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International Development Committee

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Watch the meeting: Tuesday 4 February

Members present: Rt Hon Sir Malcolm Bruce (Chair); Hugh Bayley; Sir Tony Cunningham; Pauline Latham; Jeremy Lefroy; Sir Peter Luff; Fiona O'Donnell; Mr Michael McCann; Chris White

Questions 109-204

Witnesses: Amina Mohammed, Special Adviser of the UN Secretary-General on post-2015 Development Planning, gave evidence.

Q109 Chair: Good morning. First of all, can I welcome you, again, in front of the Committee? We are very delighted to see you. We certainly enjoyed our exchange of views last time you were here, and I am sure we will again. Just for the record, I wondered if you could introduce yourself.

Amina Mohammed: Yes, good morning. I am Amina Mohammed, the UN Secretary-General's Special Adviser on the post-2015 development process and Assistant Secretary-General.

Q110 Chair: Thank you very much again for coming in. I think you will know that the Committee is very exercised on the issue of disability and how disabled people fare within development programmes. Clearly, the whole post-2015 agenda could be quite crucial. The objective, which we all applaud, to eliminate absolute poverty by 2030 is clearly an ambitious one. If the second objective is to leave no one behind and something between 15% and 20% of the world's poorest people have some form of disability, the indications are that you have to have a strategy specifically for disabled people, to ensure that no one is left behind. I just wondered if you could perhaps explain, from your perspective, how important you think that is and how we should approach it.

Amina Mohammed: Hon. Members, thank you very much. I am really delighted to be here, today. It is an incredible opportunity, because this is a critical part of the new development agenda. We move from just a poverty focus to sustainable development. As you said, we have said, "Leave no one behind," and we are talking about giving a life of dignity to everyone. Specifically, that means this is a really opportune time to address

those living with disabilities and appreciate the role of the UK. As a member state, the UK has really been up front in trying to push these issues to make sure that we do have an inclusive agenda. The high-level meeting of the General Assembly on disability and development that was held last year gave a big highlight to the fact that it is a critical issue, but that there are many challenges to trying to actualise policy to practice. However, there are so many potentials, and if we give some good thought to this, as the inter-governmental process of the post-2015 development agenda progresses, we will get some good results in a good framework. This is a really important part of the ongoing deliberations and inputs into the process.

As you have said, we do have the world's largest minority, over 80% of them living in developing countries. They are the most neglected and marginalised group. It is unfortunate. We always talk about the poor, and yet so many of those minorities within them fall between the cracks. They have experienced an awful lot of violations. Poverty and disability are also inextricably linked. We talk about disability as an add-on to most of our agendas but, in fact, it is an integral part of the whole poverty agenda. That has not been as carefully looked at, when we have been trying to develop policies and bring them into our plans in many of the countries.

Over the past three decades, we know that there has been a growing nexus between disability and development. Through the adoption of the various plans and resolutions that we have had, we have seen that pushed further to the top of the agenda, but we now have an opportunity to really try to root that into a development framework that did not really include it. The MDGs have done an awful lot for us, in terms of putting critical health, education and gender issues on the front burner. However, that was left behind, and this is an opportunity to ask, while we try to finish the MDGs, what was missing from them, to ensure that we address inclusion and the big question of inequalities. That has been something we have not been able to get our head around.

The Secretary-General is very clear in his report. It came as an input from the report that came from the High-Level Panel, when we talked about the inclusive agenda of leaving no one behind. He has put that through. A number of issues have come across, such as the need to make this not, as I said, something that is added on or where we tick a box and say we have dealt with people with disabilities. Instead, it needs to be an integral part of it. We need to integrate this in policy, embed it and use data more effectively to make sure that this is inclusive, so that policy-to-planning and the investments that need to be made are done so we can see some impact.

It works all through the spectrum of saying, "How do you even measure what you are doing, in terms of the investments that we need to make?" For the health agenda, the education agenda, the economic empowerment agenda and others, we have had many discourses with those living with disabilities. They have talked to us about not just being a beneficiary of access but how they are included in the economy itself, and in education, and having the right skill sets that help them make a better life for themselves.

Q111 Chair: There are two points that are being given to us in evidence. One of our witnesses, Dr Tom Shakespeare, made the point that when you are talking about people living in absolute poverty, there is not that much distinction between disabled people and non-disabled people, because everybody is poor. His argument is that, as you lift people out of

poverty, it is the disabled people who tend to be left behind. Also, the argument we have had is: if your objective is to abolish absolute poverty, you go for the lower-hanging fruit, which again means the disabled people could be left behind. We are very taken by the point you are making. It has to be built into the development agenda. Presumably, what that means is that any agency engaging in poverty reduction in developing countries, whether it is a bilateral or multilateral donor or NGO, should be asking themselves: "What specifically should we be doing to ensure that we are supporting disabled people and building them into the programme?" Is that, essentially, what you are suggesting should be done?

Amina Mohammed: Yes, absolutely. We have not asked those questions. Often, these have come from support from the outside; civil society has been a big advocate for this. It has not been an integral part. Some of our policy has included them, particularly in education and, certainly, health. That seems to be the most obvious place, but even that has not done as well as we had thought, through developing countries. This does need to be properly integrated, in terms of trying to plan for that.

We can see the impact of putting this forward and making this a very big issue; member states are addressing this and asking for more information. The development agenda itself will try to encapsulate this. I see this as a cross-cutting issue; this is not something that stands alone in another silo. It really is about getting the disabilities agenda through everything, as we widen the education and health agendas and access inequalities. All of this has to take these considerations into account.

Beyond that, we see a transition in sustainable development. This is a tough challenge. Therefore, the capacities in-country to move from policy to practice will need a lot of support in the partnerships that we need to strengthen to make this happen. With the best will in the world, many countries do not have strong institutions to deliver these kinds of services, or even begin to design them, to effectively ensure this happens.

Defining the whole disabilities agenda, there is a perception that it remains with what you can see. What you cannot see is also left off. When we look at the non-communicable diseases aspect of health, we really do have to see that we do not leave off the disabilities agenda those who suffer from violence and conflict. This is affecting a lot of women and girls. The more we speak to this, the data revolution that we talked about in the High-Level Panel becomes much more of an urgency, before 2015. Many of these baselines have to happen now. If they do not, I think we will miss them again. With the kinds of investments that we need to make, you cannot just, as they say, throw resources at the problem. We really need to know where it is. If we talk about different types of disabilities, we need to know where they are, how we cope with them, and what sort of capacities we have in place or what we need to address them.

Q112 Hugh Bayley: We appreciate that the High-Level Panel report is one of a number of key inputs to the post-2015 development agenda process. What should the UK government be doing to make sure that the High-Level Panel findings remain central to the process and remain higher on the agenda? What are other key players, such as those from Liberia and Indonesia, John Podesta and others, doing? How are they organising and mobilising, politically, to make sure the report's findings are taken properly into account?

Amina Mohammed: This has been quite a difficult process. There is not a development agenda that has ever been crafted this way before. Over two years of an inter-

governmental process in the United Nations is a challenge; one has to be responsive to the process and allow member states to take ownership and lead on it. They have been doing this through the Open Working Group and much of the outreach sessions that we have seen. I just came away from the eighth one, yesterday, which was dealing with a number of issues.

Going beyond that, we are asking countries now to connect with what is happening in New York in a way that asks, "This agenda comes to fruition in September 2015—how would you look at the transition?" We are opening up a lot of platforms with civil society, government and parliamentarians in-country, to ask where the issues are and how we would help to do this. There is a lot of positioning around in the different regions. I have just come away from the African Union. Their resolution on the African position for post-2015 has come out, and they will be looking at the strategy to make that work. It is really interesting to see that their five pillars resonate with the report of the High-Level Panel. This is a good thing, going forward, in getting coherence. We are banking a lot of consensus around leaving no one behind. People are very particular about it and they are pushing, as I said, for things like the tools of the data revolution to make that happen.

People are looking to see how you are going to actually tackle this in real terms. We would like the development agenda to make sure that if you have broad, global goals, you know how this will come down to the country level in terms of targets and what you would do to effectively say we could follow this through for the next 15 years. We want it to ensure that, by 2030, the goal we have of eradicating poverty but making sure we do not leave people behind, is effectively achieved. In those five pillars, you will see economic transformation, particularly in the health agenda, bringing Governments in to ensure that service is delivered.

Q113 Hugh Bayley: I have two further points. It sounds, from what you have just told us, that Ellen Johnson Sirleaf has driven the High-Level Panel agenda forward through the African Union. Do you think that there is something the UK should do, within the European Union's development networks, to take the recommendations forward and try to get buy-in from other EU member states? The second point is that the open working groups put a focus on equity, which is something I welcome. Is there a danger that focusing on equity will drive some other priorities, including a specific focus on disability, off the agenda?

Amina Mohammed: Starting with the last question, there is always a risk that we get too much and so we never get off the ground. One of the points on the inequality questions and the equity questions is that we need to see what everyone is saying, such as the recent speeches that we have had by President Obama on income inequality, the High-Level Panel report and what the World Bank has said. We need to have a good look at that to see what we can take from it that will carry it forward, but not at the cost of all those who ought to be included. That really is about people in poor countries, and especially those who need that need that extra leg-up. If we start from that base, for me that makes one step towards trying to achieve the "everyone".

On the Open Working Group, there has certainly been a lot of discussion about that: for example, the previous Open Working Group session on inequalities and Professor Stiglitz's communication of it. It did include issues around the vulnerable and minorities.

That is there. We need to do a lot more advocacy around it. We need to be a little more specific in how we see this as a global agenda and not, as I say, as an add-on. It really does need to be mainstreamed through it. "Mainstreaming" is not always the best word, because you feel like you are going to lose the specificity of it. However, I do think that the High-Level Panel's report has many recommendations that we can carry forward. We need to keep the ambition and the momentum high, because they will face some choiceless choices as they come to negotiate. I hope this is not one of the choices they will face, but is one that we do have consensus around. It is like the gender issues that we face today; we should be finishing off the MDGs and setting ourselves a much higher bar for this.

The High-Level Panel report is in a good place right now, in terms of many of the recommendations. One of the best things about it is that people can see that being implemented on the ground. It is a way in which the policy and the technical, academic and science stuff comes to fruition, in making it easier for an Executive or a parliamentarian to see how they make those budgets available.

Q114 Hugh Bayley: Could I just push you a little further on the first part of my question? It seems to me that those who want to see the High-Level Panel and its recommendations emerge as part of a post-2015 strategy need to organise politically to win in commitment from other states. You have given this example from Africa. What do you think the UK should do, maybe through the EU, the OECD and the DAC, the G7 or other donor country networks? What would you like to see the UK do, having made this commitment as a co-chair of a panel, to follow its work through?

Amina Mohammed: Speaking to the Committees, I will say on the part of the European Commission we have had a lot of support and reference to the High-Level Panel. That is a good place to be at, but they come under pressure. You are talking about 193 member states; then come the negotiations. We have to keep the pressure there in Parliament, within the Development Committee and certainly within the Environment Committee, to ensure that all these issues are kept up front. There are many more opportunities open. I was speaking to the Development Committee of the OECD about a week ago, and these issues were brought up. It is quite amazing how much consensus there is around "leave no one behind". It is a powerful message. However, we have to keep pushing that it does not mean that you all drop people off the radar as the rubber hits the road and more difficult issues come up.

The sustainable development issue and the sustainable development agenda is really about how we are going to bring environment into this without causing the tensions that happen in the whole climate change discussions. Environment has a very big nexus with poverty, and that brings in people with disabilities. This is very clear. Across the three pillars of sustainable development, whether we are talking about the economic, the social or the environment, we see them coming into that. Perhaps that needs to be strengthened in discussions with the European Commission.

Q115 Pauline Latham: Disabled women and girls are obviously at a much higher risk than non-disabled girls, in terms of domestic and other forms of gender-based violence. The High-Level Panel report recommends a standalone goal to address violence against women and girls. How do you feel that goal will make it into the final framework? Do you

think it will make it there? Do you think that you will be seeking to ensure there is a zero target, as recommended, rather than the percentage reduction?

