that their livelihoods have led to a reduction in stigma in their families and communities as they were seen as contributors rather than as a burden.

We will encourage DFID programme teams and civil society partners to do more analysis and share best practice in terms of what works in reducing stigma and discrimination.

Recommendation 17 - new education tool – nuanced approach

- We note that the education of disabled children is a complex area, and that the best approach is not "one size fits all": DFID's recent guidance on school buildings does not capture these complexities, but we trust its forthcoming guidance on inclusive education will take a more nuanced approach. (Paragraph 60)

Agree. DFID agrees that in education a 'one size fits all' approach is not the best approach, and we have been conscious of this in how we support children with disabilities in education. The upcoming Topic Guide on Inclusive Education and Learning will look specifically at the evidence about 'what works' in terms of a nuanced understanding of the different needs of educating children with disabilities.

Recommendation 18 - PBR and perverse incentives

- We note that disaggregated reporting is particularly important in programmes that use payment by results, or else these may create perverse incentives not to include disabled people. (Paragraph 61)

Agree. Payment by Results has the potential to be a useful tool to promote the inclusion of disabled people in developing countries. For example, it may be possible to design a Results Based Aid programme which paid a partner government for every additional child attending school, with an extra premium for disabled children.

DFID agrees with the importance of designing Payment by Results programmes carefully and is actively supporting this. In order to avoid perverse incentives which might otherwise disadvantage disabled people, particular attention must be given to the precise nature of the results being rewarded.

Recommendation 19 - Humanitarian response

- We welcome DFID's support for specialist agencies to help disabled people in recent emergencies. However, if DFID is to reach disabled people in need throughout its humanitarian work, it must also use its influence on UN agencies and large humanitarian NGOs.
- We recommend that, as a condition of funding, DFID should require all its humanitarian partners to say how they will reach disabled people, and to report the number of disabled people they have helped.
- To enable partners to reach more disabled people, DFID should increase its support for specialist organisations to provide training for non-specialists.
- We also recommend that DFID urge the UN to create a central pool of disability experts, similar to the current pool for gender; provide funds for the pool; and encourage other donors to do the same. In addition, we recommend DFID press the UN to endorse cross-sector guidelines on best practice for reaching disabled people in emergencies. (Paragraph 66)

Agree. DFID agrees that there is scope for us to do more to include people with disabilities systematically in our humanitarian response work. We will:

- Include disaggregated data on age and disability as part of our requirements for funding humanitarian proposals;
- Develop an internal guidance note for humanitarian advisers so they know how they should be assessing proposals and what the issues for older people and disabled people are (Handicap and HelpAge will assist);
- Prepare a technical guidance note for DFID staff on supporting mental health in humanitarian crises;
- Encourage the 2016 World Humanitarian Summit to highlight disability and older people in humanitarian assistance;
- Look at where we can influence others to do more – e.g. through our support to UN Common Humanitarian Funds and through funding to the Start Network and Rapid Response Facility;
- Encourage partners, particularly civil society partners who deliver the majority of humanitarian assistance, to build their expertise, and to develop viable proposals that we can fund at scale which include older and disabled people, providing disaggregated data to us as standard.

Recommendation 20–23 - Health spend (prevention and treatment) and guidance note

- (20) DFID is already taking some welcome steps to help treat or prevent the conditions that cause disability. DFID stands out as one of the only international donors to work on mental health (Paragraph 76)

(21) These programmes are valuable—but they represent a very small share of DFID's overall health budget (Paragraph 77)

(22). We are pleased that, in choosing how to spend its health budget, DFID takes into account a range of important factors, particularly international guidelines on cost-effectiveness. However, we are concerned that DFID's approach to health spending may under-state the importance of treating and preventing the conditions that lead to disability. (Paragraph 79)

(23). We recommend DFID issue a guidance note to clarify that, in making difficult decisions on health spending, it is important to look beyond narrow measures of cost-effectiveness. The value of programmes that treat and prevent disabling conditions lies not only in their medical impact, but also in their ability to increase people's opportunities and potentially lift them out of poverty. We recommend DFID thoroughly appraise the case for spending more in the following areas. If DFID decides not to increase its spending, it should explain its reasons to the Committee.

