**International Development Committee Inquiry on DFID's work on disability**

**Written evidence submitted by CBM UK**

# **February 2019**

# **Executive summary**

CBM UK welcomes the ever growing focus on disability, including mental health, by the Department for International Development. We believe the new Strategy will help further the inclusion of people with disabilities but feel it would benefit from increased detail and benchmarks against the UNCRPD. Whilst DFID needs to spend enough on mainstreaming disability it also needs to ensure the national and local DPOs and networks have the capacity engage meaningfully. DFID could still benefit from capacity building on disability inclusion, as could other government departments spending ODA, to ensure the UK plays a leading role in disability inclusive development.

# **CBM**

CBM (Christian Blind Mission) is a global charity working to transform the lives of people living with, and at risk of, disabilities, their families and communities in the world’s poorest places. With over a century’s experience of working with people with disabilities, and more than 600 programmes across the world, we work to end the cycle of poverty and disability through a combination of practical programmes and advocacy. CBM UK is a Member Association of the CBM Federation.

**QUESTIONS**

**Does DFID’s new disability strategy provide an adequate framework for approaching disability inclusive development?**

1. CBM UK welcomes DFID’s Strategy, in particular the focus on social protection and systems strengthening, inclusion of intersectional areas such as gender, the increased focus on mental health and the specific focus on humanitarian action. The delivery plan provides timescales, thus ensuring commitment beyond paper; and the minimum standards signal aspiration and greater mainstreaming of disability inclusion.
2. Whilst adequate for ensuring that disability is addressed through DFID’s work, the Strategy is a collection of current, or soon to be implemented, work rather than a new vision. The strategy is also vague in describing **how** DFID will go about some of the work, for instance how it will ‘support’, ‘strengthen’, ‘work with’, ‘ensure’ and ‘tackle’ etc.
3. The delivery plan lacks detail on specific actions, and there is no way to identify which programmes the action points are delivering, eg the Disability Inclusive Development (DID) Programme. It would improve transparency and accountability to have these indicated in a column alongside the actions, as well as signposting to specific programme details; and overall, we would hope that DFID has a more detailed version of this plan for internal use.
4. Coherence with international frameworks is also unclear in the Strategy, in particular how it complies with the UNCRPD and achieves SDG targets, which we believe is a missed opportunity for strong monitoring and accountability.
5. Whilst CBM UK welcomes the theory of change, we find it somewhat disparate from the rest of the documentation and would like to see a more clearly articulated ToC with assumptions and pathways better demonstrated.
6. Overall, it is too early to tell how adequate the Strategy is. It would be useful for the International Development Committee review progress mid Strategy to ensure it is on track and identify lessons learned for post-2023 work.

**Is DFID spending enough on disability?**

1. To achieve full disability inclusion, DFID almost certainly is not spending enough, in particular on mental health, as people with disabilities have been largely excluded throughout development processes because of lack of mainstreaming. The question better asked here would be how has DFID built disability into all of its work, from planning to implementation to MEL. Mainstreaming would have a far greater impact than disability specific programmes alone.
2. It is, however, difficult to assess how much DFID is spending on disability. Whilst the disability inclusion marker provides one tool, this does not measure non-programmatic work, such as inter-governmental advocacy; and there is no marker for mental health yet.
3. CBM UK has noted that DFID country offices do not necessarily know what budget they have for ‘disability inclusion’, and CBM UK partners working on DFID funded programmes have told us they want to do more on inclusion but do not have enough budget.
4. There are also inbuilt disincentives for DFID to spend on certain areas eg the requirement to publish details of spending over £500 leads to unwillingness to pay for activities such awareness raising, due to concerns around public opinion. These activities may still happen, but with costs passed on to private and NGO sector partners.
5. The question is also whether DFID has the right approach to **what** and **how** work is resourced. In terms of inclusive education, money needs to be spent on early identification, early interventions, and early childhood care and education. The Centre for Global Development’s report on UK Aid also suggests in order to provide effective aid, the UK should target more of its spend at poorest countries.[[1]](#footnote-1)

**Is DFID’s consideration of disability inclusion sufficient across its programmes?**

1. We welcome the connections made between the Strategy and other areas of DIFD policy, such as *Get Children Learning* and the *Strategic Vision for Gender Equality*, which is important for mainstreaming and policy coherence.
2. The Strategy builds on the success of the 2014/15 Framework in raising awareness and increasing understanding of the importance of inclusion and the need for an increased focus and consistent approach. However, there is still widespread lack of knowledge and capacity across DFID in how to carry this out. In one DFID programme audited by CBM UK, whilst partners were given some input on disability inclusion through a workshop, this did not result in greater confidence in how to operationalise inclusion; and people with disabilities were not being systematically included across the programme. It was also found that partners had only recently started disaggregating data by disability and were not sure how to use the data collected.
3. Our experience is that DFID’s consideration of disability inclusion is inconsistent across processes and the life of a programme. For example, with one SRHR contract, later converted to a grant, which specified the need for disability inclusion, the lead applicant sought to partner with a disability-inclusion specialist organisation. This partnership was then dropped when the DFID budget amount was reduced, before the grant was awarded.
4. Whilst there has been a boost to disability mainstreaming there has not been a noticeable corresponding investment in disability specific interventions. The essential goods and services these provide, such as assistive devices, and teaching of braille or sign language, may not otherwise be provided through mainstream programmes.

