

Disability Inclusive Development and Humanitarian Response: Recommendations to UK Government

Summary

People with disabilities face discrimination and structural inequalities in many areas of life, which often leads to disadvantage and exclusion. Those with disabilities in low and middle-income countries are at most risk of being left behind. The UK plays a key role in challenging this injustice by continuing its leadership on disability inclusive development and humanitarian response. As the UK renegotiates its role in the world, and in the run up to the 2030 deadline to achieve the Global Goals, this decade provides new opportunities to ensure that disability inclusion is addressed through all of the UK's foreign policy decision-making; and that other stakeholders are influenced to follow the UK's example.

Disability

It is estimated that **15% of the world's population has a disability**, with 80% of people with disabilities living in low and middle-income countries (LMICs).¹ However, more recent national data often dispute this – for example an average 2.6% of the population in Malawi to 7.1% in India². There are often challenges in establishing consistent numbers due to differing data collection questions and methods, and reluctance to disclose disabilities.

Disability is increasingly understood as the interaction of an impairment (physical, mental, developmental) with the environment – that because of barriers to participation in society, a person is disabled. Put another way: impairments may result from a number of factors, such as disrupted development in utero, genetic conditions, accidents, deliberate harm, external stressors and aging, but **a person is disabled by a society** that is designed predominantly by and for people without such impairments.

This exclusion is recognised as discrimination and a violation of a person's inherent dignity and worth in the **UN Convention on the Rights of Persons with Disabilities (UNCRPD)**, to which the UK is a signatory.

Stigma and discrimination

Cultural norms that do not consider the experiences or needs of those outside the hegemony perpetuate the exclusion of and **discrimination** against people with disabilities. Discrimination is often underpinned by **stigma**, which marks people with physical or mental impairments with disapproval. This disapproval is often based on false assumptions, for example that an impairment is contagious or a result of divine judgement.³

A person's impairment type may also determine the levels of discrimination and even abuse they face. People with **mental health conditions**, or psychosocial disabilities, in particular face human rights violations across the world, including exclusion, being chained up or locked in the home, not given access to financial or other resources, homelessness and forceful detention.⁴

People with disabilities are not a homogenous group, but have other, **intersecting identities**, based on gender, age, race, religious belief, caste, sexuality and socio-economic status etc. These other identities might afford areas of privilege or, conversely, exposure to further areas of discrimination and risk; and the intersectional experience is greater than simply the sum of parts.⁵ It is often noted

that women with disabilities find themselves on the margins of both women's movements and disability movements.⁶

Impact of discrimination and exclusion

Exclusion has far-reaching effects on the lives of people with disabilities. Whilst there is often an association between disability and poverty there is limited research to prove causality, although LMICs tend to have higher disability prevalence than high income countries.⁷ However, there are clear indicators of disadvantage:

- **Education:** An estimated 65 million primary and lower secondary school aged children in LMICs have disabilities. There are varying estimates of how many do not attend school – from half⁸ to 90%⁹. Discrepancies may arise because children with disabilities are often missed out of surveys.
- **Employment:** Across LMICs, employment rates for women with disabilities are 19.6%, compared with 29.9% for women without disabilities; and 52.8% for men with disabilities, compared with 64.9% for men without disabilities.¹⁰
- **Maternal health:** Studies have found that women with disabilities find it more difficult to access maternal healthcare because of lack of accessible transport, lack of knowledge about specific needs or sensitivity from healthcare providers; as well as lack of access to healthcare infrastructure.¹¹ This places women with disabilities and their babies at greater risk of mortality.
- **Humanitarian response:** Between 2008 and 2017, an average of 198.8 million people across the world annually were affected by natural disaster.¹² Emergency situations exacerbate the inequity and marginalisation faced by people with disabilities, particularly

women, children and older people, who are more vulnerable to exploitation, violence, physical, sexual and emotional abuse in the aftermath of humanitarian crises.¹³

Policy implications and recommendations to the UK government

Under the UNCRPD, the UK has a number of obligations, including to ensure that international cooperation, such as **international development programming**, is inclusive of and accessible to persons with disabilities (Article 32).¹⁴ The UK can also leverage its **diplomatic and advocacy work** plus **financing priorities**, to achieve this.

To date, the UK government has made significant strides to further the inclusion of people with disabilities in LMICs, largely through the Department for International Development's **Disability Inclusive Development Strategy**,¹⁵ **Global Disability Summit**, and a number of funding streams and programmes. Parliament has also been effective in its scrutiny of this work and recommendations for progress, in particular through the International Development Committee.

However, it is essential that the new government maintains – and builds upon – this momentum, if there is to be real and lasting change for people with disabilities.

Core values of disability inclusion

- 'Nothing about us without us'
- Respect for inherent dignity and choice
- Non-discrimination
- Full and effective participation
- Respect for difference
- Equality of opportunity for all
- Accessibility and reasonable accommodation

For more detailed information go to <https://www.cbmuk.org.uk/wp-content/uploads/2016/05/CBM-DID-TOOLKIT-accessible.pdf>

In general, CBM UK urges the government to:

1. Maintain commitment to DfID's **Disability Inclusive Development Strategy and Delivery Plan to 2023**¹⁶, in the face of shifting international development priorities and questions over the department's future. It is particularly important that people with disabilities remain at the centre of this strategy, observing the principle of 'nothing about us without us'.
2. **Build knowledge and expertise** on disability inclusion (DI), including intersectional identities such as gender, **within other government departments** that deliver Official Development Assistance. This will benefit efforts to mainstream disability throughout UK aid delivery and advocacy work.