- Mental health care
 - Rehabilitation and basic care, e.g. for people with spinal cord injuries
 - Provision of assistive devices, potentially joining forces with USAID or other major donors to buy in bulk
 - Neglected Tropical Diseases
 - Non-Communicable Diseases
 - Newborn Health
- We also recommend DFID gather detailed data on the cost and impact of all its treatment and prevention work, so as to improve the international evidence base on cost-effectiveness. (Paragraph 80)

Agree. DFID's existing guidance on financing is already clear about the inclusion of the wider benefits of interventions beyond a narrow definition of cost effectiveness (<https://www.gov.uk/government/publications/dfids-approach-to-value-for-money-vfm>). DFID guidance on business cases for new programmes is also clear that costs and benefits for each of the feasible options should include direct and indirect benefits including expected economic, poverty and social impacts.

On health interventions specifically, DFID issued a guidance note specifying that cost-effectiveness is only one factor in decision making on health spending. A range of other factors are also considered, such as the disease burden amongst the poor, what other partners are doing and where the gaps are.

DFID is currently appraising all funding commitments for the next four years. Final funding decisions will take a broad range of areas into consideration.

DFID's work on health service strengthening will enable health services in different countries to make better informed choices about their overall levels of investment in

health, both in specific conditions (including those listed) and about overall levels of investment.

Through DFID's civil society department we support programmes on rehabilitation such as support to the International Committee of the Red Cross who have large physical rehabilitation programmes and support to Motivation UK to provide assistive devices in developing countries. Bulk purchase of assistive devices alone could be problematic as they need to be suitable for the terrain, appropriate for each individual, and must be able to be repaired locally.

Mental health makes up almost 7% of the health burden of disease in developing countries. Given the large unmet need, DFID's focus is on ensuring that this is included in our work on health systems strengthening. As well as this, we are currently preparing a guidance note for DFID advisers on supporting mental health work in emergency situations.

At the London Declaration on Neglected Tropical Diseases (NTDs) in January 2012, the UK committed to substantially increase our NTD programming. This included additional spend on guinea worm, lymphatic filariasis, schistosomiasis and onchocerciasis as well as new programmes on trachoma and visceral leishmaniasis, integrated NTD programmes in two countries, research and capacity strengthening. Some of these programmes start in 2014; we will evaluate the results and impact of these programmes to inform future investment decisions. The USA and the UK are the two largest donors on NTD implementation programmes.

DFID supports work on non-communicable diseases (NCDs), through improving the provision of basic health services for the poorest, which will strengthen health services to address all health problems including NCDs. The UK also supports some focussed work including hepatitis B immunisation to prevent liver cancer, through support for the Global Alliance for Vaccines and Immunisations (GAVI).

DFID has committed to save an additional 250,000 newborn lives by 2015 (and an additional £2.1bn on women's and newborn health between 2010 and 2015). The investments in saving lives will also help to prevent disability as a result of newborn complications, particularly around prematurity, low birthweight, delayed breathing and infection.

Since January 2011, DFID has been increasing our own focus on evidence building, this has led to a significant expansion in the number and range of evaluations, which are helping to bring greater clarity to areas of health where there are evidence gaps or where evidence is contested. The results of these evaluations, along with all annual reviews of projects and all project completion reports, are made public through DFID's website.

Recommendation 24 - Dementia

- Dementia is a growing cause of disability in developing countries, and the Prime Minister has called for it to be "at the heart of the development agenda": we urge DFID and the Department of Health to update the Committee on their plans to accomplish this. (Paragraph 81)

Agree. The Prime Minister held a Dementia Summit in 2013 and DFID is a member of the cross government Dementia Steering Group taking this forward. There are many causes of dementia, and DFID has programmes on some of these including HIV and AIDS and Human African Trypanosomiasis (sleeping sickness). At present dementia is a smaller proportion of the health burden of the poor in DFID priority countries than other conditions such as TB, Malaria, HIV and maternal and child health which people suffer from a younger age.

The UK focus for health in developing countries is on improving the provision of basic health services for the poor by supporting health system strengthening, health worker capacity and access to essential medicines. This focus will strengthen health services to address all health problems including dementia. It will also ensure that countries' health systems can adapt to changing health burdens as their populations age, which will increase as low- and middle-income countries progress through demographic transition and adults begin to live longer lives.