**How effectively is DFID tackling the gaps in knowledge and data relating to disability identified by ICAI in its recent review?**

1. CBM UK’s experience would back ICAI’s assessment of DFID’s expertise on disability and support the recommendation that DFID needs stronger in-house expertise. We noted that a number of basic accessibility checks had not been made in relation to the Disability Summit, for instance provision of hoists in toilets and screen reader friendly documentation online. Strengthened capacity would need to be in the form of permanent rather than temporary or seconded staff, to engender consistency, with a sufficient level of expertise and seniority.
2. In addition, we believe there needs to be strengthened capacity for mental health within DFID, if the UK is to step up as a global leader; and more work needs to be done to address gaps in data, especially those that the Washington Group Short Set (WGSS) do not adequately capture.
3. The research component within the new DID Programme is a positive development and should generate useful knowledge and data; and it is essential that the two consortia work very closely if the research component is to fulfil its purpose.
4. CBM Australia’s experience of providing a helpdesk function for DFAT suggests that the budget provision for the DID Programme helpdesk function is inadequate.

1. In light of point 13 above, we would urge a review of how disaggregated data is used to inform DFID’s ongoing and future work.

**Has DFID encouraged and facilitated the participation of people with disabilities, and relevant advocacy groups, in developing its strategy and approach?**

1. In our experience at country level, whilst consultation has been offered by DFID, it has not always included a full diversity of people with disabilities - those who have psychosocial, intellectual or multisensory disabilities are typically the most at risk of being left out; and notice given/ deadlines have often been too short to enable meaningful participation.
2. As an INGO with an advocacy function, CBM UK has participated in consultation with DFID and found DFID staff to be open to engagement, through formal meetings, informal discussion and email contact. However, the consultation period on the Strategy was rather tight, meaning we were unable to meaningfully consult out partners and country offices.
3. It would be helpful if DFID assessed the capacity of target countries to manage funding before launching funding streams and awarding contracts and grants - especially multiple programmes in the same country - as DPOs have reported struggling to find capacity to engage with programmes.
4. It is also concerning that DFID has suggested **not** consulting DPOs because some DPOs have reported feeling overwhelmed by the amount of funding and programming in the same country. Whilst the Strategy includes standards on building the capacity of DPOs, and CBM would encourage greater institutional support for DPO engagement (eg funding attendance of international meetings) we would have concerns about DFID **directly instigating** the building of DPOs and their networks, without the impetus coming directly from people with disabilities. It would, therefore, be helpful to see detail on **how** DFID intends to ‘support’ DPOs in practice.

**How effective was DFID in supporting its country offices to deliver the 2015 Disability Framework? How can support to country offices be improved upon in rolling out the new strategy at a country level?**

1. CBM UK’s audit of one DFID programme under the 2014/15 Framework found that the country office did need additional support from DFID, but that the capacity was not there within DFID. In our audit report we recommended capacity building for staff, along with the appointment of full time staff members focused on disability inclusion, who can support partners with inclusion. These could also be champions for the Strategy more broadly.

**How effectively are other ODA-spending departments ensuring that their ODA expenditure is inclusive of people with disabilities?**

1. CBM UK does not have significant experience of working with other government departments, although we are starting to with the Department of Health and Social Care on a mental health programme, which is a welcome intervention. It is positive that the expertise, that couldn’t necessarily be expected of DFID, of other departments is utilised.
2. It is especially important for departments to share lessons learned with DFID so that the UK does not advocate for or export systems, such as certain benefits systems, that could potentially have a harmful impact on people with disabilities. This could provide useful for long term horizon scanning to anticipate challenges that may arise as systems are strengthened in recipient countries.
3. It is important to take note of concerns around the delivery of ODA by other government departments (OGDs), especially the Home Office, around the focus on poverty, transparency[[2]](#footnote-2) and overall UK aid effectiveness[[3]](#footnote-3); and it might be helpful to test OGDs against the minimum standards for DFID business units where they are delivering ODA.

**Were the commitments made at the Global Disability Summit (by DFID and others), including the launch of the new Inclusive Education Initiative, sufficient?**

1. The commitments and accountability measure were a positive outcome of the Summit. We welcome the Inclusive Education Initiative and await further progress.
2. We were, however, disappointed with the commitment development process. There was considerable consultation with stakeholders in the run up to the Summit, the results of which we assumed would feed into the formation of commitments. However, stakeholders were given a short timeframe to submit their own commitments - and the time, work and energy of civil society in the run up to the Summit appeared not to be directed into any concrete output.
3. Whilst the freedom to create commitments provided greater ownership and buy in of stakeholders, many of the commitments were vague, poorly expressed (possibly because they had to be submitted in English) and neither specific nor measureable. We noted that commitments from national governments on women and girls with disabilities tended to be fewer and amongst the more vague commitments.
4. Many of the commitments, including those from DFID, focussed on pre-existing work. Similarly, other stakeholders, including the CBM federation, felt that the timeframe for submitting commitments was too short to develop new, SMART commitments that could be costed and approved through relevant decision making processes; and therefore realistic, achievable commitments needed to focus on existing direction of travel.