Amina Mohammed: In an ideal world, of course, a zero target. This should not ever be a percentage. There should be zero tolerance for violence against anyone but, particularly, women and girls in vulnerable situations. The emerging consensus around the discussions appears to indicate that there is strong support for a standalone goal but we need to go much broader. We need to really look at women and girls, and link it to conflict, institutional strengthening and the governance that needs to be put in place. We need to have the law not just to protect but to enforce. This is something that is gaining traction.

In particular, there is a lot of work being done on the targets we would apply to a global agenda and what happens to women in vulnerable situations. In Africa it is different from south-east Asia; south-east Asia is different from Latin America and Europe. There is that general feeling of, "How do we actually apply this, so we do not leave anyone off the radar and just make a one-size-fits-all?" It does not do that. As I said much earlier, the capacities of countries to address this differ. How, in a transition from one pretty narrow agenda to a much wider one, do we do that, step by step? Again, we have talked about the fitness for purpose. How do we see the multilateral institutions, governments and NGOs really beginning to facilitate that support for the capacity to do this in-country? Governments are going to have to take pretty big changes, structurally, as they integrate, looking at gender in a much more focused way, on disabilities, violence and other critical issues.

Q116 Pauline Latham: FGM is against the law in many countries, but it is still going on for non-disabled women and girls. Would you say that it is going on equally on disabled women and girls?

Amina Mohammed: From a lot of the evidence, again, those with disabilities are in much more vulnerable situations and we are not getting the reporting. You would not get it as we go into looking at who is on this agenda. Probably, they are falling off the radar there, as well as the focus on the minorities and the vulnerabilities. Again, nothing speaks better to this than getting good and credible baseline data to really know where it is. I know that in my country, recently we were quite shocked at the figures that came out on the different disabilities and, in fact, where they were in the country. Thinking they were perhaps in just a few of our states, we found that, across the board, there were very big issues to address and lot more that needed to go into that. I would hope this would be highlighted. Also, I would hope this would give much more input for civil society to advocate more with Parliaments and with the executive arms of government, to get the policy and practice right.

Q117 Pauline Latham: But, in many countries, FGM is against the law anyway. So, it is not the Governments that need to be targeted. It is the people of the countries themselves, because they are the ones doing it. The aunts, mothers, grandmothers and local village women do it to girls. It is not really Government that we need to impress, because it is already illegal. So, how can we get to grass roots to stop it?

Amina Mohammed: It is one thing to have a policy or a law; it is another to implement it. Government does play a role in facilitating that, in particular in education.

Pauline Latham: They are not doing it enough.

Amina Mohammed: That is not being acknowledged in education as much as it could. There needs to be a lot more outreach. We are right that cultural and religious practice play a big role in this, but it is only education that is going to get over that. Generally, the custodians of religion and culture are mothers, aunts and grandmothers. There is much more of a push, now, for the reasons why we need to have our girls and women educated. Yes, we catch them young; we have early childcare. Everyone, including young girls, has a chance of education, but we must not forget that we have a large percentage of women who are illiterate and who have not had the opportunity for education. That intergenerational change needs to happen. I would say that government needs to do more of that and the curriculum needs to be looked at. We need to do this with people and not, as we say, as a prescription to them. These are things that are deep-rooted in many societies and will take time.

I also think that means the time bit has to be underscored—the transition of a lot of these laws to practice. There is backlash if we push, so there is much more emphasis now on involving a much broader partnership to get this done and enforce it. There is an emphasis to make sure that communities do not regress after a few years, but that they actually own that change and appreciate that education really is the key.

Q118 Pauline Latham: You mentioned just then that women, meaning mothers and grandmothers, are key. You mentioned the fact that they are key in religion, but it is mainly men in religious situations. It is not just educating women; we have to educate men in all forms of violence. We have to do it through the religious institutions of whatever religion they are, to stop them and make them realise that it is wrong.

Amina Mohammed: Obviously, men should not be excluded; they do hold quite a lot of sway in religion. From my background as a Muslim woman, I learned from the minute that we empowered women in Islam, the one thing that you cannot contradict is the Quran. When a woman is educated in Islam, she takes her rights, straight. She does not have to wait for the man; she can bring that up front. That does not apply in all religions but certainly, as you began to get an Islamic education, women then began to claim their rights. These are rights they did not know they had, because men were the custodians of it in many of our communities. I do not exclude men, but it is not about changing them as much as our still needing to be empowered to engage and tackle those issues with the men.

Q119 Chris White: The High-Level Panel did recommend some zero targets, such as the elimination of extreme poverty. Do you think there may be a risk, though, that if these targets are not met, it will be the disabled people who are left behind? How do you think the new development framework might prevent this from happening?

Amina Mohammed: There is always a risk. This is where the development framework has to be really specific about the targets that they set and the indicators that we use to measure them. This is a development framework that is not legally binding, but it could be far more effective than a legally binding agreement if we put the right measures in and commit to a good accountability framework. If we have an integrated approach to this, it will be the targets and indicators that play a big role in establishing whether we get them

or not. We have to say these things, and most of our reports, in particular the submissions to the open working group, have included that.

It is important in the finance discussion that we understand that this is going to cost. Everything that you do costs money, such as the simple design of a school or of a hospital. We have to say that this should not be something that is negotiated out of a cost. This has to be an integral part. So when we talk about an essential drug list or a design with specifications, we have to include them. That has not happened. There are many schools and hospitals and facilities that are being built today without any consideration for those with disabilities. So I would say that would be one place to begin: to carefully look at the indicators we would use to measure this. They could be effective in forcing some of the investments that we make.

Q120 Chris White: The High-Level Panel also recommended that the goals should be measured for specific groups, such as disabled groups. In previous sessions, we have heard how difficult it is to obtain the data necessary to understand this and to follow the progress. What steps do you think the UK and others can take to help this?

Amina Mohammed: There is quite a lot of work going on right now with the data revolution. Everybody is keen to see that happen. We need to see a little more leadership in getting something done by 2015, so that we can continue to build that. It is going to require a huge amount of resources to institutions to build that capacity in-country. This has got to go beyond the surveys that we have and the ad hoc approach to data collection that has been prevalent in the development community. We hope we can start that now. Certainly, we have a number of efforts from the UN Statistical Commission and from the World Bank, who have got together with a number of multilateral institutions such Paris21 and the OECD. There are a number of specific activities going on, and we just hope we can bring that together within the next few months to set the agenda.

We have to send the message that we should not wait until 2015 to be getting baseline data. There is an awful lot around that can be galvanised. The UK could help in trying to lead on that, so that we have some semblance of a head start when we start in 2015.

Q121 Chris White: Thank you. You obviously appreciate how important data collection is, but could you give me some practical steps that are being taken, or need to be taken, to make this more achievable?

Amina Mohammed: There has been a lot of support; for instance, in the education and health sectors, we are going beyond business as usual, because this is a huge agenda. We are bringing in partners that are using technology to really fast-forward that. For us, in health, we have seen—when we have looked at maternal health and child health—that the use of a cell phone, with community health workers, is important: it is bringing that information back from communities to a primary healthcare centre, to the policymakers and the planners, to budget better and more effectively for resources in health, with different disease burdens.

Before, you would just go out and have a budget for malaria and immunisation. Now, there is a lot more information coming back using the kind of technology for baseline data that is making more effective use of the resources that we have. If we widen that to include those with disabilities in these communities, that would help. However, a lot of

work needs to go on, and I still say that we have to build the institutional capacity on the ground. Local Governments need to have this, and communities need to be part of it to make it credible, so that we are not using data politically for revenue issues, as it has been politicised before. It is things like that, certainly. Health has been one area that has gone ahead of many other sectors.

Q122 Jeremy Lefroy: You talked about the cost, quite understandably. But does the UN also—do you also—encourage people to consider the cost of exclusion as opposed to the cost of inclusion? What are communities missing out on by not including disabled people? Perhaps a different view can be taken: that this is not an additional cost, but something that is very much in the long-term interest of the community.

Amina Mohammed: The question of the consequences of leaving the poor behind is very clear and has been argued over the past few years in the nexus between peace development and human rights. What we have not done is to say who the poor are. There has been a generalisation, so as I said, there is an opportunity now to bring that to the fore and to say, "This is what can add value to society."

I recently read a quote from the Pope that talked about the globalisation of indifference. I thought those were an important two words that effectively talk about where the moral value system is going for all of us. This brings us back to: "Who is left behind, and why do you leave anyone behind?" We should not rush past them as though they were numbers and figures. Perhaps, for us taking that slant on it, it has to be about the consequences. Today, we are dealing with them, whether they are the issues of migration, conflict or women being left behind and violence against women in huge numbers. It is the consequences of that that we need to have a look at.

Talking about climate change, if it is "people and planet", we need to underscore in both cases the consequences of not investing. The resources are there for it. This is really the sad part about it: we do have the resources. The issue is how to unlock them, target them better and get good governance frameworks and structures in place. The reason why we often run away from it is that we talk about a lack of an enabling environment, and we do not want to throw money into a black hole. We need to invest in what is a very difficult spend for any budget. Politicians in many of our—with all due respect—developing countries want to touch and feel a dividend for their constituents. In a four-year term, it is difficult to say that a large number of resources have to go into building institutions. It is not the most attractive of things, but it has to happen. That is the glue that will make this sustainable, and that will ensure that all those with disabilities and other vulnerable communities are included.

Q123 Fiona O'Donnell: Following on from Chris's question about what practical steps could be taken, do you think that DFID should develop a framework for results in relation to disabilities, so that they can monitor and report on progress? Just referring back, if I understood you when you were answering Chris's question, you said that you had to guard against the use of data for revenue and political purposes. It seems to some that is exactly what data should be used for. First of all, could you comment on whether there should be a framework for results, and why would that not then inform revenue and political decisions?

Amina Mohammed: The framework for results is in place. What it has not done is include all these different aspects of it and those with disabilities. So, yes, the results-based framework should be inclusive. Countries that are developing their macro-economic frameworks and are looking at their plans and policies also need to do that.

When I talked about the politicisation of data, it really is about numbers that are crunched in such ways that mean people are disadvantaged in many of our developing countries. It is seen that the larger a class you have, the more funding comes in, so you begin to get large class sizes that perhaps do not exist. That, again, as a governance question is about how can you put in a collection of data and verify that, and ensure that what you are getting coming through is not just targeted at moving resources to places that would not otherwise need it. It is about the lack of strong institutions that allow that to happen. I would say that needs to be strengthened and not taken for granted.

Q124 Mr McCann: Good morning. Just to pursue the wider question that Fiona O'Donnell was asking, if the new global framework contains targets on disability, there is a recognition that it will take some time to implement. We have already taken a lot of evidence from disability groups and others with an interest who say that disability should be mainstreamed into development programmes. What steps should the UK and other donors across the world be taking now to gear up for the challenges of the new global framework, which we hope will include disability, next year?

Amina Mohammed: We need to look at a lot of the policy frameworks already in place and at best practice. Where, in fact, has this worked? We might assume that is has not worked at all, but, in some places, it probably worked quite well. How would we bring that forward in many of the policies and plans that we have? One thing we have said is that many countries, unlike in 2000, do have visions and plans for 2030 and 2050. We should perhaps scan those to see where the gaps are, as we move from the poverty agenda to sustainable development, to see how inclusive they are of people.

There is a recognition in Africa, for instance, that the growth rates have been quite robust, but they have left so many people behind in terms of inequality. Defining who those people are is part of what needs to be done now. Still, I would say that the most concrete part of this is going to be what we do in terms of the data and how effective that is in giving us an idea of the gaps. Therefore, you begin to see as you plan what kind of commitments one is going to have to make over the next 15 years.

Q125 Mr McCann: We have had conflicting evidence on data. Some say that we have already got enough to move on and others say that we need more. That will be an interesting part of the debate. In terms of DFID in particular, we are very proud of the fact that we will hit 0.7% this year and that we are seen as a leader in the development world. However, given the vast range of DFID programmes, both bilaterally and multilaterally, where should they start? Should they take the AusAID example, which looked at particular parts of the programme to implement a disability element into their aid programmes, or should it be across the board? What is your view on that?

