

# World Vision UK ex-post evaluation of the Programme Partnership Arrangement (PPA) funding for disability inclusion

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A case study review of WV India's progress towards mainstreaming  
disability

## Table of Contents

<b>EXECUTIVE SUMMARY</b>	<b>3</b>
<b>SECTION 1 BACKGROUND</b>	<b>9</b>
1.1 COUNTRY CONTEXT	9
1.2 DISABILITY IN INDIA	9
1.3 WORLD VISION INDIA	10
1.4 METHODOLOGY	11
1.4.1 STUDY LIMITATIONS	12
<b>2. MAIN FINDINGS</b>	<b>12</b>
2.1 THE UKS PROGRAMME PARTNERSHIP ARRANGEMENT (PPA)	12
2.2 THE CURRENT STATUS OF DISABILITY IN WORLD VISION INDIA	15
2.3 DISABILITY AT STRATEGIC LEVEL	17
2.4 KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS DISABILITY WITHIN WVI	20
2.4.1 RIGHTS BASED UNDERSTANDING	21
2.4.2 ATTITUDES TOWARDS MAINSTREAMING	23
2.4.3 PRACTICAL EXPERIENCE OF INCLUSION	27
2.5 HOW WV INDIA IS DELIVERING INCLUSIVE DEVELOPMENT	30
2.5.1 THE CATALYTIC ROLE OF DISABILITY SPECIFIC INITIATIVES	30
2.5.2 THE IMPACT OF 'CALL ME' AT ADP LEVEL	32
2.5.3 THE IMPACT OF 'CALL ME' ON SUBSEQUENT DISABILITY PROGRAMMING	35
2.6 CURRENT PROGRAM ACHIEVEMENTS IN MAINSTREAMING	36
2.6.1 COMMUNICATIONS AND MEDIA	36
2.6.2 CHURCH RELATIONS	37
2.6.3 DATA COLLECTION TOOLS AND RESEARCH	38
2.6.4 NATURAL RESOURCE MANAGEMENT	41
2.6.5 GENDER AND DEVELOPMENT	42
<b>SECTION 3 CONCLUSION</b>	<b>43</b>
3.1 LEARNING AND FUTURE CONSIDERATIONS	45
3.1.1 WORLD VISION UK	45
3.1.2 WORLD VISION INDIA	46

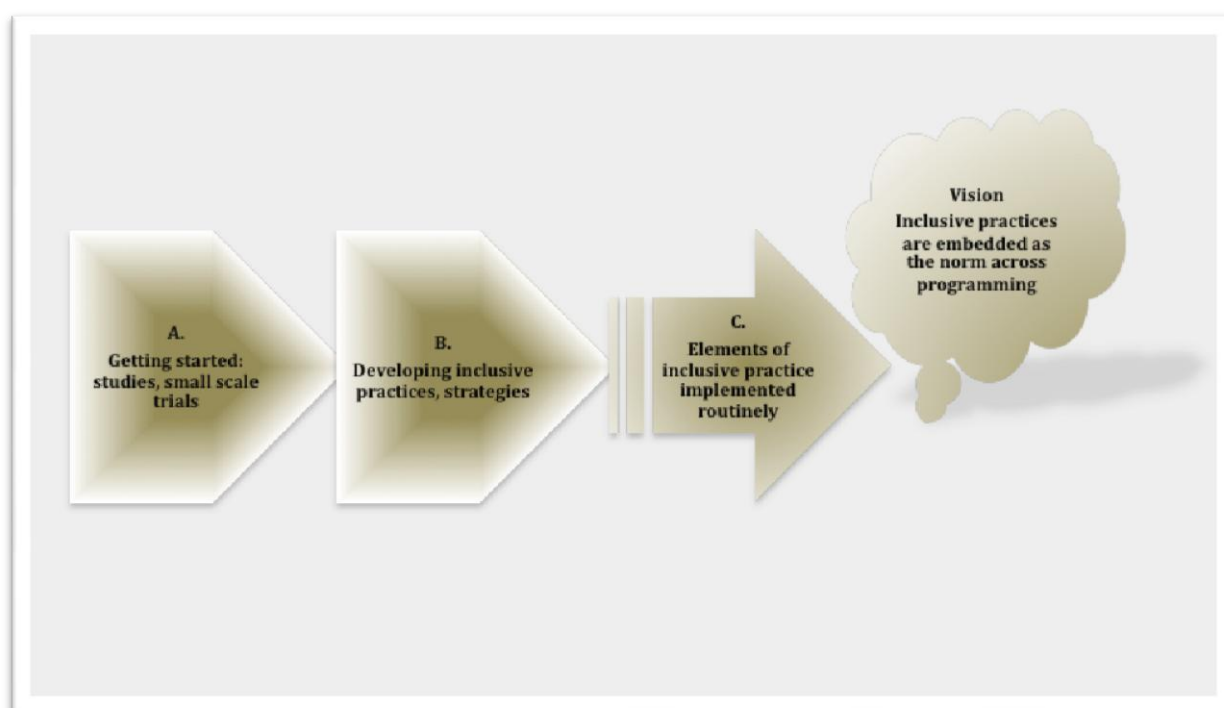
## Figures and Graphs

<b>Figure 1</b> The mainstreaming continuum	3
<b>Figure 2</b> A proposed positive feedback loop to illustrate the impact of training	8
<b>Figure 3</b> Section from the 2014 Child Well-Being Report which fails to mention disabled children	19
<b>Figure 4</b> Summary of words describing disability	23
<b>Figure 5</b> The Washington Short Set of questions	39
<b>Graph 1</b> Breakdown of supported children by impairment	16
<b>Graph 2</b> School placement types for WVI supported disabled children	17
<b>Graph 3</b> Educational placement for WVI supported children by gender	17

## Executive summary

In 2008 World Vision India started to receive support from World Vision UK via the UK government's Programme Partnership Arrangement (PPA 1); since then World Vision India (WVI) have made significant progress towards mainstreaming disability. The evidence presented during this review (noting the limitations identified in the methodology section) shows significant progress has been made towards achieving **Step C** on the mainstreaming continuum (**Figure 1**).<sup>1</sup>

**Figure 1** The mainstreaming continuum



This continuum, developed originally by the Water, Engineering and Development Centre at Loughborough University (WEDC) and adapted by the author, has become a useful way to assess the progress mainstream organisations are making towards disability inclusion.<sup>2</sup> Recognising the fact that mainstreaming is a process rather than a discreet outcome, it envisages a gradual broadening and deepening of inclusive actions until they become normalised across all aspects of the organisation.

<sup>1</sup> A full explanation of the mainstream continuum can be found in appendix 1

<sup>2</sup> WEDC (2013) *Equity and Inclusion in Water, Sanitation and Hygiene Resources* <https://wedc-knowledge.lboro.ac.uk/collections/equity-inclusion/>.

In January 2016, this tool was used to informally assess current PPA-holder organisations during a DFID supported seminar, and resulted in most mainstream agencies reporting they were either not yet on the scale or only just achieving Step A.<sup>3</sup>

Achieving Step C implies that the organisation has established disability inclusive institutional commitments and practices such that disability is becoming part of the accepted norms of the organisation. For this to be evident, an organisation would be expected to show that disability inclusion is a regular feature across a range of activities, policies and plans from direct programming; design and monitoring tools; and data collection; to, communications; human resources; and financing and procurement. Whilst the evidence gathered for this review was not comprehensive enough to be able to say with certainty that WV India has achieved Step C, for example it did not cover areas such as financing and human resources, there is certainly evidence to suggest it is making positive progress towards achieving this level.

So for example, there is widespread understanding amongst senior level staff and those at Area Development Programme (ADP) level, of disability as a component of the focus on Most Vulnerable Children (MVC). There are policies which try to emphasise the importance of including disabled children, such as the one for child sponsorship which allows ADPs to enrol disabled children who are much older than would be expected. ADPs are collecting disaggregated data on disability and there are tools and guidance available to help programmes to identify disability within the community.

There is also an expectation that new ADPs will include disability as part of the baseline assessment process and will look for ways to ensure disabled people are benefitting from their interventions. The media and communications department have written guidelines on how to talk about disability from a rights perspective and there are examples of where disabled children and adults have been included in events, media stories or images alongside non-disabled people without disability being the main focus.

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<sup>3</sup> This seminar was open to all PPA holders, regardless of whether they had a focus on disability or not. See: ADD International (2016) *Ensuring no one is left behind: mainstreaming disability inclusive development. Summary of findings.*

Finally, the programme has produced its first Braille version of the annual review summary which will hopefully continue to be available in future.<sup>4</sup>

Results from a knowledge, attitudes and practices questionnaire revealed widespread understanding of disability from a rights perspective amongst senior level staff.

For example, 93% of those interviewed believe that disability is a key development issue and 100% felt that the new Sustainable Development Goals offer good potential for promoting disability inclusive development. There was a real sense from interviewing a broad cross section of senior office and ADP staff, that disability is a concept that is well understood within the organisation and an easy topic to talk about. Most respondents believed that building the capacity of disabled people's organisations was an effective intervention (85%) along with conducting rights awareness sessions for disabled people and/or families of disabled children (85%) as a way to help promote inclusive development. This suggests a solid understanding of the rights based approach to disability with a clear commitment expressed towards helping raise the profile of disabled people.

It is clear that a key reason as to why disability has become such an embedded issue is due to initial investments in training and awareness raising. Of those interviewed, at least ten had undergone some formal disability awareness training, and all of them noted that this had made a difference to how they understood disability. This did make a difference in helping people make the transition from viewing disability as an individual impairment issue to one of exclusion and barriers to participation. Once people understood it was possible to make a difference to people's lives by reducing barriers rather than by having to offer medical or rehabilitative services, then it became more of a practical, programmatic issue.

The original disability awareness training (DAT) in 2008 was specifically targeted at senior management which made an impact overall on helping shape the organisations approach to disability.<sup>5</sup> Even those who have not so far experienced any formal

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<sup>4</sup> Email communication, 11<sup>th</sup> August 2016.

<sup>5</sup> Key informant interview, S Coe, via Skype, June 2<sup>nd</sup> 2016; key informant interview, WVI, via Skype 21<sup>st</sup> July 2016

training, such as new staff or those in technical teams which haven't been directly involved in disability, have nevertheless had opportunities to be part of discussions in which disability is talked about from a social / rights based perspective. This suggests that WV India have reached a critical mass in terms of having enough people on staff at senior level with some kind of formal training to be able to support those who have not yet been trained.

Another key factor is that the training was followed by a number of subsequent disability focused projects, starting with the highly influential Call Me By My Name project. This project, funded directly by PPA 1 resources, ran from 2008-2011 covering 16 ADPs and focusing on supporting the development of groups of disabled people; developing disability inclusive strategies, policy and culture; and aligning ADP sector projects and LEAP with disability inclusion.