**How effectively is DFID implementing its commitments from the Global Disability Summit? How can DFID best be held accountable?**

1. Given that a number of DFID commitments were already in progress by the time of the Summit, DFID has been effective in implementation. We note that the final version of the Inclusive Data Charter Action Plan is now behind the original deadline.
2. In terms of the overall effectiveness of the commitments in furthering disability inclusion, it is too early to tell.
3. CBM UK welcomes the accountability structure and opportunities for civil society to input into its development; although ideally the mechanism would have been in place by the time of the Summit. It is not yet clear how long the monitoring of commitments will go on for and it is obvious that budget will not enable much beyond initial set up, which raises concerns about the longevity of the Summit’s legacy.

**What role should the UK play on disability inclusion within the global humanitarian and development community?**

1. CBM UK welcomes DFID’s focus on humanitarian contexts as well as development, and our observation is that DFID is one of the most proactive donors in pushing disability inclusion in the humanitarian agenda – a role which we encourage the UK to continue. Significant progress has been made since the 2014/15 Framework, and we welcome the greater recognition of psychosocial and intellectual disabilities which have been previously marginalised in humanitarian responses.
2. The commitment to promote the routine, systematic collection and use of disaggregated data using tested tools such as the WGSS is critical to advocating for inclusion in a more robust fashion during emergencies; although again, work remains to identify measures to capture mental health.
3. We believe DFID could capitalise further on it leadership role and influencing capacity to liaise with peers, particularly in country, to promote a more joined up approach to disability inclusion in humanitarian responses; and capitalise on leadership on development in general through DFID’s co-chairing of the GLAD Network.
4. In addition, we recommend that DFID considers opening up funding lines for DPO engagement and capacity building in emergencies; and promote, through call for proposals, greater collaboration between mainstream and disability specific in humanitarian situations.

**Are there particular safeguarding issues within disability inclusion that should be prioritised by DFID’s work tackling sexual exploitation and abuse in the aid sector?**

1. It is important to recognise that abuse and exploitation stem from unequal power relations. As persons with disabilities often have less systemic power, they are at greater risks of violence, abuse, neglect and exploitation than those without disabilities. In particular, we welcome DFID’s recognition that power imbalances are a significant driver of violence against women and girls with disabilities.
2. It is also important for DFID to recognise that stigma, discrimination and marginalisation can be a form of abuse as well as a result of abuse. Limited awareness of rights also create an enabling environment for abuse to persist.
3. Service providers need to consider accessibility and adaptation of safeguarding measures to address all people with disabilities; and similarly with services for disabled survivors of sexual exploitation, including access to legal support and review services. At present these issues are not comprehensively addressed through DFID’s work tackling sexual exploitation and abuse, although the Department has recently started engaging organisations such as CBM UK on safeguarding through stakeholder meetings.
4. Greater focus and investment is required to improve the accessibility of reporting, feedback and support mechanisms available to people with disabilities, in particular those with sensory impairments who encounter additional barriers. There is also currently limited discussion across the disability sector on safeguarding children and adults with disabilities. Often, agencies restrict their practice by applying standardised processes to safeguarding that have not considered the additional vulnerabilities that children and adults with disabilities may face.
5. Given the increased focus on both safeguarding and disability inclusion by DFID, it is critical that DPOs, people with disabilities and those with experience of psychosocial disabilities participate and lead discussions in order to provide expert, impairment specific advice on how to improve safeguarding practice to ensure accessibility, availability and suitability of prevention and response mechanisms.

**Is DFID learning effectively from other approaches and global work on disability inclusion?**

1. It is important to learn from what doesn’t work, as much as what does, to further disability inclusion - from DFID’s own work as well as that of others; and we would welcome similar research and reporting to that produced through the What Works to Prevent Violence Programme.
2. Taking a longer term look, it is clear that there has been a shift in DFID’s thinking since the 2000 issues paper *Disability, poverty and development* further towards a rights-based approach and away from prevention as the top priority. However, some issues addressed 18 years ago remain the same, such as the lack of knowledge and data on disability and it would be worth DFID learning from its own experience as well as from other stakeholders.

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1. Caitlin McKee, Ian Mitchell, Arthur Baker. 2018. “UK Aid Quality Indicators” CGD Policy Paper.

Washington, DC: Center for Global Development. <https://www.cgdev.org/publication/uk-aid-qualityindicators> [↑](#footnote-ref-1)
2. <https://www.one.org/international/policy/real-aid-index-uk-international-development/> [↑](#footnote-ref-2)
3. *UK Aid Quality Indicators* [↑](#footnote-ref-3)