Amina Mohammed: The resources for the new agenda on ODA are never going to be enough to grapple with that. There are going to be really strategic spends that will help to colour the vast amount of resources that we will need to make this happen. We are talking

about scale here, and it will have to be across the board. We are talking about integrating, but again, what do we need to do on the disability agenda? It will be about policy; it will be about how you frame targets and indicators to measure this. What are the specific tools we are going to need to do this? I do not think, in all cases, this is understood.

There is not a one-size-fits-all. As I said, there are different forms of disabilities and a difference in the scale of it in many countries, linked with poverty. I hope we do not silo this. The mainstreaming and cross-cutting issue is a priority. We must not take it out of the mainstream. That is where we get left behind, because then you make it into a choice. This should not be a choice; it should be a part of what we do as part of development policy. Perhaps, more work could be done to see how that could be mainstreamed.

Q126 Mr McCann: I have a final question. I am slightly confused. Are you suggesting that we should start off by focusing on particular areas and making sure we get it right before we roll it out across all the programmes, for example, DFID does? Or are you suggesting we should just take an element of it and roll it out across the board?

Amina Mohammed: I would say you would need to take the whole issue and roll it out. As I say, do not take a thin slice of it. This is an issue that needs to be taken holistically and mainstreamed and rolled out through the whole development policy.

Q127 Chair: You were kind enough to say at the beginning you thought that DFID was taking disability seriously and taking it forward. After you, we are taking evidence from the Minister, who is disability champion. There seems to be quite a big gap between the disability policy of 10 or 12 years ago and what has happened in between. DFID's own evidence to us seems to acknowledge that there was a lack of strategic prioritisation in what they were doing. They are co-operating with Australia, with the implication that Australia is ahead of us. Indeed, it has been suggested that USAID is ahead of us. There is nothing wrong with that, but DFID prides itself on being out in front. Do you agree that, frankly, if DFID rolls up its sleeves, it could do a lot more? Being a major donor, if it does do a lot more, do you think that will make a significant contribution to getting others to follow, including multilateral organisations as well as other donors?

Amina Mohammed: Everyone could do a lot more. We clearly have not done enough, or we would not have so many people left behind as of today. For me, the most important role DFID has is how they leverage domestic resources in-country to take this to scale and in terms of the kind of technical assistance that they provide to facilitate that through institutions. That is where I have seen their work for us give results. Perhaps more focus on this at the country level and how to do that would be much more effective with domestic resources.

Clearly, there is a signal to the multilateral system that this is an important part of the agenda. We saw that at the General Assembly. It is about moving that commitment into practice. That is where they could take a leadership role.

Q128 Chair: Just to be clear, obviously disability covers a wide range of the spectrum. Very specifically, our Prime Minister highlighted dementia. We have had some informal evidence from people saying there is still a huge stigma and prejudice against mental illness, particularly in developing countries. There is a sort of lifetime stigma, even though mental illness is entirely treatable and curable—or it certainly can be. It is variable

like any other form of illness. Do you agree that we have to make clear when we are talking about disability that mental disability and mental illness is a big part of it, and that it has to be clearly and explicitly targeted?

Amina Mohammed: Yes, I think so. There are issues around non-communicable diseases—the NCDs—coming on board. We have looked at mental illness. When we speak about it in many developing countries, we will come back to look at the cultural issues. There is a lot of stigma around it, like there has been with many other diseases, for example tuberculosis, polio—all of them—but, yes, that is absolutely the case with mental illness.

We have had mental illness in our family—different degrees of it—and have seen how the health system has been inadequate to deal with it. First, the community denies it. Even when you get past the community taking ownership of it, the facilities are not there to respond to it. When we look at the sorts of issues that need to be taken, again, you need to look at the kind of disease burden you have and you have to put non-communicable diseases up on that.

We are talking about a youth bulge today. There is a degree of mental illness there that is not acknowledged. We are also going to be speaking to the aged bulge that is going to come shortly after. Not enough consideration is given to some of the diseases we are going to be dealing with there. I hope that we see a platform that is opening up to discuss the issue of dementia as we go through this year and bring that on board.

Again, it is about a development framework that puts these things on the agenda and opens it up to different backgrounds and environments to be able to deal with it—one that facilitates it and makes that happen. Health systems have to be much more responsive, because things are changing. There are different kinds of stresses in the communities, and that is not as well recognised as it could be.

Q129 Chair: Thank you very much. You have a very important role to play. We are very well aware of that. We wish you well with it, and we hope that what we finish up with at the end of the process carries not just the hopes but the very explicit targets that people want in this and, indeed, other areas. I am sure you will be right at the centre of all that, so we wish you well.

Amina Mohammed: Thank you very much for this. I appreciate that there is a lot of energy that comes in from parliamentarians. That is important. We have said that there are two really important partners who have come on board the development agenda: parliamentarians are one, and so, too, is the private sector. This has been a wonderful opportunity, so thank you.

Examination of Witnesses

Witnesses: **Lynne Featherstone MP**, Parliamentary Under-Secretary of State, Department for International Development, **Liz Ditchburn**, Director of Policy Division, DFID, **Jen Marshall**, Head of Profession for Social Development, DFID, and **Jo Cooke**, Social Inclusion and Civil Society Specialist, DFID, gave evidence.

Q130 Chair: Thank you, again, Minister. Good to see you. Could you introduce your team for the record? We know who they are, but—

Lynne Featherstone: I will let them introduce themselves.

Liz Ditchburn: I am Liz Ditchburn. I am here as DFID's Policy Director. You have met me before as DFID's Value for Money Director but, in the last two weeks, I have changed.

Chair: Just to remind people, you are based in East Kilbride.

Liz Ditchburn: I am based in Scotland, yes.

Jo Cooke: I am Jo Cooke. I am DFID's central policy lead on disability, based in our policy division.

Jen Marshall: I am Jen Marshall. I am the Head of Profession for Social Development, so I lead the technical team globally who deliver a lot of this work.

Q131 Chair: Since you have been appointed, Lynne, you have been the disability champion and you have set out that you want DFID to be a world leader on disability. I think you said that on the international day for people with disabilities. How are you going to do this?

Lynne Featherstone: When I came into post and looked down my very extensive portfolio list and found that disability was listed, I asked what we did. I found DFID did an awful lot. But then I looked at the first MDGs and discovered disability had not been included at all. I felt there was a great neglect going on because, a bit like with getting children into primary school, we got them in and then discovered they were not learning anything.

I thought, "We have to do something about this." I have twin ambitions: one is that DFID could lead the way in advocating the need to address the issue of disability. The overarching ambition is to get disability into the millennium development goals. If we manage to do that and we get disaggregated data—and you cannot get your goal unless everyone is past the finishing post—that is, in a sense, the accountability for the world on disability. There were those twin-track ambitions.

In terms of leadership, you will be aware that we have made certain announcements but, in order to make change happen, I chose things, which I am sure we will go on to later, that I felt we could do that would have huge impact and make a very clear statement about DFID's direction of travel to galvanise other partners. This is not a sole enterprise. That is how I started. My anxiety is that I could be reshuffled tomorrow, although Nick has not confided that is to be the case, and I want to ensure that this lasts longer than me.

Q132 Chair: I was going to come to that in just a minute; it is an important point. We are proud, as a Committee, of DFID's achievements, and we see that DFID is seen to be a leader across a pretty wide spectrum. It is fair to say that right now DFID is not seen to be a leader on disability. You are co-operating with Australia. We have had evidence from a

former Australian Minister and encouragement that, although there has been a radical change in Australia that probably you and I are not too happy about—that is for the Australians—that particular work is continuing. They set out a strategy that was very clear, budgeted and targeted at particular sectors. Is that the kind of approach that DFID is likely to follow? Have they set a course that is logical and that might well be replicable?

Lynne Featherstone: I do not think we are at that stage. I would say that our priority, as DFID, is tackling poverty. That is the overriding, overarching issue. You cannot do that without addressing disability, because about one in seven people in the developing world are disabled. At this moment in time, apart from our bold statements on only directly funding schools that will be fully accessible and those sorts of announcements, every DFID office has a country poverty reduction tool. They are going through an analytical process at the moment to see what needs addressing globally.

All of our programmes and all of our work includes social impact studies. However, the diagnostic tool will focus that down on inequality, barriers and those sorts of things, including disability and gender. I do not think we are going to go down the route of a disability strategy per se, because overloading our offices with lots of strategies means a lot more paperwork. This is about an inclusive society, and all our programmes are going to have to address inequality. You see inequality sharply in many places, but disability is one of those areas you cannot leave out if you are going to make a difference in terms of delivering equality.

Chair: I understand that, although we will see when we get to the end of our report what recommendations we might choose to make.

Lynne Featherstone: Yes, I am looking forward to the recommendations.

Q133 Chair: On the point you made about your own status and position, you have championed disability and people acknowledge that. The Department's own evidence is highly focused on you. That may be good and flattering, but obviously what matters is that the Department is focused on this issue. Ministers do come and go, and you need to have continuity. I suppose what I am saying is: what do you think you could do to make sure that, as and when and if you are not there, the commitment on disability continues?

Lynne Featherstone: The country diagnostic tool is such that it must, by its very nature, throw up disability as something to be addressed in each country. That is one of the ways of embedding it. As I say, my overarching ambition has been to push the post-2015 development goals because, in a sense, that does my work for me within DFID and across all partners right around the world.

Chair: That is why our previous witness was Amina.

Lynne Featherstone: That is the key to bringing disability into the proper range in which it should be considered. As an organisation, like others, we have competing priorities. As you will be aware, gender, women and girls are our absolute focus in terms of priority. I would argue a whole range of things: that women have disabilities and that my work on violence against women is a preventive of disability. So, it is not quite so easy. That is why it is important that it is embedded in each country office and that every programme has to go through the social impacts study and the diagnostic tool. We have 80—what are they called? Social advisers?

Jen Marshall: Social development advisers.

Lynne Featherstone: We have 80 social development advisers who look through this lens in terms of all our programme work.

Chair: 80, you say?

Lynne Featherstone: 80, yes. Jo is disability driver, if you like, on the official level, but all of the 80 advisers have to look across the spectrum, because otherwise you cannot address the issues. DFID is pro-poor. More and more so, we will be working towards fragile states and conflict states, and so those issues will become more important.

I would add that to have a list of different groups all the time means it is quite difficult for our offices to answer this strategy on that or that strategy on another. Once the diagnostic throws up, if you like, the most marginalised, it will be, inevitably, about ensuring that all children are in school—about ensuring that all people with disabilities have access. We do a lot of work around social protection. That is the best way of embedding it at this point in time. On the leadership statements, as I said, our direct funding for schools has to be fully accessible. You have to use the Washington principles on data, and we are funding some of the disability rights organisations.

You might say, "Why did you choose schools?" It seems pretty obvious to me why we chose schools. I was in Uganda and I was talking about our announcement on direct funding only being available to fully accessible schools. I took Ade Adepitan, the gold medal Paralympian, to a reception while I was in Uganda. In my speech, I talked about our announcement, and afterwards a guy from the World Bank ran up to me and said, "Oh my goodness. I am designing 25 or 100 schools right now. I have not even thought about this." I want to influence the multilaterals—well, all the partners—because these structural things that are built cost virtually the same at that point.

Chair: Some of our questions will pursue that point.

Lynne Featherstone: I am just saying that my thinking is emerging thinking. There will be a whole range of things, but we are very much a work in progress on disability. You will appreciate that even though a year and a half seems quite a long time to be in post, in terms of changing systems and incorporating things, it is a very short timeframe. I am doing as much as I can to embed it in the short time I have.

Q134 Fiona O'Donnell: Lynne, you set out a really huge, ambitious objective: to mainstream disability across all of DFID's work in-country and back in the UK. However, a number of the submissions we have had have said that DFID is not resourced and does not have a coherent policy when it comes to disability. It was news here about the 80 advisers. I am not clear if they are all experts on disability.

Lynne Featherstone: No, it is across the field.

Fiona O'Donnell: Thinking in terms of the lessons we have learned on gender, do you not think that you need to have people with specific skills and responsibility for the single issue of disability if you are really going to be able to realise that ambition?