The 'Call Me' project and subsequent follow-on projects, all included a component of staff awareness-raising which has inevitably contributed to helping the organisation to reach a 'tipping point' in terms of rights based understanding. Undoubtedly this has been helped by the very low staff turnover and more recently by the appointment of a small specialist disability unit (from 2010). These factors have contributed to building widespread organisational capacity on disability inclusion such that those who are new to the rights based approach or who may have concerns or reservations over how to implement are easily supported. It is this general level of understanding that has been an important factor in WV India's success in moving towards mainstreaming.

It was interesting to note that WV India do not have official disability champions (one approach that organisations can use to promote inclusion) largely because the issue is so well integrated that team managers do not need to actively promote it.<sup>6</sup> Any questions that do come up from staff tend to be more about how to include disability rather than why.<sup>7</sup> In this organisation, it appears that an on-going commitment to disability awareness training, coupled with an already well sensitised senior

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<sup>6</sup> Unofficially a number of individuals within WVI were championing disability before the 'Call Me' project started but their role was not formalized.

<sup>7</sup> Key informant interview, WVI staff, Chennai, 21<sup>st</sup> July 2016

management team have removed the need for disability champions. In fact it's possible to argue that this is a better approach overall because there can be issues with disability champions feeling that they are the only people in the organisation responsible for disability inclusion.<sup>8</sup>

So, there is a clear relationship between the original PPA 1 training investment and changes in perceptions, awareness and motivation. But significantly this was followed by a strong commitment early on at senior level to pursue disability inclusion and a willingness on the part of WV India and WV UK to support the development of disability specific programs as part of mainstreaming. This is a twin track approach - where the intention is to mainstream but this is achieved initially by having projects which deliberately target disabled people.<sup>9</sup> Theoretically the experience gained through targeted programs should enable the organisation to develop appropriate tools, assessment, engagement and review processes which can then be applied to mainstream interventions.

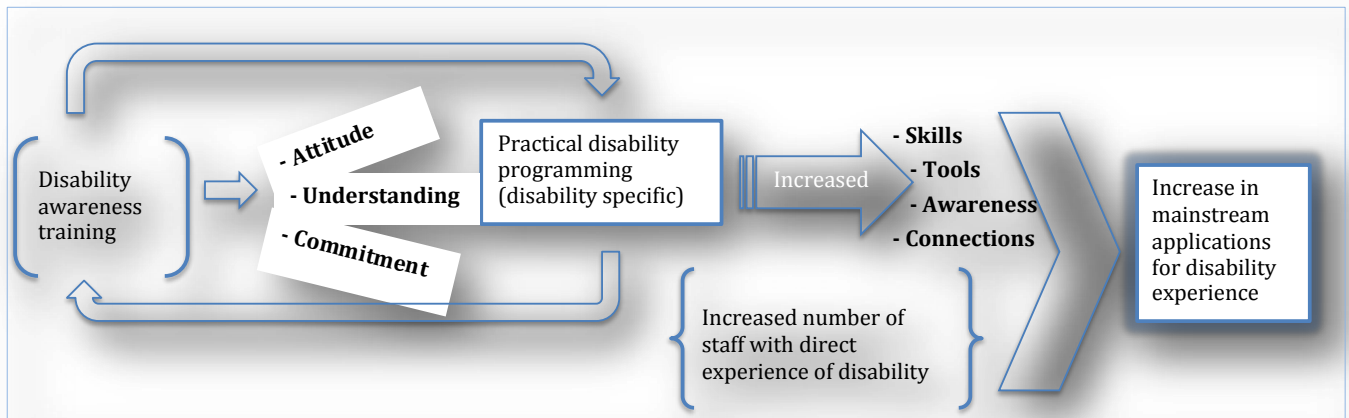
WV India seems to be well on the way to achieving this in practice - using projects like 'Call Me' to help strengthen their programming experience to the point where it has been possible to start incorporating the principles into mainstream interventions. A key part of this has been the continued use of awareness raising and training as components of disability projects, creating a positive feedback loop (**Figure 2**).

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<sup>8</sup> Kelly L., & Wapling L. (2012) *AusAid Development for All Strategy Mid-Term Review*. DFAT, Australia

<sup>9</sup> Department for International Development (2000) *Disability, Poverty and Development Issues Paper*. DFID, UK.

Figure 2 A proposed positive feedback loop to illustrate the impact of training



Many of those who did not receive training back in 2008 have done so subsequently through being involved in one of the disability specific projects. This has been especially important at ADP level where staff were keen to stress that ADPs which have had some disability programming (and therefore have had DAT) are much more likely to be confident about applying social model principles to their disability work.

This report will try to demonstrate that a key reason why WVI has been able to make such progress along the mainstreaming continuum is the initial investment made by WV UK through the PPA 1 funding. There is a discernable link between the current good practice on disability inclusion and the original financial and technical support provided under the PPA 1 grant. Whilst it's not possible to identify a direct causal link, it is the opinion of this review that without the opportunities provided through the PPA 1 grant (including disability awareness training, funding support for social model based projects and direct technical support), then progress towards a rights based approach to disability inclusion in WVI would at best have been much slower to take hold, but may not in fact have happened at all.



## Section 1 Background

### 1.1 Country context

India is regarded as being the largest democratic country in the world with a population of 1.2 billion people and an economy that is growing at around 5% per year.<sup>10</sup> Despite many positive indicators India still experiences considerable development challenges that often affect large numbers of people, for example there are believed to be 47.9 million malnourished (underweight) children.<sup>11</sup> Overall India spends around 4.7% GDP on health and education (less than Africa at 7% and East Asia at 7.2%) and just 1.7% on social protection (3.4% is average for comparable Asian countries).<sup>12</sup> It is also now starting to see the emergence of a widening gulf between those with and without wealth increasing the poverty gap and levels of inequality with implications for social cohesion.

### 1.2 Disability in India

Statistics produced by the National Census (2011) identified 26 million disabled people in India (equivalent to 2.21% of the total population) with the three most prevalent impairments listed as mobility, hearing and seeing.<sup>13</sup> Given the global estimated prevalence rate of 15% this is likely to be quite a significant underestimation of the numbers of disabled people living in India at present.<sup>14</sup>

India ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2007.<sup>15</sup> This is in the process of being domesticated via the Rights of Persons with Disabilities Act (2014). This Act defines a disabled person as being anyone with a 'long term physical, mental, intellectual or sensory impairment which hinder(s) his full and effective participation in society equally with others;' (p3, *The Rights of Persons with Disabilities Bill*, 2014, GOI). Whilst close to the wording used in the CRPD (Art. 1) it actually leaves out the key phrase '...in interaction with various barriers..', implying that

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<sup>10</sup> GOI, Ministry of Social Justice and Empowerment, Census report - 2011

<sup>11</sup> UNDP Human Development Report, 2015

<sup>12</sup> World Vision India, (2014) *Child Well-Being Annual Report*.

<sup>13</sup> Information from the GOI's Department of Empowerment of Persons with Disabilities website:

<http://www.disabilityaffairs.gov.in/content/>

<sup>14</sup> WHO and World Bank (2011) *World Report on Disability*. WHO and the World Bank.

<sup>15</sup> India was an early adopter of the CRPD and the discussions this generated nationally helped raise the profile of disability as an issue during the time PPA 1 was being implemented.

it is the impairment that impacts on people's abilities to participate equally rather than the interplay between the individual and their environment which is disabling. This underscores the notion that India still largely perceives disability as an individualised, medical issue rather than one rooted in the wider social nexus and is possibly a reflection of the overall lack of participation disabled people had in the drafting of this legislation.<sup>16</sup>

There have been calls from the disability movement in India for this legislation to be revised because whilst it does contain important policy statements in areas such as education, employment, health, and social protection it does not yet '...include non-negotiable rights.'<sup>17</sup> In this regard the Act is still largely medical model focused and does not fully safeguard important rights such as '...freedom from cruel and inhuman treatment, access to information, freedom of expression..... or freedom to participate in public and political life.'<sup>18</sup>

Overall despite an increase in attention to disability at policy level, disabled people have been largely left out of most economic reforms the country has undergone.<sup>19</sup> Whilst there have been some gains in employment and physical accessibility for some people the majority of the poor, rural disabled population remain excluded from India's economic, social and political developments.<sup>20</sup>

### 1.3 World Vision India

WVI works in 26 out of the 29 States of India and in 1 of its 7 Union Territories and targets its work so that it reaches 163 vulnerable districts from a total of 642 identified across the country. It has 351,710 registered (sponsored) children (13.5% total child population in the communities). It currently has five strategic directives:

- reduce malnutrition and childhood illnesses;

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<sup>16</sup> Gupta et al., (2013) *India – CRPD Monitoring Report, Civil Society's Zero Draft*. International Disability Alliance, Geneva.

<sup>17</sup> Disabled World. (2015-03-04). <a href="http://www.disabled-world.com/news/asia/india/">Disability News: India</a>. Retrieved 2016-08-09, from <http://www.disabled-world.com/news/asia/india/>.

<sup>18</sup> Op.cit.

<sup>19</sup> Hiranandani V., & Sonpal D., (n.d) *Disability, Economic Globalisation and Privatisation: A Case Study of India*. Disability Studies Quarterly. Ohio State University Libraries. USA.

<sup>20</sup> Op. cit.

- enhance quality education;
- strengthen child participation and protection systems;
- build resilient communities; and
- promote value based governance.

All of these have been designed to align with the MDGs and the GOI's Twelfth Five Year Plan (2012-2017).

## **1.4 Methodology**

This review took a two-staged, mixed methods approach involving a desk review of key documents (provided by WVUK); a situational analysis exercise (completed by WVI program); a short Knowledge, Attitudes and Practices (KAP) questionnaire; key informant interviews (with past and current WVUK staff, and WVI staff); and a short two-day field visit to an Area Development Program (ADP). In total 44 documents from the UK and 60 documents from WVI were reviewed; key informant interviews were held with 20 WV staff (both UK and India) and 1 ex-WV UK staff member; and four focus group meetings were held.

The fieldwork component for this case study took place from 15<sup>th</sup> - 23<sup>rd</sup> July 2016 based at World Vision India's National Office in Chennai, with three interviews conducted via Skype. All WVI key informants were given the Knowledge, Attitudes and Practice questionnaire to complete at the start of the interview. Three key informant interviews were conducted with representatives of Motivation India, and two local Christian NGOs based in Chennai.

