

Terms of Reference for Disability Inclusive Development Programme

Volume 3

PO 8219 TERMS OF REFERENCE For

NEW DFID DISABILITY INCLUSIVE DEVELOPMENT PROGRAMME

1. **Overview:** In July 2017 the Secretary of State (SoS) for International Development approved a new programme entitled 'Disability Inclusive Development' (DID).
2. **Context:** The Global Goals include eleven explicit references to people with disabilities. The UN Convention on the Rights of People with Disabilities (CRPD) has been signed by 175 countries, including the UK. The UK has committed to reaching the poorest and most excluded people. As set out in the UK Aid Strategy, the UK Government will implement the promise of the Global Goals to Leave No One Behind.ⁱ
3. Disability inclusion is a neglected and under-prioritised issue in international development. An estimated 1 billion people are living with some form of disability globally with around 80% living in developing countriesⁱⁱ. This number is likely to increase in the future as populations are aging and chronic conditions¹ become more prevalent.ⁱⁱⁱ There is growing evidence that disability and poverty are highly correlated^{iv} and whilst many developing countries have made progress in lifting people out of poverty, the condition and wellbeing of the majority of people with disabilities has not improved.
4. There is a lack of evidence about what works in practice to deliver inclusion; both in specific contexts and in different sectors. Whilst there are a number of promising small-scale interventions which focus on supporting people with disabilities; funding is limited and their effectiveness is often anecdotal. Due to the lack of evidence and data, it is difficult to make the case for key actors to prioritise the inclusion of people with disabilities and for the global development community to allocate funds to build programmes at scale, or partner with national governments to deliver results.
5. In the Disability Framework (revised in 2015), DFID committed to ensure people with disabilities are systematically and consistently included in and benefit from international development and humanitarian assistance. DFID's 2016 Bilateral Development Review (BDR) commits the department to strengthen its work on disability. It sets an expectation that DFID will work with national governments and the private sector to ensure people with disabilities no longer face stigma and discrimination and can access a quality education and productive employment.
6. The new DFID Disability Inclusive Development (DID) Programme complements DFID's current disability inclusion programming, including the Disability Catalyst Programme which builds the advocacy capacity of people with disabilities, and will strengthen the ability of the disability inclusion sector as a whole. The

¹ Such as diabetes, cardiovascular diseases (heart disease and stroke), mental disorders, cancer, and respiratory illnesses (WDR, 2011).

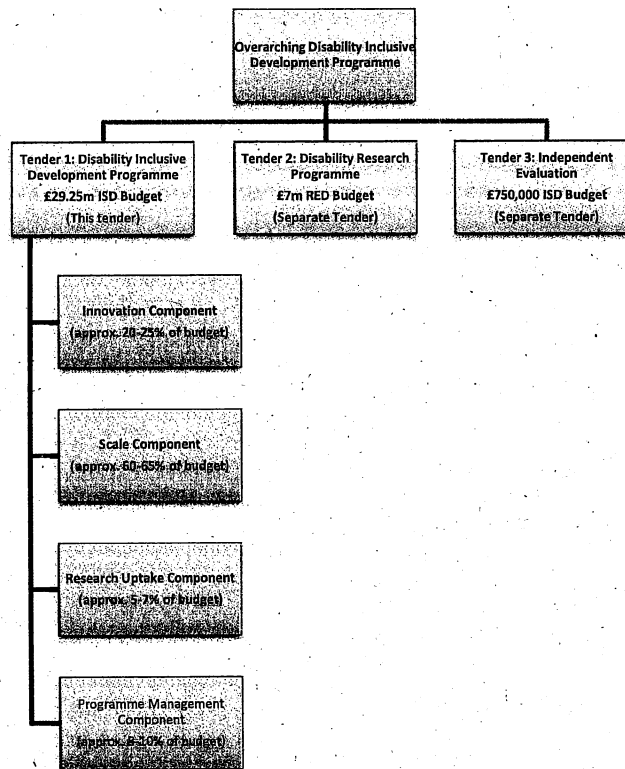
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programme will complement the upcoming UK Aid Connect window on disability inclusion to provide useful leverage for DFID to drive partners to increase resource and attention devoted to disability inclusive development^{2,v}. Insights from a current Amplify Challenge on disability inclusion will also allow us to test some of the assumptions and planned interventions.