Lynne Featherstone: I would imagine that, as this agenda grows and develops, there will be more specialists. However, the really key people are the 80 social development advisers. They may not be specialist specialists, but they can always address specialist advice. DFID is producing a number of tools to advise our DFID offices. There is a how-

to note on disability-inclusive development. There is an education for children with disabilities guidance note. There is recent guidance on using the UN Washington principles.

Q135 Fiona O'Donnell: Do you really think notes are going to change practice in country offices?

Lynne Featherstone: No, no, but there is an overarching theme. I quote that "leave no one behind" overarching principle wherever I go, because it is the most valuable one. That is already being embedded across DFID in terms of how they are addressing those things. I have no doubt we will need more specialists, but we work a lot with implementing partners. My mission, obviously, is first and foremost across DFID, but it is also to try to work across all the sectors, with the NGOs, with the private sector and with the multinationals, to make this a mission. We have a lot of programmes. We have them in prevention and in almost every sector on disability, but in order for them to have the resonance they need, it needs more than DFID to do it.

Q136 Fiona O'Donnell: Do you have any plans to employ any more staff who will focus on disability or for specific training? Also, do you have any plans to increase the number of disabled staff you employ yourselves to inform policy development?

Lynne Featherstone: I am not aware of what our employment plans are. Certainly, when I started this, I invited the disability NGOs in to advise me on which direction they thought it would be best to take. We have further things to announce. I cannot announce them today in Committee.

Hugh Bayley: Yes you can—go on.

Lynne Featherstone: I am saying this is evolving. As our thinking becomes more and more developed, of course we will employ as we need to, just as we have done on gender. However, those specific plans are not yet in place. I do not think it is realised how much work it has taken to get as far as we have got. Therefore, as these plans evolve, it is really important that we do it systematically.

Q137 Fiona O'Donnell: Can I just check something, Minister, to be helpful? You said initially when you answered that question that you were not aware of what your employment plans were. Do you really mean that?

Lynne Featherstone: Within DFID, I do not know what the plans are, if there are plans, to employ more people with disabilities.

Q138 Fiona O'Donnell: Should you not be setting that agenda as the Minister with responsibility?

Lynne Featherstone: Most certainly I should be doing many things, but in terms of our employment, I can ask our officials to give you the numbers of people we do employ with disability. To be frank, it is not the only thing in terms of how to get disability into the agenda.

Q139 Chair: We have had some evidence from some of the disability campaigners saying that there is a value in having disabled people as role models within the implementation. That is the point.

Lynne Featherstone: There is, and we do have people with disability on staff, but I thought Fiona was asking me if we had specific plans in place to employ more. I do not know if we have at this point.

Fiona O'Donnell: As well as experts.

Lynne Featherstone: I do not know if you want to elucidate as to how many people we have employed at the moment.

Liz Ditchburn: I do not have the numbers with me.

Jen Marshall: We can provide numbers on the diversity of staff.

Liz Ditchburn: We report every year against all the diversity criteria. A personal view from me is we recognise that, particularly in senior staff, we have a lower percentage of staff with disabilities than would be the ideal. We would like to see greater representation at the senior levels particularly. We are signed up to the various Two Ticks guaranteed interview schemes, etc., but we should come back to you with more detail about current diversity numbers.

Q140 Fiona O'Donnell: From that, is there any update from what we were briefed, which is that presently DFID only has two main advisers with responsibility for disability but they also have other responsibilities within their brief? Will there be any change in terms of the resource of expertise?

Jen Marshall: Just to clarify that, social development advisers work across the piece, thinking about who benefits, who does not and why, across the board. They address the "leave no one behind". In the central team, we have one person particularly leading that, with other advisers supporting them with that super-specialist knowledge. We draw on that wide range of networks working on different country programmes in different policy teams. They all have broader remits, and then we have a certain number of posts, such as the one Jo is in at the moment, that really lead and champion the agenda with the Minister.

We operate that to have a flexible staffing capability to be able to flux as priorities shift and as we need to work differently. That is constantly under review. We are always just checking that we have the right level of staffing for the different priorities at any one point. We obviously have an eye on this in terms of the central team. The central team always operates as part of a wider network of specialists operating across the world.

Lynne Featherstone: I have never had disability in my background. Even though I was Equalities Minister, disability was over at the Department for Work and Pensions; it was not part of the disability group. I was very conscious when I started that I needed to be advised by people who knew a lot more than I did, which is why I invited the key disability charities to advise me before I took any steps on this route about how to proceed. I have kept up that relationship with them throughout as my key advisers.

Q141 Mr McCann: Good morning, Minister. In its written evidence, DFID says that there is a shortage of data on disability, which makes it hard to invest in large-scale programmes. We have heard from a number of expert witnesses who say that, while more data would be useful, there is plenty of data available to make a start. Where do you sit in that discussion about whether there is enough data or we need more?

Lynne Featherstone: Of course we need data, because it would be incredibly useful in terms of scaling up. However, there is perfectly enough data to get going. It is common sense, as much as anything, to know—I see it wherever I go—that there are people with disabilities and they are not yet included in some of the programmes from many of the partners. We are talking about some of the very big charities as well as the multilaterals. I do not think the lack of data should be a barrier to moving forward on this agenda at all. However, it is important that we get better data, so that those programmes can become scalable. I do not think it should stop us one iota from stepping forward right now in developing programmes and policies on inclusion.

Q142 Mr McCann: That is slightly contradictory, because what your Department is saying is that you do not have enough data to scale up into large-scale programmes, but you are saying there is no barrier. Is there a barrier or is there not?

Lynne Featherstone: Is data a barrier?

Mr McCann: Is it stopping you doing things?

Lynne Featherstone: Yes, it is stopping us doing large-scale programmes, because we do not have enough information to know what works and what does not. Therefore, more data would obviously be useful. In a lot of the countries in which we work, there is virtually no data, but that does not stop us knowing that things are needed in terms of inclusion. It does not mean we cannot make progress, but we probably need to make more progress. We could do that better if we had better data. Also, data gives everyone a benchmark to work around and some proven figures on which people can then programme their work—not just us.

Q143 Mr McCann: Many witnesses also offered their insight into DFID's support for disability research. There was a lot of praise for the work that DFID does, but there was also a suggestion that the research does not always result in any positive changes to policy. Do you believe there is a disconnect between investment in research and disability and producing any tangible policy that can be put into effect in the developing world?

Lynne Featherstone: I do not totally agree. As you rightly say, DFID has been involved in a lot of different programmes on research. In terms of making that liveable or doable for a greater range and to expand the work that comes up, we certainly need to look at how research is turned into action or policy. That is the point you are making, and I am sure you are right about that.

Q144 Mr McCann: Are there any examples at the moment? Have you got an example you can give us of research that DFID has commissioned that has produced a policy that has been implemented?

Lynne Featherstone: Yes. There is the cross-cutting disability research programme, which is carried out by the Leonard Cheshire Disability and Inclusive Development Centre at

UCL. That was carried out between 2010 and 2013. It focused on reproductive health in Nepal, mental health in India, water and sanitation etc. DFID's own programme in India identified 3 million children with disabilities who are now being put through schools—well, 90% of them are being put through school and 10% of them are having home schooling. So there is a correlation, but there is an issue with how you push research out to become real—to be living.

Jo Cooke: I was just going to add, on the programme that the Minister just mentioned—the cross-cutting disability research programme—that some really important evidence has come out through that on water and sanitation, and through some previous DFID research into water and sanitation, which we are using to develop a water and sanitation approach at the moment. That has had a very direct influence, but the influence of that particular programme goes far beyond DFID. There are lots of examples of how the research that has been carried out in-country, particularly in Kenya, has had a very direct impact on the local partners who are implementing. They have also been changing their policy in-country, so the impact of the research goes far beyond direct influence.

Liz Ditchburn: I want to reinforce that point. We do research as a public good, as well as to inform our own practice. The network that Jen runs in terms of social development advisers, or our education advisers networks, are the networks that we can use within DFID to take research evidence and to package that in ways that are easily digestible and practical for people. We have these networks across the organisation. We have a strong mechanism for taking that research and making it work in DFID. Equally, it is critical that other implementing partners and country Governments are also looking at that research. It would be a failure if we focused entirely on DFID taking that. It is about the implementing agencies and other partners changing their practice as well on the basis of clear evidence.

Q145 Jeremy Lefroy: Good morning. In paragraph 13 of DFID's submission to this inquiry, you state that "though it is expected that in most cases disabled people will be identified as particularly disadvantaged, a wider social appraisal approach is best suited to identify them rather than a single issue focus". The concern that some of us would have is that if you look, for instance, at the consequence of the millennium development goals, which have had a huge impact in various areas, they have had an impact precisely because something such as malaria has been targeted. Therefore, Governments have tended, because they want to fulfil these goals, to put lots of resources into tackling malaria, HIV/AIDS or other areas. My question is whether it is not possible to have a twin track: both the wider social appraisal, but also very much a focus on disability to ensure that it does not get forgotten in a world in which what you can count and what is specifically mentioned is likely to be taken more seriously than a more general aspiration.

Lynne Featherstone: That is one of the great battles and tensions of our time. We have a debate within this country about whether children should be mainstreamed or go to specialist schools—those sorts of things. As I say, if we can get that overarching past-the-finishing-line into the 2015 agenda, that will make people focus, where necessary, on the individual as well as the general. They will not be able to succeed in reaching their goal if they have not addressed the one-seventh of the population who cannot pass the goal, who are not in school. Children who cannot even get to school are disadvantaged before they even start. How are you going to say, "All children are in school and all children are learning"?

It is going to be a mixture. That is one of the great challenges of our day: how do you make it all, and how do you make it special? There are so many different forms of disability. How would you pick all of them if you do not have the general level at which you can be seen to be achieving an advancement for people with disability across the piece? We do work, say, on vaccination. We stop polio, which stops disability. They all have an effect. However, there is a requirement as well, and DFID does address the specific medical needs, if you like—or physical needs or even mental needs. On the supply of wheelchairs, we work with Motivation, for example.

Your question is a good one, and I do not think there is a perfect answer to it, but you need both.

Liz Ditchburn: The key to this is disaggregation. It is perhaps a misnomer to think of it as a general social impact appraisal that teams are required to do. They have to do that in a disaggregated way. It is about looking at different kinds of groups, who the poor are and the different barriers for different groups. It has to be disaggregated. It can only sensibly be looked at through disaggregation. That is also the power of the data revolution. The post-2015 data agenda is to say, "We know the world has not had enough disaggregated data, and we all need to be building that capability." DFID may not yet be a world leader in disability, but we are at the frontier in terms of data, our investments in data and our statistics capacity. That is something we can really harness and bring to this agenda. It is about disaggregation. Teams would not be taking their responsibilities forward effectively if they were not looking at specific groups and thinking about the different barriers for those groups and the different opportunities that DFID has to influence.

Q146 Jeremy Lefroy: Just to pursue that a little bit more, a number of contributors to this inquiry have talked—DFID in 2008 was the first donor, as DFID itself says, to support the Disability Rights Fund—about the fact that we should adopt a much more rights-based approach rather than perhaps a medical-based approach to disability. Would it not therefore make sense for DFID, in pursuing that rights-based approach, to say in the countries with which we have partnerships, "Look, we are jointly signed up to this and, therefore, it is very important that we focus on it, just as we have in this country"? We have taken a general approach towards the attitude towards people with disabilities, but we have also had a much more focused approach through the Disability Discrimination Act 1995, and previously and subsequently, whereby we have said, "We need to take specific action on this and not just generally create a culture of a positive approach towards people with disabilities." There are some key, concrete things we can do in terms of rights, and they need to be integrated into our approach, rather than just being an overall, as you would call it, wider social appraisal approach.

Lynne Featherstone: There is a lot in what you say. We have, in recent years, worked with, as you say, disability rights groups. Clearly, one of the big issues is encouraging governments to adopt or implement the UN convention on the rights of people with disabilities. We have done that advocacy work, if you like, by supporting disability rights organisations: the Disability Rights Fund and ADD. They then support, in-country, those disabled people's organisations to advocate for their Governments to ratify the convention.