Two days were spent with staff in Shanthidatha Area Development Program (ADP), Andhra Pradesh and included an initial focus group discussion with staff; visits to two special educational facilities; two focus group discussions with disabled people and parents of disabled children; one focus group discussion with local leaders and representatives from faith based organisations; one interview with the District Assistant Director - Disability at the Department for the Welfare of Disabled and Senior

Citizens, West Godavari District and informal interactions with a District Education Officer.<sup>21</sup>

### 1.4.1 Study limitations

The case study has significant limitations in that WVI interviews were mostly confined to senior level staff (although including a good cross section of departments) rather than those at ADP level. Further it was only possible to interact with staff and community representatives in one ADP. Given that WVI supports 130 ADPs this is such a small sample that it cannot really be held as reliably representative.<sup>22</sup> Nevertheless the time spent at Shanthidatha ADP gave the researcher the opportunity to see at first hand the context in which people are working and to test out KAP at this level. It might be considered that staff at ADP level could hold different perceptions and levels of awareness than those at the National Office but at Shanthidatha ADP there was clear evidence of consistent understanding and commitment. This would need to be tested with a more representative sample of ADPs across India however to know how embedded disability inclusion is throughout the program.

All the observations and comments therefore need to be taken in the context of very limited exposure to the whole program and would need to be tested further before making firm conclusions. What this case study represents however is a good example of how disability inclusion can work.

## 2. Main findings

### 2.1 The UKs Programme Partnership Arrangement (PPA)

Programme Partnership Arrangements (PPA) are a mechanism created by DFID in 2000 as a way to provide longer-term strategic funding to organisations that align with DFID's own development priorities around poverty reduction and social inclusion. PPAs also enable some level of synergy to exist between DFID and PPA-holders as well as amongst recipients. World Vision UK was awarded its first PPA in 2006, making it one of

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<sup>21</sup> All the tools used are available in appendix 2

<sup>22</sup> World Vision India, (2014) *Child Well-Being Annual Report*.

the newer recipients. At the time, this funding represented around 4% of World Vision UK's total income. The main advantage of the PPA grant is that it is provided as unrestricted funding – the money can be used in a flexible way by the organisation rather than being tied to specific projects. PPA 1 was designed to enable World Vision UK to build its capacity in the areas of:

- citizen engagement with service providers and government;
- mitigating the impact of HIV and AIDS on children;
- mainstreaming disability; and,
- building support for development in the UK.

Citizen engagement and HIV and AIDs were the objectives with the largest investment from PPA funding and included work on building the Citizen Voice and Action process across the partnership as well as the Channels of Hope training and the establishment of Community Care Coalitions for advocacy around HIV/AIDS. Disability inclusive development (mainstreaming) was a new departure for WV UK which in the past had had very little direct engagement with disabled people or disabled people's organisations (DPOs) and so this particular objective was hugely ambitious.

In WV UK support for disability inclusive development had been building gradually, possibly from as far back as 2000, mainly as a result of the actions of some very committed individuals coupled with an increasingly supportive CEO. By 2005 the organisation had committed to work more directly on mainstreaming, and it had by this time become a cross-cutting theme within LEAP (Learning through Evaluation, Accountability and Planning), with the appointment of two full-time disability advisor posts (one for the UK Support Office and one for the Global Centre). Interestingly, by the time WV negotiated its first PPA with DFID (2006-2011) disability had become one of the three Strategic Objectives – Strategic Object 3: *The inclusion and empowerment of disabled people in poverty reduction is strengthened at local, national and international level*, committing the organization to increasing its role in supporting the inclusion of disabled people in development activities.

It should not be underestimated how innovative this was – for World Vision but also for mainstream NGOs generally. This pre-dated the UN Convention on the Rights of Persons

with Disabilities (CRPD) which didn't come into force until 2008, which has had an increasing influence on changing perceptions towards disability as a human rights (and therefore development) issue. At the time the development agenda was dominated by the Millennium Development Goals none of which paid any attention to disability, and DFID itself only started to pay more active interest from around 2007 onwards with the production of a *How To Note* on disability inclusion for its country office staff.<sup>23</sup> In fact DFID only produced its first disability framework in 2014 after being criticized by the International Development Select Committee for not paying enough attention to disability in its development portfolio.<sup>24</sup>

Internally at the time the PPA 1 agreement was signed WV had no real experience of mainstreaming disability; had no overarching policy or programming guidance; no harmonized understanding or definition of disability or mainstreaming; and no organizational peers from which to learn. WVs approach at the time was not immediately conducive for disability mainstreaming either since it was heavily weighted towards service delivery and did not generally work through partnerships.<sup>25</sup>

Disability inclusion necessitated the organization taking on not just a new stakeholder group but a way of working centered around empowerment and partnerships.<sup>26</sup> As one interviewee noted, prior to the PPA staff assumed '... they had to program *for* disabled people rather than including disabled people.'<sup>27</sup> Whilst disability had been a cross-cutting theme within LEAP there was a real lack of understanding and confidence over how this should be approached, with people feeling it would be complicated or beyond their current experience levels.<sup>28</sup> The PPA grant therefore gave the organization the opportunity to develop its internal capacity, and generate innovative programming at

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<sup>23</sup> Groce, N.; Kett, M.; Lang, Raymond and Trani, Jean-Francois (2011). *Disability and Poverty; the need for a more nuanced understanding of implications for development policy and practice*. Third World Quarterly, 32: 8, 1493-1513; Department for International development (2007). *How To Note. A DFID practice paper*, DFID, London

<sup>24</sup> House of Commons, International Development Committee, Eleventh Report of Session 2013-14. UK

<sup>25</sup> Evaluation of World Vision UK Programme Partnership Arrangement with DFID (2010), Edbrooke et al., Centre for International Development & Training, UK

<sup>26</sup> Key informant interview, S Coe, via Skype, June 2<sup>nd</sup> 2016

<sup>27</sup> Key informant interview, WVUK staff, June 2<sup>nd</sup> 2016

<sup>28</sup> Op.cit.

National Office (NO) level whilst contributing to wider learning within the international development sector.

One of the main NO beneficiaries of this PPA support was WV India (along with the NOs of Ethiopia and Armenia). They had been flagged as a potential NO for support from the start because it was clear to the UK team that they were wanting to work with disabled people. However at the time the kinds of proposals they were submitting were focused almost entirely around medical and rehabilitative support. The key was that they were a NO that had identified disability as a significant issue coming up at ADP level and were really trying hard to find ways to support the needs of disabled people.<sup>29</sup>

Part of the transformation in understanding and approach in India came as a direct result of the UK teams' decision to invest initially in providing program staff with disability awareness training (DAT). The core elements of this training were developed specifically for WV UK, starting with an initial two day course for program managers in 2006, and culminating in the production of the 'Travelling Together' disability mainstreaming toolkit in 2010.<sup>30</sup> This training was delivered to WVI staff (most significantly to senior managers) in Chennai and Delhi in 2008 and of all the early investments from PPA 1 it is this that WVI staff credit with being the single most important catalyst for their current disability inclusion work.<sup>31</sup>

## 2.2 The current status of disability in World Vision India

WVI has committed to ensuring disabled people are included across their programming in recognition of the increased vulnerability they face. According to data provided by WVI's disability unit the program has engaged with a total of 18,688 disabled people from 94 ADPs across the country,<sup>32</sup> a figure which doesn't seem to have been updated since 2011.<sup>33</sup> A significant number of those identified, 42%, received a disability certificate, an important step in providing access to a range of different social assistance

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<sup>29</sup> Op.cit.

<sup>30</sup> S. Coe and L. Wapling (2010) *Travelling Together: How to include disabled people on the main road of development* [www.worldvision.org.uk/travellingtogether](http://www.worldvision.org.uk/travellingtogether)

<sup>31</sup> Key informant interview, WVUK staff, June 2<sup>nd</sup> 2016; Key informant interview with WVI staff in Chennai, 20<sup>th</sup> July 2016

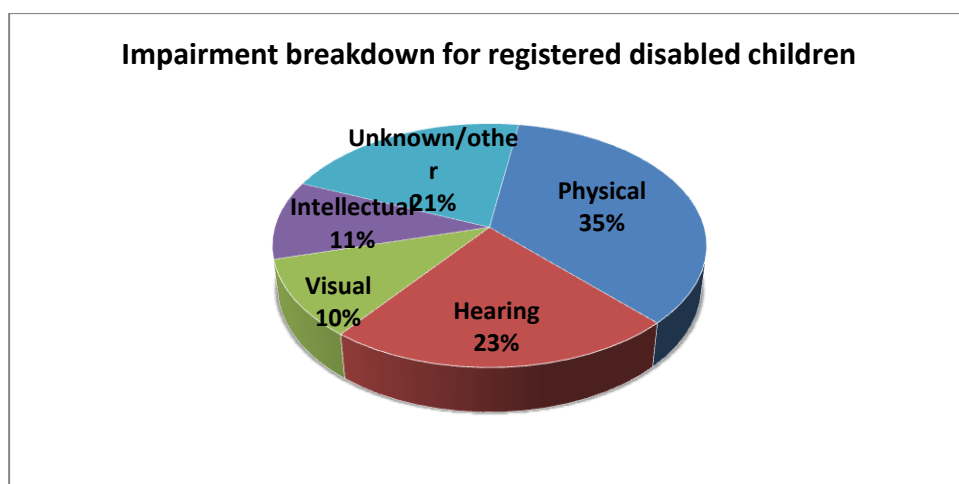
<sup>32</sup> Data from the 'WVI PWD data' file (n.d)

<sup>33</sup> K Moll (2011) *Call Me By My Name project evaluation. Summary report.*

programs and services. Indeed, 24% are recorded as being in receipt of a disability pension. Unfortunately national data is not available on the numbers of disabled people who have benefitted from interventions such as livelihoods or resilience assistance.

Data specific to children indicates that WVI engages with 2,450<sup>34</sup> disabled children across all PMOs.<sup>35</sup> This is a large number of disabled children although given the program supports over 350,000 sponsored children it is not overall a significant number (representing just 0.7% of the total). If WVI were to follow the government's prevalence rate of disability in the population (2.2%) it would be around 7,400. Nevertheless for a mainstream organisation this is a reasonable indication that there are mechanisms in place which are working to identify and support children with disabilities. As shown in **Graph 1**, most of the supported disabled children are those with physical impairments (35%) followed by hearing (23%) and other/unknown (21%).