Recommendation 25 - Road Safety

- We welcome DFID's response to the recommendations on road safety in our 2011 report on DFID's Role in Building Infrastructure in Developing Countries. We also welcome the news that the World Bank will only approve loans to programmes that address road safety. DFID should keep up the pressure on the World Bank to meet its road safety commitments, requiring that all new programmes are supported by a full life-cycle risk analysis, and by monitoring mechanisms to ensure risks are successfully mitigated. We also recommend that it require other multilateral development partners—including development banks and the European Union—to introduce similar road safety policies, as a condition of future UK funding. (Paragraph 84).

Agree. In addition to DFID's current support to the Global Road Safety Facility (GRSF), we are already engaging with multilateral development partners on transport policy and research, including issues of road safety. As a Board member of GRSF, the UK has supported the mainstreaming of road safety across all World Bank transport programmes and has encouraged increased engagement with other multilateral development partners. The Multilateral Development Banks' (MDBs') Road Safety Working Group is currently reviewing the needs and opportunities for a Global Road Safety Incentive Fund, as well as developing MDB Road Safety Indicators, which will describe a common approach to road safety requirements for all MDB road transport projects.

In addition to working with multilateral development partners, DFID works directly to improve road safety in some partner countries. For example, in Nepal, DFID is improving safety conditions of highly vulnerable mountain roads, and strengthening the capacity of government for implementation of road safety measures. Through the African Community Access Programme, DFID is undertaking applied research on measures to improve road safety.

Recommendation26 - Armed violence

- Given the links between armed violence and disability, we welcome DFID's research programme on urban violence in developing countries—the Safe and Inclusive Cities programme. We recommend DFID develop further programmes to tackle armed violence, and target all groups at risk of violence, including young men and older people. (Paragraph 85)

Agree. People with disabilities suffer a disproportionate amount in conflict situations, and conflict is a cause of additional disability. DFID has committed 30% of its budget to fragile and conflicted affected states, to support peace and security as a basis for peaceful, sustainable development. DFID supports governments to provide rule of law, security and justice and basic services in order to help prevent conflict and to meet the needs of those populations.

Recommendation27 - Influencing multilaterals

- DFID spends more than half of its budget through multilateral agencies. It should exert its substantial influence to ensure this budget is accessible to disabled people. We recommend that DFID require its multilateral partners to demonstrate that they are reaching disabled people, by reporting disaggregated data: the current policy review at the World Bank provides one good opportunity to do this. When DFID conducts its 2015 Multilateral Aid Review, we recommend it include criteria on disability. DFID should also require its partners to show how disabled people—including DPOs and disabled parliamentarians—are participating in programming, from design through to evaluation. (Paragraph 88)

Agree. DFID takes the efficacy of our expenditure through multilateral agencies very seriously, which is why we commissioned the first Multilateral Aid Review (MAR) in 2011. This looked at whether expenditure through different agencies represented value for money against a number of criteria, which included their focus on equity and inclusion. Many of the multilateral organisations we fund have policies to mainstream disability in their work, for example UNICEF and the World Health Organisation.

Disability and development is one of seven emerging topics that are being addressed by the World Bank on-going review of safeguard policies and procedures. The first draft of

the revised safeguard policies is expected in June and at that point the UK will review the document to ensure that the policy is inclusive of disabled people.

The Multilateral Aid Review (MAR) framework already includes some assessment of whether an organisation promotes the participation of people with disabilities. In preparation for MAR in 2015 we will look at how this is working to see whether any changes are needed. As we continue to work with multilaterals to ensure they provide value for money, we are also pushing for reforms to strengthen the efficiency of these organisations to deliver aid in an inclusive manner.