The lead for this is the Foreign and Commonwealth Office, not DFID, and they advocate under the human rights banner overseas, and they are the correct diplomatic channel for

partner Governments on that convention. They use the UN's universal periodic review process, which provides the opportunity for each state to declare what actions they have taken to improve human rights situations in their countries and fulfil their obligations. There is a whole list of countries in which they have raised that. They have also used that process to raise other issues on disability rights with Canada, Costa Rica, Ghana, Norway and Togo. That is one avenue.

In my own efforts to further this agenda, I went to Uganda, which has a brilliant constitution. As we know, constitution and law is not everything. That is about as good as it gets in many ways in Africa. To use positive encouragement for those Governments that are showing some sign is quite good, and then saying, "How are you implementing this? How are you making it both general and specific?" We have to engage countries in their own move forward, otherwise there is nothing that any of the partners can do ultimately that can be sustainable in the forever if we cannot engage countries to take on this agenda by partnership and encouragement.

We are also specific. We have many programmes in many areas on disability, and some of it is about working, rather than as master and servant, side by side to move this agenda forward. I have found there is quite a willingness across the board to be engaged in this agenda now. Maybe that would not have been possible before the first millennium development goals. The world has moved quite a lot, because of its understanding of how to address some of these challenges, which are enormous.

Q147 Pauline Latham: Fiona raised this question earlier. How can DFID ensure that disabled people have real influence over its programmes? For example, does DFID have plans to employ disabled consultants or to set up advisory boards of disabled people? How does DFID—or will DFID—ensure it hears from people with a range of disabilities? I am not just talking about people in wheelchairs; I am talking about people with mental health problems and people with intellectual disabilities. Whilst we were in Afghanistan, we saw a very inspiring hospital that was run by disabled people, including the director. They were all amputees or had other disabilities, but mainly amputees. Is there scope for DFID to invest in more facilities run by people with disabilities?

Lynne Featherstone: At the moment, we are keeping an open mind across the board as we begin to address how we can embed this systematically across DFID. As I said, in effect, I have an unofficial advisory board—now it is an official advisory board—of disability charities who are the most expert in working in the developing world across all the disability areas, for example Sightsavers. There is a whole list of people who are now advising me. I would not dream of making a move without that kind of advice. That thing about "nothing about us without us" I have taken very seriously in moving forward.

As we see more clearly how we are going to roll this out and how we are going to join it across our partners, I have no doubt those things will come even more into play than they have already been and have official status as oppose to getting-starting status.

Q148 Hugh Bayley: You know from your equalities work in the UK how important organisations for disabled people are in giving disabled people a voice. The same very clearly applies in developing countries. Yet, we have been told by disability organisations in Kenya, Afghanistan, Palestine and elsewhere where the Committee visits that it is extremely difficult

to get DFID funding. What can be done to provide more funding to organisations in developing countries that are run by disabled people advocating for disabled people?

Lynne Featherstone: We essentially support a lot of civil society organisations to implement programmes on disability: the Disability Rights Fund, alongside AusAID—or, as your Chair calls it, "WasAID". That is the only organisation to only and directly support disabled people's organisations within the global south to advocate for the human rights of people with disabilities at local and national levels. They use the mechanism of the UN convention.

On ADD, we have a strategic programme partnership agreement to support their work with people with disabilities in Africa and Asia to challenge disability discrimination. We work with Sightsavers—a strategic programme partnership. We have WaterAid, Plan International and World Vision, which are beginning to increase their focus on disability. The Global Poverty Action Fund and the Civil Society Challenge Fund are currently supporting 18 civil society organisations. They implement projects on disability and include: Sense International, Leprosy Mission, Handicap International, Motivation, Leonard Cheshire, Motivation Charitable Trust, Vision Aid Overseas, AbleChildAfrica, HealthProm, Project Harah, Interburns, International Childcare Trust, Action Village India, Deaf Child International and CARE International.

I only list them because there are many, many, many. As DFID is a donor agency, we always work through programme partners. We find that NGOs are best placed to understand the grass-roots organisations in-country—to know them, to know how they operate and to provide the grass-roots support that is normally needed by DPOs, because many of them have a very low starting capacity in-country. We think of our NGOs and their capabilities but, in some of the countries in which we work, there really is a lack of capacity about how you go about fighting for rights or how you even begin. That is why we work through those NGOs on the ground that know those country organisations best.

Q149 Hugh Bayley: I trust the leadership you are providing within DFID on this issue and I certainly know of the good work that has been funded through the Disability Rights Fund. Could I suggest, as an exercise for your own benefit and to share with us, that you look to see how many disability rights organisations led by disabled people in developing countries are funded by your Department—not international NGOs but in developing countries? What are we doing to empower disabled people in-country, for instance in Afghanistan or in Kenya, to advocate?

Lynne Featherstone: But that is what we are doing.

Hugh Bayley: Okay.

Lynne Featherstone: We do not do it directly, on the whole.

Q150 Hugh Bayley: Well, this is what I am asking you to look at and do. It is not a challenge for this meeting, but I would like to see a matrix of how much funding goes to small, national disability rights campaigning organisations and for you to consider what more you could do. Because you are quite right: it is difficult to fund many of these bodies because of a lack of capacity.

Lynne Featherstone: I will let my officials come in in a minute, who are desperate to speak. As a funding organisation—a donor organisation—you cannot necessarily have enough knowledge on the ground everywhere to know everyone. There are a lot of little groups. The best effort is working through the main groups in those countries who do know the spread of what is available and what capacity is on the ground. The list I read out is our direct funding through GPAF, or you apply to the Global—what does it stand for, again?

Jo Cooke: Global Poverty Action Fund.

Lynne Featherstone: Another two years in post and I will learn all the acronyms. I will let my officials come in on that. I understand the point you are making, but there are many, many countries that are incredibly poor, with virtually no capacity. Groups there would not even be able to apply for our funding or meet our criteria without some other mechanism.

Liz Ditchburn: There are two main mechanisms we use to reach smaller organisations within countries in terms of disability: one is the Disability Rights Fund, which we have already talked about. That is why we are putting money into an organisation that has that as its core remit. That is a really important route.

Secondly, country by country, many of our country programmes have civil society support mechanisms within them. When I used to work in Tanzania many years ago, we started something called the Foundation for Civil Society, which has now transformed into a broader mechanism. That is explicitly setting up institutions, funds, mechanisms and vehicles within countries that can often be multi-donor funded and can look across the piece and work with very small scale organisations, often building capacity. We will have different funding windows. There are funding windows available to those who have almost zero capacity, but who have the potential and can be supported to grow, alongside windows that are more suited to organisations that have got a longer track record and have a stronger capacity. In-country, we are doing that as well through these funds that DFID has often been instrumental in setting up.

Q151 Hugh Bayley: However, that is not universal, and not in every country. DRF, for instance, does not work in Afghanistan. We received evidence—I am quoting from the DPO in Afghanistan—which said, "We have knocked at DFID's door many times, but we are told they only support international NGOs." This is why I am asking: could you produce a matrix of the amount of funding that comes from DFID, maybe through a filter of an international NGO, that gets into the hands of local, small organisations, and just look at it country-by-country and share it with us? We would be interested to see it as we write our report, but also I hope it would guide your view about which parts, and in which countries, you are reaching through your current networks, and where are the gaps.

Liz Ditchburn: We can do that, and we will certainly send that over. It is also important to remember that we always ask ourselves the question about why the UK should do something—whether others are better placed in a particular country to take a particular lead. Often there is a thought-through reason why we might not be doing something.

Hugh Bayley: That is a very fair point.

Q152 Chair: That is also very relevant to the question I am about to ask, because there has been a lot of praise and recognition for the steps you have taken, as a first step on specific initiatives on disability. You have talked about the schools and some other areas as well. First of all, how do you choose those, and to what extent do you have to prioritise? We know what Australia did. How would you do that, and how ambitious do you think you can be?

Lynne Featherstone: Right. After meeting with the disability groups and saying, "This is a great neglect; we have got to do something," in that kind of naive way—"I want to change the world"—that you start off with as a politician—

Chair: Not naive at all—ambitious.

Lynne Featherstone: How do I do that? As I said, that initial choice of the direct funding for schools in a sense was something we know from the tube system in London—which is going to be on strike—which is: if you do not build something in at the beginning, it is hugely expensive to do afterwards. It is expensive to make something step-free all those years later.

Q153 Chair: In that context, do you agree that it is about soundproofing and lighting, as well as physical access?

Lynne Featherstone: Absolutely. The funding thing is all about being fully accessible, and it is about lighting. I was in one schoolhouse during the rainy season, and the rain was bucketing down and you could not hear in that classroom, let alone if you had any hearing problems. There is a whole range of things, but that was a message to say "fully accessible", and to say, "Do not let us as DFID do anything from this day forward"—I think those were my words—"that will obstruct future developments in terms of disability programming. "

Obviously, that goes for washrooms in schools, because we know if girls cannot go to a separate loo, that is already a problem; girls with disabilities do not have a flying chance if they have not got wash facilities. All of the facilities in school will be fully accessible in that sense, for all of the disabilities that we can account for. I thought that was a very good starting place not just in the sense of it but also in the message it sent out to all the people we work with, as a very big funding agency, that this is now important to DFID and we want to take this further. Since I started with the disability NGOs, I have now met with all of the big international NGOs to see how they are beginning to address these issues.

Q154 Chair: Would that imply that you consult the disability NGOs, you are also consulting your teams, and you are going to put those two together and say, "Right, we can now say, 'Here are some further priority issues'"?

Lynne Featherstone: Yes.

Chair: You will start to come up with specific recommendations?

Lynne Featherstone: Yes, we have those first three announcements, which were on the direct funding of building schools, on the Washington principles being used as data questions, and on another tranche of money for disability rights organisations. We are now

moving into the area of WASH, and we are looking for our next range of commitments, which, as I said, I cannot announce in your Committee, Malcolm, I am really sorry. However, we are consulting all the time and widening our sphere of influence on this agenda. I am as interested in getting any group I can to lobby for the post-2015 agenda as I am about what we are trying to do in DFID.

Q155 Chair: I hope if you have some imminent announcements, you will think about the Committee's timing, so that we can take account of them before we finalise our Report.

Lynne Featherstone: I do not know the timing on that.

Chair: That would be helpful to the Committee, and to you, I think.

Lynne Featherstone: The country diagnostic tool work will not be in for a few months, so that will be after your Report anyway, in terms of how they are addressing it in every country office. I will check on the timing of the next tranche. It is work in progress; I cannot say that we are that far advanced at this point.

Q156 Chair: We have heard, and I am sure you have come across, some pretty horrendous stories about the way disabled people are discriminated against, whether they are being chained to trees and all kinds of things like that—ignored, suppressed, put out. That seems to be where DFID is operating a high agenda—to start changing the culture and saying, "These people should not be locked up and hidden away; they should be revealed and supported." Is that something that you, particularly through bilateral programmes, can start to make a difference with?

Lynne Featherstone: I hope so; I very much hope so. I call them "social norms", but it is really not adequate to describe the horror of some of these things. I am going to Ghana on Sunday, and I have heard terrible things about mental health and how people are stigmatised, hidden.

Chair: Well, some of it is fear.

Lynne Featherstone: Shame.

Chair: Some of it is superstition even. I know Michael McCann was describing a particular thing we saw in Burma.

Lynne Featherstone: In where? Burma?

Q157 Chair: In Burma. People would say, "We only tied them up because we did not want them to harm themselves," but there is no thinking though and, indeed, nowhere to turn. Those are the kinds of things.

Lynne Featherstone: Those are the sorts of things that need to be addressed, but I have to say those sorts of things are quite deep-seated. It is not just that there is nowhere to turn; there is that shame of having had a child that is not perfect.

Q158 Chair: That is, of course, where deploying disabled role models can help as well.

Lynne Featherstone: That is why I took Ade Adepitan with me to Uganda.

Chair: I saw the video, and it obviously went very well.