**Graph 1 Breakdown of supported children by impairment**



Further analysis shows that 58% of the supported disabled children are male suggesting that the program has not been so effective at including disabled girls. **Graph 2** shows that most of the disabled children being supported by WVI are in mainstream

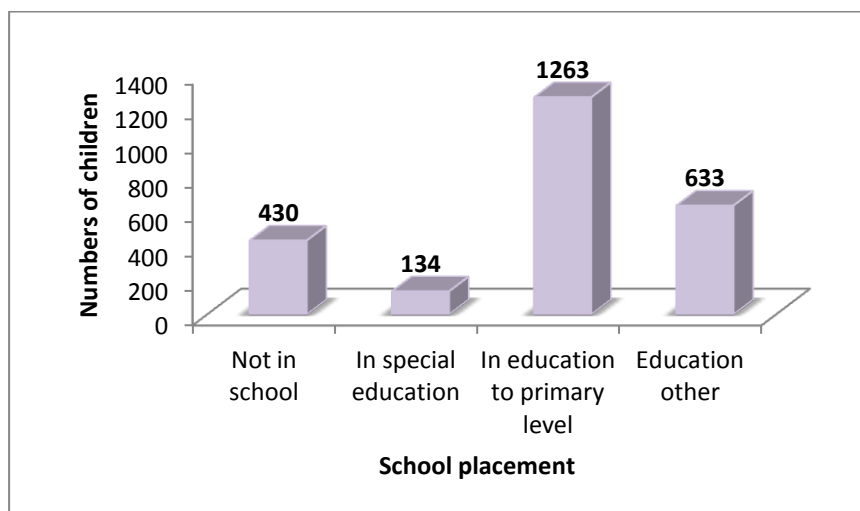
<sup>34</sup> Note, the figure quoted in the Child Well Being report, 2014 is 2,592 but the source of this data was not provided to the review so it has not been used for the analysis that follows in this section.

<sup>35</sup> Data from WVI 'Children with Disabilities details' file (n.d).

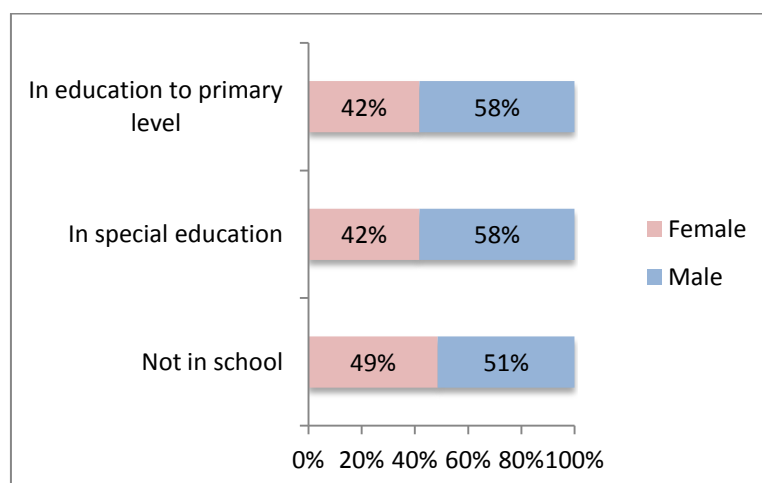


primary schools (52%). **Graph 3** highlights the gender differences in terms of which educational placement WVI supported disabled children are accessing.

**Graph 2 School placement types for WVI supported disabled children**



**Graph 3 Educational placement for WVI supported children by gender**



### 2.3 Disability at strategic level

WVI currently approaches disability through the prism of Most Vulnerable Children (MVC). Disability is considered relevant to all four of their strategic priorities - malnutrition and childhood illness; education; child protection and participation; and community resilience, because disabled children are specifically identified as belonging to the category of MVC. Staff report that on the whole, disability is a feature of many of their activities although this is more implicit than visibly obvious.<sup>36</sup>

<sup>36</sup> Key informant interview with WVI staff in Chennai, 21<sup>st</sup> July 2016

There are no direct references to disability in the Country Strategy (2014-2019) although it was mentioned as a cross-cutting theme in the preceding strategy (2011-2014). There is no specific mention of activities such as education for disabled children, no mention of Disabled People's Organisations (DPOs) or of any strategic alliances aimed at promoting disability rights, even though these areas of working are evident in some ADPs. It follows therefore that there are also no overarching key performance indicators (KPIs) to track how the program is progressing with regards to the inclusion of disabled children. However this situation is not confined to disability, in fact no specific vulnerabilities are mentioned and only one of the 17 strategic level KPIs requires disaggregation by gender.<sup>37</sup> This was a deliberate decision, taken to avoid these important issues being relegated to a simple check-list approach.<sup>38</sup>

To some extent the lack of explicit reference to disability in the country strategy is hindering inclusion since at strategic level it is not possible to monitor or track levels of participation by disabled adults or children. Since there are no markers in the monitoring system for disability at this level they are unable to disaggregate program data for disability.<sup>39</sup> This is in spite of the fact that disaggregation is happening at program level for example, in relation to livelihoods interventions and child sponsorship and is reported on by ADPs that are actively implementing disability inclusive interventions.<sup>40</sup>

As a result key documents like the Child Well Being report 2014 are relatively light on describing the impact the program is having on disabled people. Whilst there are references to work on disability they are mostly confined to reporting on advocacy work rather than programming. Whilst the report's last section on MVCs does mention that 2,592 disabled children are supported as part of their sponsorship program, as **Figure 3** shows it then fails to identify any activities or initiatives targeted at this group.

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<sup>37</sup> Strategic Directive 4, KPI 3 - percentage of women reporting incidence of violence at home

<sup>38</sup> Key informant interview with WVI staff in Chennai, 22<sup>nd</sup> July 2016

<sup>39</sup> Key informant interview with WVI staff in Chennai, 21<sup>st</sup> July 2016.

<sup>40</sup> See for example, June 2016 monthly report from Shanthidatha ADP which mentions livelihoods support provided to several disabled people as well as a section on their support to parents with disabled children.

Figure 3 Section from the 2014 Child Well-Being Report which fails to mention disabled children

Most Vulnerable Children	Direct Beneficiaries	Awareness and Trainings	Activity
Orphans	2236		Support to school education, EDA, clothes, food, toilets, house roofing,
Malnourished	10899	25559	UMANG Feeding Programme, Nutrition garden, Assistance on economic development like petty shops, agricultural equipment, Provided bed, wheel chair, Tri Cycle to the beneficiary, water filter, wash kits, toilets
Children with Chronic disease	22		Medical Assistance, Emergency treatment
Street Children	3036		Educational Aid and admission to school Dropouts, Solar Lamps, UMANG Feeding programme.
PLHIV	406		Nutrition supplement, Educational assistance, Vocational skill, EDA Support to families
Single Parent / PoP families	4163	90	Relief materials, EDA, Ration, agricultural units, higher education assistance for children. Bangle making. Training

They are similarly constrained by the LEAP format when reporting at ADP level. The Shanthidatha ADP 2015 report also paid very little attention to disabled children being confined to reporting on it just twice, as a cross-cutting issue tucked away in small boxes after the main programming analysis had been completed. Interviews with staff and focus groups with a range of community members demonstrated that the ADP is doing some very significant things in supporting DPOs and self-help groups to engage with disabled people around key entitlements, supporting parents with disabled children and disabled people directly via livelihoods and resilience interventions. Just as with the Child Well-Being report, the extent of their actions is in no way reflected by the current report suggesting the program has a problem in knowing how best to present impact information in relation to issues like disability.

There are three main learning points from the observations around strategic level integration. Firstly, that without specific advice given to people on how to report on disability related impact information programs are carrying out various activities which are not being documented. This implies that WVI is under-representing the extent of their reach and effectiveness in relation to disability and possibly in relation to other vulnerable groups. Given that disability disaggregated data is already being collected there is in fact very little to do to rectify the omission. There just need to be markers set up at strategic KPI level to enable the disaggregated data collected at APD level to be collated.

Secondly, because there is no systematic reporting of disability related work there is no way to learn and therefore improve on what is happening. It is difficult to assess the impact or to know if the current approach is appropriate or if small changes could significantly improve the situation. This reduces overall accountability in that it's not then possible for people external to the program (including disabled people) to be able to comment on its achievements or progress.

Finally, it means there is less recognition for the work staff are doing which could undermine its importance or significance. Clearly this is not the case from senior management level nor from those interviewed at the ADP, but it could be challenging if staff consistently fail to see their efforts represented in major reports and could over time become de-motivating.

Overall though it affects how successfully WVI can communicate its progress in tackling the social exclusion of disabled people to the WV partnership and the development sector in general. Looking at the reports alone as an outsider, you would be very unlikely to pick up that WVI is doing anything significant related to disability.

## **2.4 Knowledge, attitudes and practices towards disability within WVI**

As part of the overall assessment process for this review a short knowledge, attitudes and practices survey was conducted involving 15 staff from the offices in Chennai, and Delhi followed by key informant interviews and at ADP, with focus group discussions.<sup>41</sup>

#### 2.4.1 Rights based understanding

To gauge people's understanding of the social model of disability the survey started with a series of statements designed to prompt reactions to a number of different development scenarios. In general terms, most of the respondents believe that disability is a key development issue (93%) which validates the idea that at this level there is widespread support for the inclusion of disabled people. Whilst most people believe the rights of disabled people are well recognised in development, almost a third do not think this is the case (27%), reflecting some concern that in the context of India disability rights are still not fully reflected in development. Endorsing a general acceptance of disability inclusion, is the fact only 20% of respondents felt that disability should be an issue that is dealt with by specialist agencies.

Around a third of people felt that disability is more of an advocacy issue than one related directly to programming which is a common reaction amongst mainstream organisations. The fact that the majority of people disagreed with this view suggests that WVI is making good progress towards understanding disability inclusion from a practical programming perspective. Significantly all respondents agreed (100%) that if disabled people are specifically mentioned in project design and monitoring templates they are more likely to be included in practice. This is an important finding which supports the idea that if organisations want to actively promote inclusion they should specify disabled people (or disability) in their planning and monitoring processes. Finally it is clear that all respondents (100%) see the new Sustainable Development Goals (SDGs) as offering good potential for promoting disability inclusive development. This indicates that WVI could be in a very good position to take a leading role in ensuring inclusive implementation of the SDGs amongst peer organisations and in communities generally.

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<sup>41</sup> Full breakdown of the results of the KAP survey can be found in appendix 3

Much of this positive attitude seems to come from staff in senior positions being social model aware and acknowledging that interventions need to work towards inclusion. One senior director for example mentioned that disability is well integrated as a natural element in their focus on the most vulnerable.<sup>42</sup> There is a general awareness at this level that disabled children and women are amongst the most vulnerable of all citizens and therefore represent an important target for WVI support. This has created opportunities for inclusion in different programs such as work on malnutrition, maternal health, inclusive education, child protection and disaster resilience.<sup>43</sup> All of those interviewed were more than comfortable talking about disability and it did not feel as though this was an exceptional topic for discussion.<sup>44</sup> One senior staff member noted that “..disability is a well understood concept in WVI so its an easy topic to discuss and talk about”.<sup>45</sup> Because of this people are mostly quite proactive about inclusion and for some this is a topic that is simply non-negotiable.<sup>46</sup>

At ADP level there was also clear evidence that field staff are comfortable talking about disability and are conceptualising it in broadly social model terms. A focus group discussion asked staff to describe words or phrases that they associate with the term disability which elicited strong responses. Within a short space of time the group had come up with 14 phrases the majority of which (64%), demonstrated a social model understanding. In fact the responses categorised as individual model were borderline in that although they were focused on the impairment this was mostly in the sense that people faced additional challenges.