More specifically, based on CBM's priority areas, we urge the government to:

3. Progress its ambition to be a world leader on **global mental health**, as stated in the Disability Strategy; by:
 - a. Mainstreaming mental health into international policy and advocacy work, using 'mental health impact assessments' across foreign policy, aid and development decision-making.
 - b. Introducing a marker for UK government spending on mental health interventions, with a view to increasing current funding.
 - c. Ensuring mental health programmatic work is appropriate to local and national context and capacity, by working with people with psychosocial disabilities and their representative organisations.
4. Strengthen its commitment to **women and girls with disabilities** where there are currently gaps by:
 - a. Using international policy fora to advocate for the elimination of all

forms of discrimination and violence against women and girls with disabilities.

- b. Including women and girls with disabilities in policies, frameworks and plans relating to conflict and post-conflict situations, including through the work of governmental special representatives.¹⁷
 - c. Furthering the active inclusion and participation of women and girls with disabilities in each of the seven strategic outcomes of the UK National Action Plan on Women, Peace and Security¹⁸
5. Follow up on findings in DFID's **humanitarian portfolio inclusion review**¹⁹ including CBM's review of disability inclusion in the North East Nigeria Transition to Development (NENTAD) programme.²⁰

In 2018, DFID Nigeria commissioned CBM and JONAPWD²¹ to review disability inclusion in four humanitarian projects funded by NENTAD. CBM recommended that:

- Disability inclusion plays a vital role in humanitarian action
- Inclusion is taken into account at all stages of the project cycle, with the participation of people with disabilities
- Budgets incorporate costs for necessary adaptations and accessibility measures
- Data collection is disaggregated by disability
- Staff receive training in inclusion, along with ongoing support to adopt inclusive practices
- A twin track approach to humanitarian programming is adopted, whereby the specific needs of people with disabilities are met, along with the mainstreaming of inclusion
- Humanitarian actors build awareness about disability inclusion.

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CBM (Christian Blind Mission) is a global organisation working with local partners to transform the lives of people with disabilities in development and humanitarian settings, through programmes, research and advocacy.

- ¹ World Health Organisation. 2011. World report on disability. https://www.who.int/disabilities/world_report/2011/en/
- ² Mactaggart I, et al. Access to water and sanitation among people with disabilities: results from cross-sectional surveys in Bangladesh, Cameroon, India and Malawi. *BMJ Open* 2018;8:e020077. <https://bmjopen.bmj.com/content/8/6/e020077>
- ³ Bond Disability and Development Group. 2017. Stigma, disability and development. <https://www.bond.org.uk/resources/stigma-disability-and-development>
- ⁴ The Lancet. 2018. The Lancet Commission on global mental health and sustainable development [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31612-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31612-X/fulltext)
- ⁵ For early work on intersectionality see: Crenshaw, Kimberle. 1989. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *University of Chicago Legal Forum*: Vol. 1989: Iss. 1, Article 8. <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
- ⁶ Begum, N. 1992. Disabled Women and the Feminist Agenda. *Feminist Review*, (40), 70-84. doi:10.2307/1395278
- ⁷ Thompson S. 2017. Disability prevalence and trends. K4D Helpdesk Report. Brighton, UK: Institute of Development Studies. <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/13237>
- ⁸ IDDC (2016) #CostingEquity: The case for disability-responsive education financing, International Disability and Development Inclusive Education Task Group www.iddcconsortium.net/resources-tools/costing-equity
- ⁹ Liliane Fonds. 2017. Enabling Education: Steps Towards Global Disability-Inclusive Education <https://www.lilianefonds.nl/uploads/media/58c7e40d894ef/rapport-enabling-education.pdf>
- ¹⁰ World Health Organisation. 2011.
- ¹¹ Ganle JK et al. 2016. Challenges Women with Disability Face in Accessing and Using Maternal Healthcare Services in Ghana: A Qualitative Study <https://doi.org/10.1371/journal.pone.0158361>
- ¹² Centre for Research on the Epidemiology of Disasters (CRED). 2018. Disasters 2018: Year in Review. <https://cred.be/sites/default/files/CredCrunch54.pdf>
- ¹³ Refugee Law Project. 2014. From the Frying Pan into the Fire: Psychosocial Challenges Faced by Vulnerable Refugee Women and Girls in Kampala. Kampala: Refugee Law Project https://reliefweb.int/sites/reliefweb.int/files/resources/From_the_Frying_Pan_into_the_Fire.pdf
- ¹⁴ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-32-international-cooperation.html>
- ¹⁵ DfID. 2018. Now is the Time. <https://www.gov.uk/government/publications/dfids-disability-inclusion-strategy-2018-to-2023>
- ¹⁶ DfID. 2018.
- ¹⁷ Prime Minister's Special Representative on Preventing Sexual Violence in Conflict; Ministry of Defence's Gender Champion; Foreign and Commonwealth Office's Special Envoy for Gender Equality; Department for International Trade's Trade and Gender Committee; etc
- ¹⁸ HM Government. 2018. UK national action plan on women, peace and security 2018 to 2022. <https://www.gov.uk/government/publications/uk-national-action-plan-on-women-peace-and-security-2018-to-2022>
- ¹⁹ HM Government. December 2018. UK National Action Plan (NAP) on Women, Peace and Security (WPS) 2018 to 2022: report to Parliament. <https://www.gov.uk/government/publications/uk-national-action-plan-nap-on-women-peace-and-security-wps-2018-to-2022-report-to-parliament-december-2018>
- ²⁰ CBM UK and JONAPWD. 2018. Lessons from Disability Audit of North East Nigeria Transition to Development (NENTAD) Humanitarian Response. <https://www.cbmuk.org.uk/news/humanitarian-disability-inclusion-audit-findings-released/>
- ²¹ Joint National Association of Persons with Disabilities