Lynne Featherstone: I have to say I cried more on that trip than any other trip I have cried on, because of the inspiration he brought to children to show what is possible, and the what-for he gave to the Kampala wheelchair basketball team when they moaned about their chairs, because they were not winning. He was on the winning side, obviously—he played a match with them. They blamed their chairs, and he said, "Don't you dare blame your chairs. I was in a chair like that, but I practised eight hours a day. Just go and do it." He was quite tough on them, but the inspiration for those guys was amazing. There were the children such s the one whose father to carry her 2 km every day to school, because there was no means of getting that child to school. She now has a wheelchair. But it is not about these individual things; it is how you make that live across all of the work that we do.

Jen Marshall: Perhaps I could give an example from a wider sector of investment that we make in social protection. I was in Zimbabwe about 18 months ago and was fortunate enough to visit some of the beneficiaries of a large cash transfer programme that reaches over 100,000 beneficiaries now and is run in partnership with UNICEF. It deliberately targets the most vulnerable households, and it recognises that a significant proportion of them are people living with disabilities—17% of the beneficiaries are those living with disabilities.

What they found, and the response from what the beneficiaries themselves were telling us, was that, by being a recipient of a programme that was very widely recognised as an important contribution across a range of different households and groups, it really tackled that issue of stigma and dignity. They felt that they were now, with a small amount of money and recognition within their societies, an active member of society again, and they could play the role they wanted to play, for instance as a grandmother with a disability looking after children, some of whom are orphans. They regained their position in society. It can be a very focused championing by people with disabilities, but also those wider programmes can have a significant impact on how people are seen within society, their own rights and their ability to engage in societies that they live in.

Lynne Featherstone: I was going to say specifically that I visited one of our programmes in Zambia on social protection, and where community champions or activists in the village I was in identified people with disabilities for social protection. They are given the money, but the woman I visited had five children who are now all able to be kept in school; she had invested in a couple of chickens. It just is the most enabling kind of process, above and beyond its actuality.

Q159 Peter Luff: It is the nature of politics that when you do something good the thanks is very brief, and the next demand is immediately made.

Lynne Featherstone: I have learned this.

Peter Luff: I am about to do exactly that. You recently announced that all DFID-funded school building programmes would be accessible for the disabled—good. Learning improved, well done, but tackling disability in education is much more than that. What are you going to do to address less tangible barriers to access, for example learning materials, the training the teachers themselves receive, how they handle disabled kids, user fees and the

social norms we have been talking about? What about these just as important but much more invisible challenges to disabled people?

Lynne Featherstone: We are doing so much on so many levels on education. User fees are an issue in some countries; other countries provide free education. On teacher training, we do an enormous amount. I will ask my officials how many teachers we are training.

Peter Luff: Do you ensure that those teachers, when they are trained, take account of the needs of disabled people?

Lynne Featherstone: I am going to have to turn to my officials to know exactly what programmes do what at the moment.

Jo Cooke: We are doing an awful lot of work on education. We have got our specific adviser on disability in education. I do not have all of the figures to hand, but we know that accessibility, in a way, is the easy thing to do, and the more difficult things are the teacher training and the tools. We have a lot of specific programmes that are looking—

Q160 Peter Luff: To save time today, because we are making quite slow progress, perhaps I could ask you to give us a written note of them.

Lynne Featherstone: We are happy to write to you on it, but there is a huge amount that needs doing across the piece.

Q161 Peter Luff: That is my next question: is this about specific programmes, or are you trying to mainstream it across all your education work?

Lynne Featherstone: Okay. We will write to you specifically on that.

Q162 Peter Luff: There is something I just want to challenge you on: in your evidence to us you said that there is a growing body of evidence that is also showing that inclusive schools are more cost effective, and academically and socially effective, than special schools. That is a generalisation that has many exceptions. I have a school for blind children in my constituency, and the blind children there will tell you that sensory-impaired kids can often do much better in a special school where they can be together experiencing the same issues and challenges together. Can you just unpack your attitude to inclusive education a little bit for disabled people?

Lynne Featherstone: It is the same discussions we have in this country between inclusive and specialist. I do not think there is any difference, but where it is possible to be inclusive, it should not be to the detriment of the child to be inclusive—that they do not need a specialist school. There are needs for both, but as far as I understand from the research, the greater benefit is if a child is able to go to an inclusive school, it is better. I also visited a school for the blind in Uganda, which was specialist, and in Uganda you simply would not have got that level of education, love, care, and confidence-building in general, and not in all schools across these poor countries. It is not as black and white as perhaps you said.

Q163 Peter Luff: Excellent. The evidence here suggests you took a rather different view; you are saying that in some circumstances special schools are the right way forward.

Lynne Featherstone: Yes. What I said about our programme in India was that, out of this huge programme identifying 3 million children with special needs of one sort or another, 90% were able to be educated in schools, and 10% had home schooling.

Q164 Peter Luff: Can I make a special and specific plea? You talked about social stigma. I have been fighting a stigma in this country for many years in the education world for left-handed children. I myself am left-handed. Very often left-handed children in developing countries can be subject to specific and more serious stigma for being contrary to social norms, but also essential teaching techniques can often help address their very specific needs in the schools. Please, are you looking after the needs of left-handed children?

Lynne Featherstone: I am now.

Peter Luff: Excellent. Thank you for that announcement, Minister.

Q165 Fiona O'Donnell: You may be aware that I have written to you about this issue, and apologies if you have replied; I have not seen it yet. It is the issue of child protection—safeguarding children. Given that many educational institutions for children with disabilities would be residential, and we know these children are far more at risk of abuse, including sexual abuse, what policies and guidance does DFID give to ensure that the right policies are in place to protect children?

Lynne Featherstone: I am going to turn to my officials on that.

Jo Cooke: We do have a policy with the non-government organisations we work with—most of whom will be implementing these programmes—that they must have a child protection policy in place with safeguarding mechanisms that are quite clearly set out.

Q166 Fiona O'Donnell: Regarding any institution that you fund, for example the school we visited in Burma run by Buddhist monks that had 1,000 children living there, would there be a child protection policy in place before DFID gave funding to any institution of that nature?

Jo Cooke: With the non-government organisations.

Lynne Featherstone: With the NGOs, yes.

Fiona O'Donnell: Yes, so there has to be. Thank you.

Lynne Featherstone: I work a lot, obviously, in Africa, and sometimes there are good constitutions or good policies, but the reality on the ground is not quite there, particularly on my violence against women agenda. The Ministers I meet could talk until they are blue about how good things are; if you talk to the girls, it is quite a different story.

Q167 Mr McCann: The DFID Minister is widely recognised as a leader across the world, not just because we hit 0.7% as the first large nation to do so, but because what we have done in terms of our approach to development has been seen as leading the way. Therefore, when we have taken evidence in this inquiry, a lot of witnesses have said to us that they want us to take the lead on the multilateral side of development work, because that will, in turn, stand as a beacon for others to follow. I just wondered how you would react to that

and what practical decision-making processes you have made that will lead to multilateral agencies taking the lead from DFID.

Lynne Featherstone: Okay. That is a really important point. I am definitely trying to browbeat them all to my way of thinking. We have done incredibly well on gender, and we are acknowledged to be a leader. The multilaterals are now stepping up to that. We would want them to do the same on this. We contribute to a number of multilaterals involved in disability; that is UNICEF, UNDP, the EU, the World Health Organization and the World Bank. We engage with their key disability leads in each of those multilaterals to share learning and influence.

More specifically, we work with the Global Partnership for Educational, UNICEF and AusAID to ensure more endorsed countries are implementing an inclusive education approach, with specific focus on children with disabilities. In health, for example, we have signed up to the World Health Organization action plan to prevent avoidable blindness. There is a work in progress in terms of multilaterals, which I also cannot go into detail about today. You raise one of the biggest points, because they are so powerful, and they have so much spend in these countries, so we are working with a range of multilaterals towards something that I cannot tell you about.

Mr McCann: Intriguing—this is like *The 39 Steps*.

Q168 Sir Tony Cunningham: Will you be able to tell us anything about it before the report is written?

Jeremy Lefroy: That is a good point.

Lynne Featherstone: I doubt whether we will be in time, because this is quite a big thing. What can I say?

Q169 Jeremy Lefroy: Could you tell us in such a way that we can then make a recommendation that you then do it?

Lynne Featherstone: We are "cementing" our thinking towards what some might term a mass lobby.

Q170 Mr McCann: Okay. Can I ask you something else: 13% of UK aid is spent by other Government Departments, most notably the Foreign and Commonwealth Office. What work is DFID doing with those other Government Departments to make sure that the policies you are promoting for disabled people are also mainstreamed into their thinking?

Lynne Featherstone: Well, we are trying to work across Whitehall. Other Departments who have an ODA spend that is legitimate are able to use some of the 0.7%, if you like. All of our money has to follow our policy needs, is that not right? In terms of FCO, for example, but we have other Departments as well; we have got BIS.

Liz Ditchburn: Different Departments are doing quite good things.

Mr McCann: I hope you were not asking me.

Lynne Featherstone: They do different things. When they ask for a specific tranche of money, it is usually for something very specific, and sometimes the answer is a no, because it is not ODA. As to whether they are totally focused on all of our primary objectives, that is not really why they ask for money, because they ask for very particular things. For example, at the moment I think BIS are looking at higher education. I would expect them, when and if they get any money, to be engaged in our agenda on inclusion.

Q171 Mr McCann: Finally, in terms of the private sector partners you work with, what is DFID doing to encourage them to include disabled people in their work? We wondered, as a Committee, in the same way that Fairtrade was given effectively a kitemark, whether there would be any possibility of introducing a similar type of system with private sector partners to try to encourage them to include disabled people?

Lynne Featherstone: It is a good idea. Obviously, the private sector is the new kid on the block in being able to do a great deal in a great many countries. I know that G4S, for example, have come forward with money for the basketball team I talked about. They have got a gold star, even though when I was at the Home Office they were not my favourite company.

I have been looking at this, and it was very interesting; this is quite a new area of private sector development. I remember when I was in DRC, talking with the head of DFID there, learning that quite often something as simple as a pair of eyeglasses is not available, and if you cannot see to read, you cannot learn; it becomes a disability, but it is a very simple disability.

We were speculating as to whether the very big commercial glasses companies could do those five set focal lenses and distribute them cheaply across Africa. I do not know, but there is a lot the private sector could be doing, and I would love to give them a gold star or a kitemark if they were able to develop that further, but it is not something that we have developed as yet.

Q172 Mr McCann: One of the things you might want to consider is that the GPAF was heavily oversubscribed in the last round. There is a particular charity in my own constituency, which I will declare an interest in, who do exactly that; they provide spectacles at very low cost to, in this particular case, Kenya. They were rejected for GPAF funding, not because their bid did not meet and tick all the boxes, but simply because there was not enough money in the programme. You would think that if we are going to hit 0.7%, and we have money available, this will be perhaps a priority in the things you cannot tell us about—increasing funding in the GPAF.

Lynne Featherstone: On the GPAF, it is heavily oversubscribed altogether, and the criteria are very key. I go through all of the ones who get the funding, and I go through all of the ones who were rejected for the funding, to check there is no pattern, but you cannot fund everyone who would qualify.

Q173 Mr McCann: You could fund more if you had more money.

Lynne Featherstone: Indeed, but there are many, many priorities, as you say, and we are trying to move systematically. I cannot remember, because there are so many, off the top of my head who got it and who did not. I appreciate that you say, "Well, my company in

my constituency did not get and it was a very good bid," but I can assure you almost all rejected bids feel that way.

Q174 Mr McCann: It was not them that felt that way; it was DFID that said that.

Lynne Featherstone: DFID said it? Sorry?

Mr McCann: It was not them; they did not say they put in a good bid. Their follow-up enquiries confirmed they put in a good bid that had ticked all the boxes.

Lynne Featherstone: But I am saying that a lot of good bids do not make it through the final cut, because there are more good bids than there is money. You are saying, "Put more money into that", but DFID cannot be everybody's mother in every way, in every country, for everything. We are trying to do this systematically to try to make the most impact in the widest way we can on this inclusivity agenda. I appreciate that people will be disappointed, and obviously when I am talking about disability, people say, "Well, this is about that; why did you not do that?" But there are many things that DFID is doing, and we do as much as we can in each direction to tackle poverty, which is the high priority, and for each of the groups: people with disabilities, women and girls, and others—there are other marginalised groups. To tackle poverty we have to be inclusive in that way, but we cannot do everything.