By way of contrast, the same question was given at the start of a focus group discussion with representatives from CBO, FBO and other community services. This group, although larger in number, really struggled to provide *any* responses at all, in the end coming up with just 7 phrases. Only one could be said to have been social model, the rest were very firmly individual model (**Figure 2**). WVI have yet to provide

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<sup>42</sup> Key informant interview with WVI staff in Chennai, 20<sup>th</sup> July 2016

<sup>43</sup> Op.cit.

<sup>44</sup> Key informant interview, WVI staff, Chennai, 15<sup>th</sup>, 20<sup>th</sup>, 21<sup>st</sup> & 22<sup>nd</sup> July 2016; focus group discussion with ADP staff, 18<sup>th</sup> July 2016

<sup>45</sup> Key informant interview, WVI staff, Chennai, 15<sup>th</sup> July 2016

<sup>46</sup> Key informant interview, WVI staff, Chennai, 22<sup>nd</sup> July 2016

representatives in this group with any specific disability awareness training so this also provides a good demonstration of how awareness training can help change perceptions.

**Figure 4 Summary of words describing disability**

Focus group with ADP field staff	Focus group with CBO & FBO representatives
<b>Words associated with disability</b>	
<p><u>Social model</u></p> <ul style="list-style-type: none"> <li>• People with different strengths</li> <li>• Can work alongside non-disabled people</li> <li>• Society gives them less priority</li> <li>• Have some kind of impairment – physical or mental for example</li> <li>• At home and in society they can be deprived (poor)</li> <li>• Can be given names (by community members) according to their impairment</li> <li>• Society underestimates them</li> <li>• Children unable to go to school (or they only reach Standard 5) because beyond that schools are inaccessible</li> <li>• No compromising if they want to do something they will achieve it</li> </ul>	<p><u>Social model</u></p> <ul style="list-style-type: none"> <li>• Have some impairments</li> </ul>
<p><u>Individual model</u></p> <ul style="list-style-type: none"> <li>• Different from others sometimes</li> <li>• ‘Mentally retarded’ children are unable to do the same things as other children</li> <li>• Visually challenged people may need some personal support</li> <li>• Can do things that surprise us</li> <li>• Feel inferior</li> </ul>	<p><u>Individual model</u></p> <ul style="list-style-type: none"> <li>• We must show them love</li> <li>• Deaf &amp; dumb</li> <li>• Some children are not psychologically grown up</li> <li>• Depend on others</li> <li>• Lacking something in their body</li> <li>• Blind</li> </ul>

### 2.4.2 Attitudes towards mainstreaming

People’s attitudes towards the practical inclusion of disabled people were measured through a series of questions around intervention strategies. In terms of the types of interventions that people felt were most effective for promoting disability inclusion, respondents clearly felt that building the capacity of disabled people’s organisations (85%) and conducting rights awareness for disabled people and/or families of disabled children (85%) represent the most effective activities for promoting inclusive development.

The ADP field visit demonstrated that working with and through DPOs is an important program activity. Shanthidatha APD have been supporting DPOs as a way to help disabled people learn about and access social protection measures (such as the disability pension) whilst at the same time, including disabled people in their livelihoods work. As one member of staff noted:

*In the past World Vision may have just given disabled people things, now it's much more about helping them to claim their rights. It's not about hand-outs.*

Shanthidatha APD staff member

A good example of how synergy can be created was evident from the focus group meetings with parents of disabled children.<sup>47</sup> Parents explained that they were gaining considerable personal support from being part of an organised group as well as being assisted to access disability certificates and support for their children. At the same time many of them were also recipients of WVI's livelihoods interventions.

**Support for livelihoods**

During a focus group discussion with members of a local DPO in Bhimadole village which has been working with World Vision, it became clear that many members had also been able to access livelihoods support. One young man explained that he was helped to be able to purchase the wood that kick-started his carpentry business. Another was given support to get his tailoring business up and running which is now bringing in around £6 a day.

On the other-hand most people ranked disability awareness training for mainstream CBO/NGO staff as being the least effective type of intervention (85%). This suggests that WVI particularly values working directly with disabled people rather than with those who might be expected to be including disabled people in their programs. There is possibly scope here for broadening WVI's contribution to disability inclusive development if they were to take more of a role in helping to raise awareness with mainstream organisations although they may wish to do this by supporting disabled people to do this for themselves. As shown previously, the potential impact was demonstrated by the focus group discussion with CBO and FBO representatives which elicited very little social model understanding.

<sup>47</sup> Focus group meeting, Bhimadole village, 18<sup>th</sup> July 2016



By far the least effective intervention recorded by respondents however was the provision of targeted livelihoods assistance (92%). This implies that WVI would not generally be in support of identifying disabled people for enrolment in disability specific livelihoods programs (such as setting up self-help groups just for disabled people, or by providing 'tailored' skills training to young deaf or visually impaired people).

It is interesting to note that although WVI supports assisting disabled people to register for disability certificates and disability grants in their programming at ADP level (very successfully in some areas) most respondents regarded this as being a less effective intervention. Only 23% actually ranked this as being effective. Focus group discussions with DPO representatives and parents of disabled children however revealed that in practice supporting access to social assistance schemes such as disability pensions, has been a significant transformational intervention.

**DPOs role in promoting access to social assistance**

DPOs in ADPs like Shanthidatha are playing an important role in helping members to access social assistance. Members explained that individuals are often put off by the process of trying to get disability certificates or pensions because they may be unfamiliar with the process or face difficulties in paying for transport or other services. DPOs can support people through the registration process and then once qualified they can help with collecting claims. Disability pensions are not worth a great deal so for some people the process of travelling to pick up their claim is more than the pension payment. By collecting pension payments for members on a collective basis DPO representatives are able to offset the cost of travel, making claiming much more efficient. One young member explained that from her pension she is able to personally save around INR500 a month and provide a contribution of INR1000 to the household.

One DPO Federation representative claimed that all 700 of their members now had a disability certificate and a disability pension with high coverage rates reported in other areas. If accurate, this is significant. Across India, it is estimated that just 14% of all disabled people receive the disability grant with the proportion varying markedly across States, ranging between 3.8% in Tamil Nadu to 45% in Karnataka.<sup>48</sup> The DPOs have been working hard to ensure people know what they are entitled to and have been supporting people through the claims process.<sup>49</sup>

<sup>48</sup> World Bank (2007) *People with Disabilities in India: From Commitments to Outcomes*. World Bank, Human Development Unit South Asia Region.

<sup>49</sup> Focus group meeting with DPOs in Bhimadole village, 18<sup>th</sup> July 2016; focus group meeting with DPOs in Madepalli village, 19<sup>th</sup> July 2016.

All the DPO focus groups responded that they do not generally face stigma from their families or communities now that they are no longer totally dependent, which is an unexpected positive finding. Having something like a disability pension is providing disabled people of working age (or parents with disabled children) with some level of independence but more than that it is improving their sense of self worth and in many cases enabling them to invest time in other livelihood activities.<sup>50</sup> Some have even gone on to benefit from small enterprise loans. The role of social assistance in helping reduce negative attitudes and improve access to other economic opportunities is something that would warrant further research since it seems it could be playing a role in reducing overall marginalisation.

The mismatch in reporting here is likely connected to the nature of the KAP questionnaire respondent group – all of the respondents were from management positions who are perhaps less familiar with the impact that access to entitlements such as the disability pension might have for disabled people. Including the views of ADP staff in a future KAP survey might alter these particular results.

Most people agreed that the provision of assistive technology (69%) and medical/rehabilitation support (69%) were less effective strategies which is reflected in WVI's current programming priorities. This is a view that key informant interviews would suggest has changed significantly as a direct result of the disability inclusion projects they have been running since 2008.<sup>51</sup> This also reinforces the finding that WVI are seeing disability as a general development issue (taking a social model approach) rather than as something related to individual physical needs (a medical model approach). There are aspects of the program however that do recognise the importance of enabling disabled people to access appropriate assistive technology (such as in the work with Motivation around provision of wheelchairs) but this is being delivered in the context of broader development goals rather than as an end in itself. In this sense enabling disabled people, especially children, to access appropriate assistive technology can be empowering and so it's not necessarily an ineffective intervention.

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<sup>50</sup> Op. cit.; key informant interview, Dpt. for the Welfare of Disabled & Senior Citizens, 18<sup>th</sup> July 2016

<sup>51</sup> Key informant interview, WVI staff, via Skype, 22<sup>nd</sup> July 2016

Finally it is interesting to observe that finding opportunities to enable disabled people to voice their own needs and concerns was only felt to be effective by 38% of respondents. Observations at ADP level also suggested that WVI is less involved currently in promoting opportunities for disabled people to take up lobbying and advocacy activities. Partly this is related to the organisation's own position around lobbying – given it wants to work with government rather than challenging it too much. But it may also be linked to having less experience of accompaniment work with disabled people since it is not a disability focused organisation.

In general, where WVI have provided opportunities for disabled people to raise their own concerns (such as with the 'Our Voice' initiative and children with disabilities) it has been very effective so it's a strategy that they might want to look more at promoting in the future.

### 2.4.3 Practical experience of inclusion

A final set of questions were designed to find out what kinds of experiences staff had in implementing inclusive activities. The questions related to familiarity with different impairments were quite difficult for most respondents to relate to directly possibly because their roles are mostly management level. Nevertheless even at this level in the organisation there should be some sense of whether or not they feel their program activities are as inclusive as they can be and that the organisation is making the necessary level of accommodation to ensure different people can participate. Findings illustrate that on the whole respondents felt people with physical impairments were the most successfully supported group (80%), followed by those with hearing impairments (53%), with the least supported being those with epilepsy (13%), psycho-social (20%) and multiple impairments (20%). A general lack of familiarity with these impairments may be why people feel less prepared overall to support their inclusion.

To some extent this was evident also from experiences at ADP level where staff reported that they find working with deaf people and those with 'mental disabilities' (a term used to refer to any kind of intellectual impairment or mental health issue)

especially difficult because they cannot communicate with them effectively. So they admit there is probably less inclusion of people with these impairments compared to those with mobility or visual disabilities.<sup>52</sup>

In general, from interviews and observations, it's apparent that day-to-day access requirements are not something that is routinely considered which is reflected in respondents lack of familiarity around different impairments.<sup>53</sup> When specific disability events are organised attention is paid to access although not necessarily in the way events are scheduled (for example providing sufficient time for people with learning impairments to meaningfully engage) or the way activities are designed (for example finding activities that are best suited to visually impaired participants). This is not the case for events in general however.<sup>54</sup> Even meetings at ADP level involving disabled people from across the community set up for this review for example, had no sign language interpretation and the venues were not easily accessed by those with physical impairments.<sup>55</sup>

Currently, WVI do not routinely offer mainstream publications or information in accessible formats and have not yet audited their website or written materials for accessibility. Although it is worth noting that they have *just* produced a Braille version of the annual review summary.<sup>56</sup> The Braille summary notwithstanding, this could explain why the program is still finding it hard to engage disabled people in discussions or events which are not disability related.<sup>57</sup>

Related to this is that WVI still has relatively few disabled staff or volunteers - the current number is 24, representing 1.3% of the workforce. Whilst this is an increase from 0.7% reported in 2011<sup>58</sup>, it is nevertheless still behind the government's own

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<sup>52</sup> Focus group discussion with ADP staff, 18<sup>th</sup> July 2016.