Recommendation 28 - WB influencing bilateral governments through PRSPs

- We recognise that the PRSP process is led by country governments. However, we would expect the World Bank to discuss with governments how they plan, through their PRSP, to meet their obligations under the UN Convention for the Rights of Persons with Disabilities. DFID should press the World Bank to do so.
- DPOs participate in PRSP process, and we recommend DFID help them to do this, for example by providing economics training, by sharing relevant research on disability and poverty, or by advising on effective monitoring techniques to ensure that any PRSP commitments on disability are duly translated into practice. (Paragraph 90)

Agree. We agree that the World Bank has an important role in influencing partner governments. The World Bank, with the World Health Organisation, are currently developing a Model Disability Survey (MDS). The MDS will support other interventions such as the UN's Washington Group questions on disability to address the lack of accurate and comparable data on disability both at national and international levels, identified by their World Report on Disability as one of the major impediments to better understanding of disability and to the development and implementation of disability inclusion policies.

A key objective of DFID's support to DPOs and disability movements is to build their capacity to hold their Governments to account, particularly for the ratification and implementation of the UN Convention on the Rights of Persons with Disabilities.

Recommendation 29 - HIV and affordable antiretrovirals – influencing the EU

- HIV/AIDS is closely associated with conditions that cause disability. This makes the provision of affordable Anti-Retroviral Therapy (ART) all the more urgent. We recommend that, in any forthcoming trade negotiations, the UK press the EU to retain existing flexibilities that facilitate the production of affordable generic ART. (Paragraph 91)

Agree. The UK government is committed to scaling up access to treatment for HIV and making markets for anti-retrovirals work better to reduce prices, increase the number of quality suppliers and enhance access for poor people. DFID's partnership with the

Clinton Health Access Initiative (CHAI) has already contributed to secure price reductions of almost 50% on both first- and second-line therapies for HIV. This has saved African Governments over £500 million, sufficient to put an extra 500,000 people on AIDS treatment for three years.

The UK supports countries making use of the flexibilities available under the Trade Related Aspects of Intellectual Property Rights (TRIPS) agreement. We support a case-by-case and evidence-based approach to the inclusion of intellectual property (IP) provisions in free trade agreements. While the protection of IP is only one of a number of factors that determine the cost of medicines, we seek to ensure that provisions on IP rights in EU free trade agreements do not have negative impacts on the ability of citizens of the poorest countries to access affordable essential medicines.

Recommendation 30 - Ministerial messages on disability

- Many DFID partner countries have been slow to implement the UN Convention on the Rights of Persons with Disabilities. We agree with the Minister that it might be counter-productive to make aid conditional on implementing the Convention. However, we recommend the UK take other steps to press for disabled people's rights—for example, by supporting civil service capacity building, and by sending key messages with Foreign Office travelling ministers.
- DFID should also consider supporting the UN Partnership to Promote the Rights of Persons with Disabilities. If it decides not to support the Partnership, it should use the funds for other work to promote disabled people's rights, and should report back to the Committee on its plans. (Paragraph 96)

Agree. We agree that there can be a gap between Governments ratifying and implementing the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Through support to the Disability Rights Fund for example, we are specifically supporting DPOs to lobby for both the ratification and the implementation of the UNCRPD, including through the production of alternative CRPD reports.

We will look for opportunities to remind governments of their obligations under the UNCRPD at a Ministerial and officials level and will encourage multilateral partners to do the same.

We will consider supporting the UN Partnership to Promote the Rights of Persons with Disabilities.

Recommendation 31–34 - Engagement with the Private Sector

- (31) DFID's engagement with the private sector creates exciting possibilities for its work on disability. We recommend that DFID require its private sector partners to report on the number of disabled people they employ, and - for services such as credit—

the number of disabled people they serve. Reporting requirements should be proportionate—we accept DFID would not want to impose a heavy burden on very small companies. However it should, as a minimum, require such reporting from larger companies supported through CDC Group, the Private Infrastructure Development Group, and the High Level Prosperity Partnerships. (Paragraph 97)

- (32) We recommend DFID require all partner companies to produce action plans stating how they will work towards international health and safety standards. If DFID is working with very small businesses, it should provide financial support for any necessary adjustments to meet these recommendations. (Paragraph 98)
- (33) Wherever private sector organisations are responsible for delivery of key public services, we recommend that DFID work with partner governments to ensure appropriate regulations are in place for disabled people's access. (Paragraph 99)
- (34) We recommend DFID investigate the feasibility of a Kite Mark standard to recognise disability-inclusive employers. It should report back its findings in its response to this report. (Paragraph 100)

Partially agree. We know that livelihoods and jobs are what matter most to poor people, and inclusive growth is an important objective for DFID going forward.