Q175 Jeremy Lefroy: We spoke briefly earlier about the Foreign and Commonwealth Office having responsibility for human rights issues including disabilities, but clearly DFID has got a great deal of influence on this. How do you try to exercise that influence? Would there even be a case to say this is an area where perhaps DFID could become the lead ministry?

Lynne Featherstone: I am not sure I want to go into battle over who has those rights. The FCO has the human rights agenda. On violence against women, I still have policy coherence across Whitehall, and therefore engaged the Foreign Secretary in my mission—both on violence against women and girls and actually on LGBT issues, which is another rights issue that not the easiest in Africa—to work with all travelling Ministers to carry key messages. It would be very helpful if perhaps disability could be included in those sorts of messages with travelling Ministers to do the advocacy at the highest level.

Q176 Jeremy Lefroy: That is a very positive suggestion; it should be included, and let us see how that goes forward.

The Chief Executive of WaterAid, Barbara Frost, said in evidence to us that the UK should consider making aid to some extent conditional on implementing the UN Convention on Rights of the Persons with Disabilities, perhaps a rare instance where we could use positive conditionality, as, indeed, DFID does in other areas. What would be your views on this?

Lynne Featherstone: I would do conditionality on everything if I thought it would deliver or be the answer, but I do not think it is, because you still want to work with those who do not fulfil the conditions. The challenge in most of the countries in which we work is that the context in which we work is not always contextually able to deliver or fulfil all of the aspirations that we might have. While I am not adverse to conditionality, it has to be very,

very possible conditionality. I would rather work in partnership, and we are doing that with WaterAid very successfully.

I do not really want the master–servant relationship, I do not think, particularly working in Africa, that is necessarily the best messaging as well. In the end my ambition is to institutionalise this from within in partner countries, or partner organisations. I am not averse to a bit of carrot and stick here, but I have found that I have got further by working with, rather than saying, "And if you do not." I do not think I would get anywhere with that.

Q177 Jeremy Lefroy: That is very understandable. The UN has recently established a fund to support countries to implement this intervention, the UN partnership to promote the rights of persons with disabilities. Do we have any plans to support that partnership?

Jo Cooke: We have been in close contact with the UN about this partnership as it has been set up, and it is something that we will maybe think about, but we have not at the moment got the concrete funds to provide support.

Lynne Featherstone: I have had no submission on this.

Jo Cooke: We are working very closely with them and we are following the process.

Lynne Featherstone: There is a lot happening at the moment, so it is good. As things come across my desk, I am sure I will be very supportive.

Liz Ditchburn: It is interesting that this morning Amina Mohammed, your witness before us, was saying that one of the most important things that DFID does is work with countries to increase their own domestic resource mobilisation, so that they have the funding to, for example, fund their own schools programmes and bring inclusive accessible education within that. I thought it was interesting that she chose to highlight that as one of the critical roles that DFID can play in supporting partner Governments to take this agenda forwards.

Q178 Peter Luff: I wonder if we could look at disabled people in emergency situations. I have two questions, one a general question and one a specific question. We have heard that you could take some simple steps to increase the impact of your work on disabled people in crises, for example supporting disability training for major partners, or requiring partners to report the number of disabled people they are reaching through their work. What structural changes are you looking at to make sure your important and good work has a greater impact on disabled people?

Lynne Featherstone: We do the focused and also the general in humanitarian and conflict situations. It is a rising issue, because we have seen an increase in both natural disasters and conflict, both of which then mean you are in the humanitarian situation and you are in position. On the specifics, for example, Save the Children, World Vision, HelpAid and Handicap International shared a grant of £1 million for the humanitarian response to Cyclone Phailin in October 2013. Handicap International focused on the critical needs of 1,350 of the most poor and marginalised households, and provided assisted-access devices for 500 people with disabilities in that situation.

Handicap International is part of DFID's Rapid Response Facility and a key partner in meeting the needs of vulnerable people in those situations. After Typhoon Haiyan in the Philippines, they received £324,000 to provide 3,000 vulnerable people with emergency shelter, blankets, soap and cooking utensils; distributed DFID-donated tents, blankets, kitchen sets, lanterns; and provided expert training, which is the point you were leading to, to 20 other charities on the ground on including vulnerable people in emergency situations.

More generally, DFID has been instrumental in working with the UN OCHA on developing indicators for the global humanitarian response clusters, so that we can have an agreed way of tracking the availability of water and sanitation, shelter, nutrition and protection for the vulnerable and the hard-to-reach in those situations. That is kind of where we are.

Q179 Peter Luff: That goes a long way to answering my question. You want to make sure the money you are spending has the maximum possible impact, and training people and reporting requirements are two very practical ways of making sure it has that impact.

Lynne Featherstone: As I said, training was part of that particular tranche. I would agree with you; on women and girls, you would have heard the Secretary of State's call to action on girls and women in humanitarian situations. There is a rising recognition that, with the increasing level of humanitarian need around the world, for one reason or another, those sorts of things, which have never been first-order response in the way that initially food, shelter, water and sanitation are, now are beginning to be included in first response. The way to magnify our effect is training; I would agree with you.

Q180 Peter Luff: Do you have any specific plans to take that work further forward?

Lynne Featherstone: To tell you the truth, I would have to consult on the Minister of State on that, because he is the humanitarian—

Q181 Peter Luff: Just one very specific point: what steps will you take to ensure that in future all refugee camps are accessible to disabled?

Lynne Featherstone: It can be thrown into the discussions. It is quite recent, in fact in the last year and a half, that humanitarian has come under scrutiny for more than first-order response or first response. What you are asking is part of that. In terms of accessibility, it is a very good issue to raise, and I do not know, myself, how it would be addressed in that very first response.

Q182 Peter Luff: It should be commonplace to have accessible toilets for disabled people. That is not always happening.

Lynne Featherstone: I agree, in terms of sanitation and those sorts of things. That is something that needs to come into play. That whole humanitarian response for vulnerable people, including girls and women, who are subject to the most dreadful violence in these camps, is now the subject and focus of many countries and also many organisations, as if there has been a sort of multilateral waking up to the fact that this was something that was ignored for many years in humanitarian response. It really was not in it until recently.

Q183 Chair: The Committee will be pursuing these questions when we visit the Middle East and visit the camps, because DFID is giving £600 million so far in humanitarian relief. We will want to know about that, both in terms of gender and disability issues, because we have a lot of evidence saying quite frustratingly that UN organisations are setting up these camps sometimes without considering these things.

Lynne Featherstone: I can assure you we are working.

Chair: Money is wasted having to do it more expensively afterwards.

Q184 Sir Tony Cunningham: I just wondered whether any lessons are being learned as we speak on refugee camps as a result of the Syrian crisis. Is there any work going on at the moment around this?

Lynne Featherstone: I would have to write to you about that, because I do not deal with humanitarian in my portfolio.

Sir Tony Cunningham: If you could.

Lynne Featherstone: However, I am aware that the Secretary of State has done a great deal on girls and women, and children in particular, in the camps, but I do not know on this particular issue. I am happy to write to the Committee.

Chair: We appreciate that, but it would be useful to have a note, so we can incorporate that into the report; that would be helpful.

Q185 Fiona O'Donnell: Minister, we had an expert witness who, when he was asked what was the important single service you could deliver for people with disabilities—and he himself had a disability—said it was rehabilitation services. Given that the Government has now decided it will accept a number of Syrian refugees, have you had any discussions with the Home Office about prioritising Syrian refugees who need rehabilitation services?

Lynne Featherstone: I have had no such conversations, but I have to say, because I do not deal with humanitarian and the Secretary of State herself is dealing with Syria, that I would also have to write to you on that. Forgive me.

Chair: No, that is helpful. Thank you.

Q186 Hugh Bayley: I would like to explore with you what added value you think the Committee brings to policy development in your Department. I was intrigued by your announcement that you have some impending policy announcements in this field. The Chairman announced that we were going to do this study into disability. You are the Minister responsible in the Department. What do you do at that point? Do you write to your officials and say, "I want a full review of policy?" What has provoked this work that you mentioned is in process?

Lynne Featherstone: That is just my general mission, in terms of how far we can push this, how far we can embed this, and how we can get the world to do the same.

Q187 Hugh Bayley: Do you think that this Committee helps?

Lynne Featherstone: Of course I do. When I heard that the Committee was going to do disability, I gave three cheers. The only thing I said was, "Don't focus totally on DFID—we are quite the good guys." I will welcome the recommendations. The Committee will enable me to even embed this further, and the sort of recommendations you will come forward with will be very sage, very wise, and very helpful, I am sure. I regard you as a critical friend in this mission, and very helpful.

I also was quite hopeful that the Committee would also put a bit of pressure on some of the other bodies across the piece, whether it is multilaterals, country Governments, NGOs and so on. As a donor agency, we like to work with our partners, but we would like them to be of the same mind and passion as ourselves. The Committee can put pressure on us, but put pressure on everyone else as well, please.

Q188 Hugh Bayley: Thank you very much. Health Ministers in partner countries always face difficult decisions in prioritising their health interventions. Could you please clarify how far DFID's portfolio of health interventions reflects the WHO-CHOICE guidelines, which seek to identify the most effective and cost-effective treatments, rather like NICE does for the NHS in the UK?

Lynne Featherstone: I would have to ask my officials to answer that, if any of you can.

Jo Cooke: We would need to do a follow-up note on that one.

Lynne Featherstone: That is very specific, so forgive me.

Chair: It is a question of which we have now given you notice.

Lynne Featherstone: Okay. We will write to you with regard to how far we adhere to those recommendations from the World Health Organisation. I do not know off the top of my head.

Q189 Hugh Bayley: This question grew out of a discussion we had at our previous evidence session about whether it is feasible to do everything that needs to be done. In other words, how mainstream has mainstreaming become? It became clear to us that within the field of health policy there was quite a body of evidence showing that some interventions are cheap and more effective. This is why developing countries have much smaller formularies of commonly available drugs than an NHS hospital. We have heard some powerful evidence on gaps in mental health and, as Fiona was saying, rehabilitation provision. Are you satisfied that DFID is doing enough to identify these health gaps when evidence reveals them?

Lynne Featherstone: No. We are not doing enough. We are not doing enough in almost everything you could possibly ask about, but we are supporting mental health, specifically through PRIME. It is a large research programme looking at how countries can improve mental-health care, also through support to basic needs mental health programmes in Ghana and India. I agree that mental health is often seen as much more difficult to target, if you like, than physical disability.

We are doing those things. I am going to Ghana on Sunday, and I have asked my officials to see if I can have some engagement with our mental health programme there, because it

is something I would like to raise with ministers in Ghana if I get the opportunity. No, we are not doing enough; we are doing some.

Q190 Hugh Bayley: The Prime Minister called for dementia to be put at the heart of the future development agenda. What steps will your Department take to make this a reality?

Lynne Featherstone: We do not have a dementia-specific programme at the moment. We recognise that, as populations are beginning to age in the developing world, there is going to be a growing issue, and it is something we are at the stage of looking at. The lead for that is the Department of Health, and we have fed into them in terms of information. They have not come back with anything at this point, but we stand ready to take their advice on how to proceed.

Q191 Hugh Bayley: Thank you. Lastly, some of our written evidence has suggested that DFID should invest more in simple assisted devices, such as wheelchairs or hearing aids. What is your view? In particular, I remember when the previous Government used a new financial instrument called something like advanced purchasing—Ms Ditchburn can doubtless help me.

Liz Ditchburn: Advanced market commitments—the health AMC.

Hugh Bayley: Exactly. Advanced market commitments were used to invest money up front in developing new vaccines, for example, which would reduce the burden of disease and, therefore, development costs downstream. Would it be possible to develop some device, or to use an advanced market commitment, to invest substantially in spectacles, hearing aids, wheelchairs and other assistive devices to turn the seamstress who can no longer sew back into a productive tailor?

Lynne Featherstone: We work with a number of organisations that provide specific aids. I do not know that we are actually investing in development, per se. I met with Motivation recently, and what I found really interesting about them is they have been very strategic in terms of setting out guidelines for different wheelchairs in different terrains, and working with governments. When I came back with Ade, Ade very much wanted to supply wheelchairs that were no longer used here or—what are they called?—orthoses.