<sup>53</sup> It is important to mention however that the office in Delhi has apparently been made physically accessible although this review was unable to make a visit.

<sup>54</sup> Key informant interview, WVI staff, Chennai, 15<sup>th</sup> July 2016

<sup>55</sup> Note the reviewer was appropriately asked if they required a sign language interpreter which was declined.

<sup>56</sup> Email correspondence 11<sup>th</sup> August 2016.

<sup>57</sup> Key informant interview, WVI staff, Chennai, 15<sup>th</sup>, 20<sup>th</sup>, 21<sup>st</sup> & 22<sup>nd</sup> July 2016; focus group discussion with ADP staff, 18<sup>th</sup> July 2016

<sup>58</sup> Reference: 'Call me by my name project evaluation', April 2011, K. Moll

prevalence rate (2.2%<sup>59</sup>) and well below the internationally quoted figure of 15%.<sup>60</sup> Not only that but there is recognition that the jobs disabled people have in WVI are mostly based at PMOs or NO rather than at ADP level.<sup>61</sup> Whilst it is encouraging to see the management of WVI is aware of this problem there was no evidence presented in regard to how this might be addressed and in particular, there remain some barriers to achieving this. One senior staff member indicated that it remains difficult to recruit staff to work at ADP level because the nature of the job makes it unlikely a disabled person would be able to work effectively - the need for travel and the inaccessible environment at community level would preclude a disabled person from being able to take up the post.<sup>62</sup>

Assumptions like this will ultimately need to be challenged if the organisation is to improve its record on employing disabled people and thereby become fully inclusive - something that might usefully be supported by technical advice from WV Global Centre or other experienced Support Offices. Certainly this is an area that could be discussed more with representatives from the disability movement following accessibility audits of not just the physical environment, but also of human resources and organisational policies. So, clearly there is more that could be invested in terms of WVI demonstrating good practice by thinking more around what it takes to create barrier free environments.

In terms of WVI's own record for supporting and promoting disability inclusion there was a lot of agreement from respondents about how effectively this is being achieved. All respondents (100%) agreed that senior management is supportive of disability inclusive programming – a clear endorsement of the original awareness raising efforts that focused so hard on ensuring senior level participation. This was further endorsed during key informant interviews and focus group discussions. Nearly all respondents agreed that training on disability inclusion has helped them to work with disabled people (87%) and that there are on-going opportunities to develop skills further (87%).

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<sup>59</sup> Ministry of Social Justice & Empowerment <http://www.disabilityaffairs.gov.in/content/>

<sup>60</sup> World Health Organization (2011). *World Report on Disability*. Geneva: World Health Organization ([http://whqlibdoc.who.int/publications/2011/9789240685215\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf))

<sup>61</sup> Key informant interview, WVI staff, Chennai, 20<sup>th</sup> July 2016

<sup>62</sup> Op.cit.

Generally too most respondents agreed that WV is well known for its disability inclusion work (87%) which is a good indication that the organisation is confident about its disability work and is perhaps becoming a resource for others to draw on. There were some who felt that currently there are insufficient resources to effectively implement inclusive activities (40%) and some who did not feel that the needs of disabled people are always built in at the design stage of new interventions (27%).

This KAP survey demonstrates that from amongst the small sample of people selected there was strong and consistent demonstration of social model understanding, of a continued commitment to disability inclusion and the practical skills and support to enable this to happen. This, along with the key informant interviews and discussions at ADP level are a strong endorsement of the finding that the concepts of the social model of disability; empowerment; and disability as a development issue which comprised the key paradigm shift envisaged by the PPA strategic objective on disability are evident in the way WVI currently approaches disability.

## 2.5 How WV India is delivering inclusive development

### 2.5.1 The catalytic role of disability specific initiatives

In assessing the current situation regarding disability inclusion this review looked at what mechanisms WVI used for promoting inclusion which were initially supported by PPA1 and which have come about subsequently. The program which is cited time and again across respondent groups as being the most influential factor in catalysing inclusive development is **Call Me By My Name (CMBMN)**, often referred to simply as 'Call Me'. It seems this project in particular has been instrumental in enabling WVI to progress its work on disability inclusion.

The project ran from 2008-2011 with funding from the PPA1 grant and had three main focus areas:

- Promote and support the development of DPOs and Federations.

- Develop disability inclusive strategies, policies and culture within WVI.
- Align ADP sector projects and LEAP with disability inclusion.

The first objective on promoting and supporting the development of DPOs involved sensitising communities and then identifying and engaging with disabled people within the ADPs. Disability groups that were established have since played a significant role in raising awareness amongst disabled people at community level of their rights and entitlements and subsequently have been instrumental in supporting people to claim disability pensions and other forms of social assistance.

A final evaluation of the initiative found that the disabled people identified through this project were then being included in other ADP interventions and significantly that disabled people were going on to join other CBOs such as self-help groups, Village Development Committees and Farmers Clubs. Some were also starting to participate in *gram panchayat* and *gram sabha* meetings.<sup>63</sup> By 2011, this approach had been initiated in 16 ADPs across two PMOs (Delhi and Lucknow), although only 10 ADPs were still actively doing this by the end of the project, and in two sector projects under the Health and Children in Ministry strategies (HIV/AIDS in Delhi and Mumbai Street Children). It had originally set an ambitious target to cover 40 ADPs but budget cuts in the PPA around 2009 forced the program to scale down.

The second significant focus area was on supporting WVI to develop and implement disability inclusive policies and practices and here is where the project had a particular longer term impact on the organisation itself. Disability was a cross-cutting theme for WV Globally in 2008 but WV India formally adopted it as a cross-cutting theme in its 2008-2011 Country Strategy. As a result, markers were set up to track disability across all five strategic directives and all 120 ADPs were then required to collect disability disaggregated data. This is perhaps where the project made most impact on WV's systems because from this point on ADPs have been disaggregating data on disability. In 2010 they carried out a disability assessment process across the majority of non-project ADPs which has created an impressive baseline database of information which will continue to be useful.

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<sup>63</sup> K Moll (2011) *Call Me By My Name project evaluation. Summary report.*

In 2010 disabled children were formally identified as being vulnerable and then became a priority group within WVI's child selection criteria. A minimum of 5% was set for the numbers of registered children with disabilities. The gender toolkit was updated to include reference to disabled girls and women.

At ADP level a disability assessment tool was developed as part of the ADP baseline and design process and by 2010 all 39 Generation 2 ADPs (28% of the total) had used this tool to design their program.

Another key feature of this aim was disability awareness training of staff. As a result of embedding disability into the WVI training courses, by 2010 80 ADP managers and over 600 CDCs from 137 ADPs had been trained on disability inclusion.<sup>64</sup>

This project also supported the appointment of an Adviser – Disability Initiatives placed within the program effectiveness division at the NO. This position has been critical to sustaining and building on the initial activities. Tools, training, project development, monitoring and technical support have all been provided by the disability advisor. All respondents in the key informant interviews remarked that this position had been crucial in supporting them to develop appropriate inclusive activities and responses. There was much praise too for the current advisor in his experience, willingness to help and his sensitive approach. But WVI is also mindful that it should not be dependent on the motivation of individuals and have taken the important step of embedding the disability advisor position in their new organisational structure.

### 2.5.2 The impact of 'Call Me' at ADP level

The 'Call Me' project was the initiative that staff at Shanthidatha ADP cited as being important in stimulating their focus on disability. In the past they'd had some sense that disability was a key issue and recognised it as a vulnerability in children, along with things like HIV and chronic illness (mostly TB), but it was the 'Call Me' project that

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<sup>64</sup> Op.cit.



really enabled the ADP to develop practical responses. Since then disability has become integral to their programming.

Staff expressed that prior to the 'Call Me' project they had basically thought about disability from a charity perspective. Visits to several special schools in the area for this review, revealed that in the past WV had made donations of teaching and learning materials which were evidently still in use. The 'Call Me' project provided field staff with disability awareness training and from that time onwards their perceptions of the problems and attitudes towards disability changed. They became much more aware of the value in supporting the formation of groups of disabled people (DPOs and/or self-help groups) as a way to help promote visibility and change. As one member of staff described:

*'Before we may have regarded a person with no hand as just that - the focus was on the fact they had no hand. And the person themselves may have just focused on that as being the problem. Now its about looking at what alternative opportunities might be available to them. What can they do with the impairment they have?'*

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They described the fact that in the past it would have been acceptable to simply provide disabled people with one off contributions for things, as one person remarked: 'we would have helped out of sympathy', but now they are working to support disabled people to claim their rights - so it's no longer about providing hand-outs but about supporting access to entitlements. Hence the program started to look at all the different ways they could encourage the participation of disabled people across their work.

Their shift in perspective has been helped by general changes in attitude coming from more disability positive legislation and government interest. For example the government is now investing more in improving access to schools through the construction of ramps and encouraging the enrolment of disabled children in mainstream classes (inclusive education). The government is supporting the development of DPOs and self help groups for disabled people, increasing access to disability pensions and other assistance and other NGOs are starting to become more aware of the need to work with disabled people. All of which is raising the visibility of

disabled people in their communities and providing the ADP with more opportunities to engage with disability.

Staff at this ADP therefore have a solid rights based understanding of the challenges disabled people face and are able to reflect back over their own changes in perceptions and how this has impacted on their programming decisions. However there is still a little more work that could be done before the program becomes fully inclusive.

Although there is a very strong sense that impairments are not the defining feature of a person's life there is still a tendency for people to maintain elements of the individual approach. For example, the sense that people have to work around their impairments, to do things that are possible *with the impairments they have* rather than to consider what it is about the environment as a whole that is placing limitations on their opportunities (refer to the above quote).

People are not yet routinely describing responses in terms of identifying and reducing barriers (other than more obvious physical ones); something that became more evident when staff were asked what they were doing to actively enable disabled people to participate in their development interventions. ADP staff found this question hard to respond to and initially simply described the process they use for targeting disabled people as a priority group for support; working with DPOs and other CBOs to literally identify them from within households. Whilst this is a really positive and important first step to increasing inclusion it falls slightly short of mainstreaming because the intention remains to provide individuals with pre-defined forms of support. People were not describing how they have adapted *their* work with mothers and care givers around nutrition and child health to enable disabled mothers to care for their children for example, or how they have adapted meetings or public awareness campaigns (such as Child Health Now) to take account of people with different impairments. So there is not quite a sense yet that WVI itself needs to define and reduce barriers that might exist to the participation of disabled people in their programming as a whole. In other words how to ensure all their activities are accessible to disabled people from design to evaluation.