DFID's focus in our private sector work is often on influencing how supply chain relationships work, for example, integrating small-scale producers in markets and global trade. Where there are drivers for sector-wide change, for example, in the Bangladesh garment sector following the Rana Plaza building collapse, DFID made wider efforts involving business, national governments and the International Labour Organisation. We supported specific measures to support the women and men disabled as a result of the disaster for example.

CDC investment policy states that non-discrimination (including disability) is a requirement for all investee companies. Their Toolkit provides guidance on the implementation of the Investment Policy and includes checks on whether non-discrimination policies are in place in investee companies.

Recommendation 33 is context-specific and needs to be assessed on a case-by-case basis by the relevant Country Office. Through stronger internal guidance, we will be supporting and encouraging all DFID staff to apply principles of inclusion to all DFID programming.

In our experience, a new standard or kitemark for compliance is likely to have limited take up from companies (there are many similar initiatives), and is ultimately unlikely to drive significant change.

The private sector has a huge role in driving innovation. DFID's is setting up Global Development Innovation Ventures (GDIV) a new independent body that will provide funding for any innovation that delivers development outcomes more effectively or at lower cost than standard practice. The fund recognises that good innovations could

come from anywhere and will be open on an ongoing basis for ideas from anywhere and any sector. DFID encourages academics, NGOs, entrepreneurs and other companies to apply to G-DIV with any products or services that address a development need, including in addressing disabled people's specific needs.

DFID is also running a programme called Amplify, which is collaboration between DFID and design firm IDEO.org. The programme aims to bring in new actors to define a development challenge, generate and test. The next two challenges are focused on early child development (likely to focus on cognitive development) and education (learning and vocation training) for communities displaced by protracted crises. Both present a significant opportunity for organisations working on disability to engage in the challenge and to submit ideas that address their issues within these broader challenges. We will consider whether a future challenge should be on disability.

Recommendation 35 - Conditions on non-DFID ODA

It is important that all UK Official Development Assistance (ODA) is accessible to disabled people, no matter which department is responsible. We recommend all departments that spend ODA put in place measures to monitor the number of disabled people who benefit from their development programmes. This is particularly important for the Foreign and Commonwealth Office, which spends most UK ODA outside DFID, and is the lead department on human rights issues. (Paragraph 101)

Disagree. All government departments have to make sure that ODA spend is within the OECD DAC ODA guidelines – which have the promotion of economic development and welfare as its main objective (as defined by the OECD DAC) and deliver value for money.

Recommendation 36 – 37 – Post 2015 development framework

- (36) The post-2015 development framework is currently being deliberated upon by UN General Assembly members. It is vital that this framework secure better outcomes for disabled people than the Millennium Development Goals. (Paragraph 102)
- (37) We strongly endorse the High-Level Panel's emphasis on leaving no-one behind in the next global development framework. We also welcome the proposal to disaggregate data by disability, and consider no goal met unless it is also met for disabled people. The Prime Minister has shown impressive leadership in bringing disability into the post-2015 development process, and we now urge the UK to use all diplomatic channels to ensure this momentum is sustained until the goals are finally agreed. (Paragraph 105)

Agree. The UK is pushing for the principle of 'Leave no one behind' and a 'data revolution' to be included in the MDG's successor development framework. This was a central element of the report prepared for the UN Secretary General by the High Level Panel, co-chaired by the Prime Minister. The next framework should ensure that no

person is denied universal human rights and basic opportunities, regardless of disability, ethnicity, gender, geography, age, race or other status. All goals should be underpinned by disaggregated data, to monitor progress across different social and economic groups.

Recommendation 38 - Disaster Risk Reduction framework

- We recommend that DFID press for the next framework on disaster risk reduction to include explicit references to disabled people, rather than simply vulnerable groups (Paragraph 106)

We are at an early stage of the process for negotiating the next Disaster Risk Reduction framework. While an extensive consultation process has been underway since 2012, publication of the first draft framework by the UN is still pending completion of that process. Once issued, the UK will continue to push for agreement on the need to prioritise those who are most vulnerable and will include a strong focus on people with disabilities.