Liz Ditchburn: Prostheses?

Lynne Featherstone: Well, there is one beginning with O and prostheses. Motivation was saying it needs to be more organised, because just thinking one wheelchair that worked here would work there is not going to be a system. They are trying to work with country governments, which is a very good way forward. Companies could be incentivised to develop specific things, but there would have to be some kind of understanding of the level of demand and some kind of qualitative expertise, and I am not sure that would be the first on my list.

It is not that it does not need doing; it is just I am very hopeful that private companies who want us to think well of them will be looking for ways to use their corporate responsibility in the first place to think of these things themselves, because there will be markets for them as Governments, as they develop or become middle-income status, to buy in these things. There will be business opportunities, but they should develop them and give them away free to start with.

Q192 Chair: There is very good partnership domestically between Action on Hearing Loss, which was the RNID, and the Department of Health to bring down the cost of digital hearing aids.

Lynne Featherstone: Here, in the UK?

Chair: Here, yes, which transformed the situation. The argument I suppose I am putting forward is that if DFID got its act together it might be able to do a similar thing internationally, so it would improve accessibility, because people will say, "You are deaf, but you cannot afford a hearing aid."

Lynne Featherstone: Well, it is a thought. You, sir, are an expert in that area.

Chair: I am only aware of that particular programme, but it does seem to me it might be transferrable experience.

Lynne Featherstone: It might be. Obviously you are going to make recommendations. My overarching concern is that we do not try to do everything—that we get partners to do some of it. As DFID we have to get the most impact, and try to change the world without spreading ourselves too thin.

Q193 Chair: We accept that in this particular area we probably would say that DFID is slightly behind the curve, which is not often what we say.

Lynne Featherstone: It is possible.

Chair: In that context, we might recommend more things than you feel you can do, but that is a better thing than under-recommending, and then you can perhaps give us a steer on your priorities.

Lynne Featherstone: That is fine, and, anyway, it is part of that whole world, which, as I say, you are very expert in.

Liz Ditchburn: I just wanted to say a little bit more about the private sector, because when we touched earlier on the private sector and the role of the private sector, the Minister mentioned something around the private sector as employers. Our broader work with the private sector, which, as you know, DFID is scaling up significantly, is about trying to find ways to incentivise the private sector to invest in things that will deliver development outcomes, and disability related outcomes are absolutely in the mix.

The sorts of ideas you have been floating are ones that we should encourage our private sector colleagues in the Department to look at as well. It is about exactly that—tapping into where demand is, where the private sector can innovate in terms of products, and considering whether there is a role for public finance in supporting that through the sorts of mechanisms you described. It may not even be necessary. There is a whole set of areas that should be looked at in the context of our private sector work anyway.

You also talked about procurement, and we have done some fantastic work to help get better commodity procurement for some of the most common medical commodities, whether it be contraceptives or whatever. Those sorts of approaches of collaborative purchasing and looking at markets that are being funded by not just DFID but by the international community can be more effective procurement processes and drive down prices. This is what mainstreaming looks like. This is not about just mainstreaming an

education programme; it is about making sure that wherever DFID is acting, people are thinking disability and thinking about what the opportunities are.

Jen Marshall: There are very interesting opportunities at a national level, as well, to look at that local capacity in small and medium enterprises. For example, the Minister mentioned wheelchairs that are locally made that add huge value to people's lives. It is looking at it both at an international level, but also at a national business level.

Q194 Peter Luff: Clichés are often truisms—
Chair: That is one.

Peter Luff: "Prevention is better than cure" is a very important one. Prevention is often much less exciting than curing for politicians and the media. I realise that prevention lies at the heart of a lot of your strategies in disability. How do you make sure that you keep focusing on prevention and do not get sidetracked by the need to cure? Prevention really matters.

Lynne Featherstone: It does, and it is both, is it not? Prevention is very important, and in DFID we have many programmes tackling preventable disease, for example. This year we have spent £139 million on programmes tackling onchocerciasis and trachoma, which prevents blindness; lymphatic filariasis—excuse my medical pronunciation—which prevents severe limb swelling; the guinea worm eradication programme, preventing disability caused by guinea worm disease; and the global polio eradication initiative, which has vaccinated more than 350 million children. Ade was a victim of polio, so we have a very good example of why prevention is important. There was also support to the measles and rubella initiative to reduce the risk of blindness.

I would also argue that some of our work on female genital mutilation, which prevents fistula, which is a disability inasmuch as people will treat you as if you are disgusting and you get drop toe—you cannot walk. Regarding violence against women and girls, there is the mutilation; I have seen women with their arms chopped off by their husbands. It is not just about that. There is a wider range of prevention.

Q195 Sir Tony Cunningham: Do you do landmine clearance as well?

Lynne Featherstone: Yes, we do invest in landmine clearance as well, so I would agree that prevention is a huge issue.

Sir Tony Cunningham: Landmine clearance would prevent a lot of—

Lynne Featherstone: Of the limbs, yes, particularly, but what I am saying is prevention can go as high-level as peace, security and stabilisation in countries to stop these terrible wars.

Q196 Peter Luff: I want to come back to the question we began with; your answer is an important answer, but how do we make sure it remains a priority? A strong recommendation from us would help, I am sure.

Lynne Featherstone: Yes, strong recommendations from the Committee, obviously. The strongest thing, as I keep saying, will be the post-2015 agenda. That is the best

accountability framework we could be part of, as well as the rest of the world. I do not know if the Committee has made a submission to the 2015 agenda, the open working group, on the processes that are left in train; that would be incredibly helpful.

In terms of DFID per se, there could be strong recommendations on inclusivity. Equity is the really big issue for the foreseeable future. What I do not think would be incredibly helpful, but it may not stop you doing it, would be recommending everything and anything. That would be overwhelming. The same applies when I am trying to galvanise partners.

Q197 Peter Luff: This is my point about prevention; prevention is actually often more important, more effective and much more cost-effective than cure, and much less dramatic, and it gets overshadowed by the cure solutions—the dramas, the crises.

Lynne Featherstone: I agree, but we have put quite a lot of resource into prevention now.

Q198 Peter Luff: You talk, for example, a lot about communicable diseases. We have heard evidence that you do not do enough on non-communicable diseases: inherited conditions, cardiovascular conditions, diabetes, cancer, stroke and so on. That is another competing priority. How do you choose between communicable and non-communicable disease?

Liz Ditchburn: There are difficult choices, are there not, as everybody has said? There is more stuff to do than there is money to do it with. DFID tries to identify the areas where it has a particular advantage and it tries to work on gaps, so we have had a very strong role on health systems and working at a country level on strengthening health systems, because a vertical fund on malaria is no good if the health system is not functioning at the country level.

We have had a very strong focus on health systems, and we have tried to identify some of the gaps. Some of the diseases the Minister talked about we felt very much were neglected diseases—that there was underinvestment in some of those areas, and that the cost-benefit of doing that investment was huge. We are trying to identify where the real gains, the huge gains, are. Are there gaps where others are failing? All of that is always in play all of the time, and at the end of the day, we have to make choices.

Jen Marshall: Health professionals have always one key element in their mind. They think about death, but they are also thinking about disability. There are a number of mechanisms you can use to think about that to make those really difficult choices that Liz is talking about, but the DALY is one, with lots of questions and challenge around it. The DALY is disability-adjusted life years, so when health professionals are looking at the choices and health policy choices that need to be made, it is always a consideration of wider disability as well as death, and that is a really important way that it is systematically addressed.

Even though maternal death gets all the profile, and obviously it is an extreme tragedy when that happens, for every one woman that dies, 20 to 30 have some form of disability or condition that is likely to continue into a disability in later life. Keeping the spotlight on

the two, and using the tools that enable you to keep those in mind, is always part of a health professional's work.

Q199 Peter Luff: Let me do something specific now—it is what Committees love doing—and go back to an earlier recommendation from two to three years ago. In response to our 2011 report on infrastructure, DFID said it would hold multinational development banks to account for their pledges on road safety. Tens of millions of people are disabled every year through accidents on the roads; it is a really important pledge that you gave us. Can you give us an update on your work in response to that recommendation?

Lynne Featherstone: I look to officials, because I am not aware of that recommendation, so can we write to you?

Peter Luff: Thank you. I will take a letter.

Chair: We did get you to reinstate a contribution that you had cancelled at the time; that was one achievement.

Peter Luff: When you write, could you give us examples of any specific improvements that have come about as a result of our pressure?

Jen Marshall: Absolutely. I can tell you that in South Sudan, for example, we do a lot of appraisal work on big investments, including roads, and some of the key questions that we ask are always about the different impacts, whether it is different impacts on different communities, who benefits and who does not, and also some of the risks and ways that a potential investment could do harm. Road safety, for a road investment, is always a key question that you are asking, so I can give that example.

Lynne Featherstone: It is part of our logframe.

Chair: The Committee have had enough close shaves from driving round Africa and Asia to know how serious it is.

Q200 Jeremy Lefroy: Just very briefly, I was very pleased that you picked up on all the work that DFID is doing on neglected tropical diseases, and I chair the all-party group on that. Sometimes the connection between the work done on NTDs and disability is possibly not highlighted enough. They are seen as almost two separate things: there is preventing a disease, but many of those diseases lead, if they are not tackled soon enough, to disabilities that you have already mentioned. Perhaps I could just ask whether that could be highlighted more in the future—the strong connection between the work that the Department is doing, which has increased from something like £12.5 million a year to £60 million a year, which is hugely important, and the work that the US is doing as well, and disability. Sometimes it is just seen as diseases: "Yes, need to deal with them, but they do not have other impacts"; but they have huge impacts in terms of disability and not just mortality.

Q201 Chair: You already said we should challenge others, and we will, but our exhortation is that the Department is at the table more often than we are, so what we are really saying is that we will encourage you to use your influence. We have talked about the 2015 framework with the previous witness; obviously, we all know about that, and our report will certainly go to the Secretary-General's office with what we think. There are other things, such as the World Bank and its poverty reduction strategies, which have been alluded to.

Again, can we encourage you, as you have done with gender issues, to try to get that up the agenda within the World Bank, and also the Hyogo framework, again, to deal with some of the other issues we have raised? We can make these recommendations, but obviously what we are encouraging is DFID, in all those meetings, to use its influence, and if you want to wave our report saying, "Parliament is behind this," I suppose that would be helpful.

Q202 Sir Tony Cunningham: The World Conference on Disaster Risk Reduction is being held in 2015—in March, I think. I think it is the very first one in Japan. I just wonder what input you have had into its preparation, given that it is going to set the trend for the other major conferences that year?

Lynne Featherstone: I would have to write to you because, as I say, that is not in my portfolio, so I have to find out.

Sir Tony Cunningham: It has a huge impact on the potential for disability.

Lynne Featherstone: Indeed, and the issues that have been conveyed.

Q203 Sir Tony Cunningham: Could I ask you also to write to the UN, pointing out the link between disaster risk reduction and disability?

Lynne Featherstone: I am more than happy to do that.

Q204 Chair: Thank you. Minister, we accept that for you and your team there is a huge agenda and you cannot do everything. We very much appreciate that you are driving that agenda forward as best you can, and I hope you will see what we are trying to do is encourage you and support you in turning that into policies that are embedded within DFID and will carry on. We have seen, to be blunt, that there are one or two areas where DFID sometimes takes an initiative, and then you find it sort of fades away, and it is one that really does have to have momentum. Between that and the 2015 agenda, and all these other related ones, presumably the dynamic should be that everybody has to be on their game.

Lynne Featherstone: I hope so.

Chair: The point that has been made to us—I cannot repeat it often enough—and the representations we have had have all said, "If DFID picks up this ball, it can be transformational in its achievements, because of the scale of what DFID does and the impact it has." I do not need to tell you that, Minister, but you will understand that we really are encouraging the Department to go with it and make a difference, as DFID has done in so many other areas. We have had more evidence submitted to this inquiry than any other we have had in the last little while, so it shows you how much interest there is out there, and how much engagement from the disabled organisations. Thank you very much indeed.

Lynne Featherstone: Thank you.