Nevertheless this should not detract from the fact this ADP has worked hard to identify and engage with disabled people; to encourage their greater visibility as agents in social change via support to DPOs and self-help groups; and include them in important safeguarding measures such as livelihoods and resilience programs. All of which have been possible as a result of the development of core activities established during the 'Call Me' project.

### 2.5.3 The impact of 'Call Me' on subsequent disability programming

Following on from this project WVI initiated its **Inclusive Development and Disability Project (2011-13)**. Funded by Finland (since by this time the UK's PPA priorities had changed direction) this was smaller in scale, covering just five ADPs, but included the same key elements of community sensitisation, identifying and supporting disabled people and training staff and volunteers on disability inclusion. Since then WVI have been looking to develop other projects which can take forward the core activities that they know work so well in catalysing ADPs to work inclusively. Their frustration has been that with the cessation of support for disability from the UK (at the end of PPA1) they have found it very difficult to secure large enough funding to cover work across more than just few ADPs at a time. All subsequent projects have been much smaller in scale which has not enabled the program to properly roll out the disability inclusive model or to improve its technical skills base.

The final influential project has been the **Our Voice initiative**. This began in 2012 (thus post-dating the PPA1 grant but influenced by its core principles) as a program to bring young people with disabilities together in State level forums to share their experiences and voice their concerns and priorities for better development. Advocacy groups of young people (between the ages of 12-18 years) with a range of different impairments are being supported by ADPs to help improve the visibility of disabled children.

The program continues to gain momentum with annual national forums and more recently with representatives taking part in the Youth Sector Meeting of the 4<sup>th</sup> Meeting of high level panel on post-2015 in Bali and a chance to speak at the UN Children's Assembly in New York on gender and inclusive education for children with disabilities (2013). Together the forums have produced a 'Charter of demands and responsibilities'

(2012) aimed at highlighting where the government needs to improve its accessibility to services such as education and health; a 'Children's Manifesto' (2014) aimed at sensitising political leaders during the general election campaigns; and a list of demands and responsibilities raising awareness around disabled children's education needs as part of the 2014 Global Action Week organised by the National Coalition for Education which focused on the 'equal rights, equal opportunities: inclusive education for children with disabilities'. Two letters by young members were also featured in the Writing for Rights publication (2014) produced by WV Global Centre on the 25<sup>th</sup> anniversary of the coming into force of the Convention on the Rights of the Child (CRC) - the only two letters from a total of 25 across the world that were written by disabled children. The approach adopted by WVI in the Our Voice program was recognised by WVs Global Advocacy Award in 2013 and remains an important demonstration of how WVI can contribute to national and international advocacy for disability inclusive development.

## 2.6 Current program achievements in mainstreaming

### 2.6.1 Communications and media

The media and communications department has been working closely with the disability team in supporting Children's Forums, in particular with the production of some highly effective infographics such as the *Children's Manifesto* and the *Demands and Responsibilities for Inclusive Education* (see appendix 4 for an example). They are sensitively produced with the team sticking as closely as possible to the original words and phrases used by the young people. It has brought them into close working proximity with the disability team and as a result they have taken up a rights approach to the way they report on and describe disability. They are now totally committed to making sure their messaging is rights based and are particularly careful about how they describe disability and in the way they report on issues related to disabled children. The team have specific guidelines on writing about disability which is regularly updated to reflect the priorities of the disability movement in India.<sup>65</sup> One of the interesting unexpected benefits to this awareness over rights based language has been the teams increased sensitivity around how they talk about children in general. They are now

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<sup>65</sup> Key informant interview, WVI staff, Chennai, 15<sup>th</sup> July 2016

mindful of the need to always put the child first when describing issues - so they would no longer refer to 'needy children' but instead talk about 'children in need' - just as they would always use children / people with disabilities. They are therefore very aware of the power language has in influencing the way issues are seen by communities and are happy to be able to contribute to support inclusion through the work they do.

### 2.6.2 Church relations

A really interesting area of development has been in the work the disability team are doing in church relations (see for example the WVI *Engage Disability* report, 2014). According to one interview WVI had previously supported churches running special schools or institutions for disabled people as a way to include disability issues in their programming. Having made the transformation from the medical/charity approach to a rights based understanding WVI now recognise there is some work to do on influencing the church to change its perceptions. The result has been a steady program of awareness raising which this year appears to have achieved a significant breakthrough. For the first time a delegation of disabled children made a presentation to the National Council of Churches which made such an impact that they have now agreed to make disabled children the focus of their advocacy work over the next four years.

Work with church leaders however is serious and on-going - there are some very deep rooted values which have to be dealt with involving some theological questions for the church to confront. For example acceptance that disabled people can minister to disabled and non-disabled people; the focus on healing as a response to disability and an underlying charity based approach which does not adequately confront issues of dependency. WVI are trying to encourage church leaders to move beyond thinking about simply building ramps or accessible toilets (necessary though these are) to addressing broader issues of inclusion and participation.

The disability team have been working hard to sensitise church leaders and have produced a five day trainer of trainers format for faith leaders on disability (drawing on the original *Travelling Together* material with locally contextualised activities, videos and thought provoking theological discussions) first tested with 60 faith leaders in 2015 and repeated again in August 2016.

### 2.6.3 Data collection tools and research

As a result of the need to identify disabled people the 'Call Me' project helped stimulate the development of a set of data collection tools. In 2013 WVI developed an 'Assessment Tool for Disability' for use by ADPs as a way to encourage the mainstreaming of disability into LEAP. It encourages staff to try and determine prevalence rates; to identify potential barriers, including attitudinal ones; and to better understand some of the opportunities that might exist for disabled people in the area. This document defines impairments according to 5 categories - physical, sensory, neurological, intellectual and mental illness providing quite a comprehensive list of possible physiological conditions.

However it is clear this tool in its current form could be improved. At the moment there is no advice as to how program staff would identify these conditions in practice or more specifically about how they might present in children and young people. So, although it looks like quite a comprehensive tool, it probably doesn't provide the ADP with information that is directly useful. Asking enumerators to collect detailed information about whether or not someone has difficulty moving because of polio, cerebral palsy or spinal cord injury for example is not especially relevant to the program but could take up valuable interview time. Data is also inconsistent since it does not ask diagnostic questions about people with other impairments - there is no requirement to state why people might have a visual, hearing or speech impairment for example. Hence the purpose of the data is hard to discern. Clearly what is important for the ADP program to know is the numbers of people who experience difficulties in moving, seeing, hearing or reasoning for example so that they can plan their activities with these limitations in mind without having to worry about identifying specific conditions.

This review recommends that WVI consider getting involved in using the **Washington Group short set of questions (Figure 3)** to help with disability assessments - bearing

in mind the purpose is not to measure disability prevalence as such but to simply understand the numbers of people who experience barriers to participation.<sup>66</sup>

Figure 5 The Washington Short Set of questions

**The Washington Group of questions**

**The Washington Group on Disability Statistics Short Set of Questions** (usually referred to as the 'Washington Group') has been designed as a tool to capture the impact impairments have on the economic and social participation of individuals in a way that could be easily incorporated into national censuses. This 'short set of questions' can reliably identify the majority of disabled adults without having to rely on formal, medical definitions making it relatively easy to administer.

The questions run as follows:

*Because of a physical, mental, or emotional health condition...*

1. Do you have difficulty seeing, even when wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care as such) washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty in communicating (for example, understanding or being understood by others)?

**The question response categories are: No, Some, A lot, Unable to do at all**

If the program wishes to get more involved in determining prevalence rates then a formal disability survey is required for which the **International Classification of Functioning, Disability and Health (ICF)** would be more appropriate.<sup>67</sup> However the Indian government actually has relatively good disability data collection methods so it would not really be in WVI's interest to repeat these assessments unless they intend to work in collaboration with the health sector on disability specific interventions such as in the provision of Community Based Rehabilitation.

A Baseline Household survey tool for ADPs has also been produced to assess the development situation of communities in relation to child health and nutrition. This is a questionnaire gathering very detailed information about the status of children and the condition of the household in which they live. What is important is that the

<sup>66</sup> see [www.cdc.gov/nchs/washington\\_group.htm](http://www.cdc.gov/nchs/washington_group.htm) for more details

<sup>67</sup> It's not important to detail this survey tool here but more information can be found at [www.who.int/classifications/icf/en/](http://www.who.int/classifications/icf/en/) for more detail on the ICF framework and its implementation

demographic information at the start of the survey records if a householder has a disability. It means that if this question is asked appropriately (and there are significant limitations with responses to this type of question) it would mean WVI (and the ADP) could look specifically at whether children with disabilities are any more or less at risk from things like missed vaccinations, childhood infections, or malnutrition for example in comparison to other children in the household and/or in the community. However, the nature of this question makes it likely that actual numbers of disabled people (especially children) are significantly under-reported which could mean that ADPs do not yet have a full appreciation of the prevalence of disability amongst their communities. Nevertheless the database itself could be very interesting to look at in more detail although there was no evidence that the program has as yet actually carried out any analysis.

Given the program's commitment to collect disaggregated data there are some intriguing possibilities for developing a more comprehensive research program focused on the impact of disability. The newly formed evidence and learning team is starting to look at the potential for bringing together knowledge management and strategic planning and is in the process of looking at research possibilities that might increase their program effectiveness. Interestingly despite not using disability disaggregated data to any great extent in strategic reporting or planning processes, WVI are collecting a significant amount of data on disability at ADP level. They have data related to sponsored children with disabilities which includes important information such as impairment type, gender, and school placement.

From a very quick scan of the data it has been possible to determine things like the numbers of disabled children in different levels of education; a disaggregation of gender, school placement and disability; and an analysis of whether children with different impairments are more or less likely to be in mainstream primary education. There is a great deal more that could be analysed from this data, alongside programmatic information such as overall numbers of children with different impairments being sponsored and a disaggregation by gender which could be used to look at whether or not the program is effectively targeting all disabled children (by comparison with local rates on impairment for example).



There has already been some good use made of data for presentation to the WVI Board. The Board are regularly updated with information linked to disability and Board presentations do contain disaggregated data and / or case studies showing the impact of their work on disabled people.<sup>68</sup> In fact two years ago disabled children were included in a group of young people who made a presentation to the Board's strategy sub-committee on the issues faced by children in India. This was the first time young people had directly addressed the Board and it made a significant impact on everyone. What was important was that young disabled people were represented alongside their peers in a very good example of practical inclusion.

There is some sense however that current levels of knowledge around disability issues within WVI really just scratch the surface of the true issues. There is some fear that although they may be addressing the needs of people with physical impairments relatively well, there is considerably more to learn about how best to include those with other impairments (something that was also evident from the staff survey). More research is needed across a broader range of issues than they currently collect data around and more of this information should be feeding in to program design. There is some sense that at design stage there is not enough intentional focus paid to disability issues and that there is a danger that unless people are personally motivated the issue can be ignored. In this regard there are things to learn from experiences with women and gender issues.<sup>69</sup>

#### 2.6.4 Natural resource management

Despite not having undergone any formal disability awareness training the head of NRM explained how the disability team have been important in encouraging him and his team to look at disability from a rights perspective. As such they have been looking at how to improve access to WASH facilities. The team feel that so far they have been quite successful in promoting better access for people with mobility impairments and they have been able to ensure designs for things like ramps and doorways are genuinely

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<sup>68</sup> Key informant interview, WVI staff, Chennai, 21<sup>st</sup> July 2016

<sup>69</sup> Key informant interview, WVI staff, Chennai, 21<sup>st</sup> July 2016

accessible (i.e. not too steep or narrow). However they are far less confident about other access requirements such as those for people with visual impairments.<sup>70</sup> What was interesting was the team were not aware of the tools developed by WEDC and WV Ethiopia on accessible WASH in 2009 (neither was the disability team). WV Ethiopia implemented some good community level access activities including support from local government.<sup>71</sup> This is an example of how technical support from either a SO or the Global Centre could help share learning and experiences across the partnership or help programs to improve their knowledge and skills by connecting with different specialists.

### 2.6.5 Gender and development

Where there is perhaps slightly less of a sense of inclusion is in technical programs like the gender and development team. Although there was very strong support expressed for the inclusion of issues related to women and girls with disabilities because of a recognition they are highly vulnerable to abuse, this is not yet being translated into practical programming.<sup>72</sup>

An example is the current Girl Power program which is working through local based facilitators and using mobile phone technology to help women and girls report abuse. Whilst there is no active exclusion of disabled women or girls neither are there any activities which look specifically at mitigating the challenges they can face in reporting abuse. For example, from actually being aware they are suffering abuse (rather than assuming the way they are treated is normal for someone with a disability) to facing challenges in being able to independently report an abuser or to be taken seriously by the system (see for example <http://www.makingitwork-crpd.org/advancing-equity-for-women-and-girls-with-disabilities/> and <http://www.womenenabled.org/>).

One of the main reasons cited for not being more proactive about inclusion was the lack of participation of disabled women and girls in the program design which meant there have been no directives established for disability and no plans around sensitisation of

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<sup>70</sup> Key informant interview, WVI staff, Chennai, 22<sup>nd</sup> July 2016

<sup>71</sup> UK PPA Outcome 3 Report (Jan-Mar 09); PPA Outcome 3 Team Meeting Minutes, 14 September 2009.

<sup>72</sup> An issue raised by the 2011 CMBN evaluation report which also highlighted the need for a more integrated approach to gender and disability.

local level facilitators. So the program is unable to do anything specifically focused on disabled women and girls and there is also no way currently to capture or track their participation because no specific indicators were set up to enable disaggregation of program data.<sup>73</sup> This is not an unusual situation internationally however. Until very recently the women's rights movement had done little to engage on disability with international bodies such as the Committee on the Status of Women and UN Women doing little to raise the specific needs of disabled women.<sup>74</sup> However there is growing awareness of, and increasing interest in researching, the high levels of violence and abuse experienced by disabled women and girls so it is likely that in the context of the new SDG 5 (achieve gender equality and empower all women and girls) there will be more concern placed on ensuring the specific needs of disabled women and girls are being adequately addressed in gender programming.

### **Section 3 Conclusion**

This review has identified strong evidence to suggest that WV India is making significant progress towards becoming a disability inclusive organisation; made possible in large part because of support provided to them through the Programme Partnership Arrangement funding during 2008 - 2011. Whilst disability had been an issue many in the organisation were keen to address prior to the PPA funding, this had mostly been in the context of one-off interventions, largely medical or charity based with no real sense of bringing disabled people into mainstream programming.

This review found widespread understanding amongst senior level staff and those at ADP level of disability as a component of Most Vulnerable Children (MVC). There are policies which try to emphasise the importance of including disabled children such as the one for child sponsorship which allows ADPs to enrol disabled children who are much older than would be expected. ADPs are collecting disaggregated data on disability and there are tools and guidance available to help programmes to identify disability within the community. There is also an expectation that new ADPs will include disability as part of the baseline assessment process and will look for ways to

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<sup>73</sup> Key informant interview, WVI staff, Chennai, 22<sup>nd</sup> July 2016

<sup>74</sup> See <http://www.makingitwork-crpd.org/advancing-equity-for-women-and-girls-with-disabilities/>

ensure disabled people are benefitting from their interventions. The media and communications department have written guidelines on how to talk about disability from a rights perspective and there are examples of where disabled children and adults have been included in events, media stories or images alongside non-disabled people without disability being the main focus. Finally, the programme has produced its first Braille version of the annual review summary which will hopefully continue to be available in future.

93% of staff interviewed believe that disability is a key development issue and 100% felt that the new Sustainable Development Goals offer good potential for promoting disability inclusive development. There was also a real sense from interviewing a broad cross section of senior and ADP staff, that disability is a concept that is well understood within the organisation and an easy topic to talk about.

Analysis suggests that a clear reason as to why disability has become such an embedded issue is due to initial investments in training and awareness raising which were provided through PPA 1 funding. A decision by the UK office to ensure the original disability awareness training (DAT) in 2008 was specifically targeted at senior management made an impact overall on helping shape the organisations approach to disability. Since then, continued investment in small training sessions embedded within new disability projects has enabled the organisation to reach a critical mass in terms of having enough people on staff at senior office and ADP level with some formal training to be able to support those who have not yet been trained. Without doubt this has also been helped by a generally low staff turnover and more recently by the appointment of a small specialist disability unit (from 2010) which has now been embedded firmly within the staff structure.

These factors have contributed to building widespread organisational capacity on disability inclusion and it is this general level of understanding that has been an important factor in WV India's success in moving towards mainstreaming.

Whilst it is possible to trace a clear relationship between the original PPA 1 training investments and changes in perceptions, awareness and motivations this was followed

by a strong commitment early on at senior level to pursue disability inclusion. At the time PPA 1 funding was flexible enough to be able to support innovative projects like Call Me By My Name which played a very important role in consolidating World Vision India's twin-track approach to disability. It gave the programme funding to directly support rights awareness and disability focused activities whilst at the same time providing the space needed for the organisation itself to develop the policies, guidance, tools and internal capacity required to sustain this model of working. The positive feedback loop created by building disability awareness training into all new disability projects enabled increasing numbers of staff to be exposed to the rights based approach which in turn helped stimulate new projects, building capacity in the process.

There is a discernable link between the current good practice on disability inclusion and the original financial and technical support provided under the PPA 1 grant. Whilst it's not possible to identify a direct causal link, it is the opinion of this review that without the opportunities provided through the PPA 1 grant (including disability awareness training, funding support for social model based projects and direct technical support), then progress towards a rights based approach to disability inclusion in WV India would at best have been much slower to take hold, but may not in fact have happened at all.

### **3.1 Learning and future considerations**

As an ex-post evaluation this review has not focused specifically on making recommendations but rather has tried to trace the extent to which the disability inclusive funding available under PPA1 has had any lasting impact. From that a number of conclusions have been drawn regarding what aspects of this initial investment have become embedded in the way the program now operates with some tentative suggestions as to why this has happened. Given this is a very small study definitive conclusions cannot be made and likewise it is beyond the scope of the review to make firm recommendations. Nevertheless a series of interesting learning points can be identified with some considerations for future discussion.

#### **3.1.1 World Vision UK**

Initial investment in a small, skilled technical team helped identify and stimulate promising examples of disability inclusive programming at national office level. Their continued technical support to programs throughout the PPA1 funding period provided much needed information and contacts as well as the opportunity for more informal discussions and feedback. The absence of any central skills pool (especially now that there is no longer a contact at the Global Centre) on which WV India can draw has impacted on the disability team. There is certainly a feeling that there is more to learn about disability inclusion and a desire to be more connected to others working in this field (whether that's within the Partnership or beyond). **Since capacity is still growing there is need to maintain a reliable level of technical support to offices like India and provide opportunities for networking and sharing experiences.**

Early investment in senior level disability awareness training, along with those in programming made a very significant impact in changing how WV India approached disability. Following this up with flexible program funding targeted at supporting the growth of both disability specific and organisational development activities (twin-track approach) was a key factor in embedding disability inclusion within WV India. **Future programming decisions should acknowledge the important role of both disability awareness training and the twin-track approach to stimulate sustainable inclusion.**

### 3.1.2 World Vision India

There was clear support from staff, that the specific mention of disabled people in guidance notes, tools and planning templates makes a difference to whether or not they are included. **WV India should therefore be proactive and consistent in making disability a visible component of the tools and guidance provided to programming staff where they expect to see disability inclusion happening.**

Not having disability markers at strategic performance level has created a situation whereby the true extent of the inclusion of disabled children and adults in the program remains largely hidden. There is under-reporting of the impact ADPs are making on the lives of disabled people and a lack of accountability for the work being done because data on inclusion is not being collated at national level. Given that disability

disaggregated data is being collected at ADP level **WV India needs only to commit to reporting on this at strategic level.**

In conjunction with the above observation, WV India are also encouraged to look more specifically at how data on disability is actually collected from communities. The current tools do not really provide people with enough guidance on how to collect such sensitive information, or indeed on what kinds of information are actually the most useful. **This review strongly encourages WV India (and the Partnership as a whole) to look at using the Washington Group Short Set of Questions for identifying those people within the community that face barriers to participation.** More detailed disability prevalence data may not be required unless programs are keen to get involved in work such as Community Based Rehabilitation (CBR).

Further, **WV India is also encouraged to look in more detail at the rich data they have available already on disability to build on this research activities which could help the program to learn more about the lived experiences of disabled people and families of disabled children.** This could potentially enhance their own programming, by providing new areas for intervention or support for example, but also contribute to the international body of knowledge on disability and development. Again, WV UK or the Global Centre could also look more at how to support research as part of improved programming.

Whilst **WV India has done really well in supporting rights awareness amongst disabled people and has made a significant contribution towards helping people to access important entitlements there is more that could be done to help reduce the discrimination that disabled people face in accessing mainstream programs and services.** To begin with, WV India should carry out its own accessibility audit, looking at where disabled people might continue to face barriers to participation in its work. Beyond that, there are opportunities for supporting disabled people to challenge local level discrimination where they face barriers to participation. A good example would be through education – currently the situation facing disabled children and access to appropriate schooling is acute with very few specialist places available or teaching staff capable of providing quality support. Working with disabled people and families of disabled children, advocacy and programming interventions could be

formulated to help begin to address some of the barriers and provide support to the government in its desire to become more responsive to the needs of disabled people.