7. **Objectives:** The objectives of this programme are to:
 - deliver tangible outcomes to improve the lives of people with disabilities – this includes improved educational attainment and health outcomes, productive jobs and livelihoods and reduced stigma and discrimination for people with disabilities of all ages. This includes within conflict and humanitarian settings;
 - generate a significant, and rigorous, evidence base on 'what works' to deliver results for people with disabilities;
 - ensure data and evidence is used by the global community and governments to increase action and investment.
8. **Impact:** The long-term improved well-being and inclusion of people with disabilities in low- and middle-income countries.
9. **Recipient:** The recipient of the services will be the Governments and peoples of the selected countries, and other national and global organisations..
10. **Structure of Contracts for the overarching DID Programme:**

² **Disability inclusive development** 'seeks to ensure the full participation of people with disabilities as empowered self-advocates in development processes and emergency responses and works to address the barriers which hinder their access and participation.'

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11. **Contract Model and Duration:** The Contract model utilised for this programme will be an NEC Professional Services Contract (details will be provided later in these Terms of Reference). The Contract is expected to commence in summer of 2018 and will run for 6 years from the Contract start date, with review points after the design phase and at the end of year 4. There will be no provision for a Contract extension beyond the 6 year term.

12. **Scope:** The proposed six year programme (2018-2023) for this requirement procured by DFID's Inclusive Societies Department (ISD), will be delivered via four main components:

- a) **Innovation component:** The Supplier will allocate approximately 20-25% of the available funding to design and implement interventions in contexts that test new approaches to support people with disabilities, focusing on thematic areas where evidence is particularly weak. This should work closely in collaboration with an additional and complimentary Disability Research Programme which will be commissioned separately by DFID's Research and Evidence Department (RED). The Supplier will co-ordinate a consortium of providers from the existing market consisting of Suppliers/NGOs/CSOs and Disabled People's Organisations to design and deliver interventions based on the best understanding of the needs and opportunities in this field. 100% of this component should be allocated to disbursement funding.
- b) **Scale component:** The Supplier will allocate approximately 60-65% of the available funding to identifying promising small-scale interventions and taking them to scale (including in different contexts). The Supplier will be expected to make informed decisions based on the best available evidence, and using emerging findings from the innovation component and the Disability Research Programme. This will generate a rigorous body of evidence of 'what works' in

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particular contexts and deliver significant outcomes for people with disabilities. The Supplier will co-ordinate a consortium of providers from the existing market consisting of Suppliers/NGOs/CSOs and Disabled People's Organisations to design and deliver interventions based on the best understanding of the needs and opportunities in this field. 100% of this component should be allocated to disbursement funding.

- c) **Research uptake component:** The Supplier will allocate approximately 5-7% of the available funding to ensuring programme learning, new evidence and technical support is embedded in DFID and across the global development community and by national governments. This should be implemented by a global expert in evidence and research uptake. This will ensure that the evidence and learning generated is used and catalyses global action and investment. This component should also deliver a disability inclusive development helpdesk which will support the Innovation and Scale components by ensuring that programme learning and other latest evidence on effective approaches to disability inclusion are embedded in DFID, other UK government departments and across the global development community, including through mainstream development and humanitarian programmes. This will be an on demand service for UK government and DFID staff, with scope for external partners to request advice in partnership with HMG/DFID staff. Services will include:

- On demand advice, evidence reviews and policy mapping;
- Quarterly evidence digests: including a summary of latest evidence on disability inclusion produced by DFID and more broadly, a review of policy developments in the UK and globally, and a list of helpdesk advice provided over the last quarter;
- Country assignments/practical support: longer pieces of work for a country office or other spending units utilizing a member of the helpdesk for a maximum of 3 weeks (e.g. assistance with programme design, disability inclusion mainstreaming across the country office portfolio, mini clinics to help teams apply good practice/guidance to specific problems). It is envisaged these would usually be funded by the country office/spending unit but contracted through the helpdesk arrangement.
- Capacity building: pragmatic training delivered to equip and incentivise staff and potentially wider partners to implement disability inclusive development.

- d) **Programme Management component:** The Supplier will allocate approximately 8-10% of the available funding to cover fund management costs associated with the administration and coordination of the three components above, including all aspects of programme management, risk management, results, monitoring, evaluation and learning described in the technical award criteria other than those integrated into delivery of individual interventions by consortium partners. A detailed cost breakdown will be presented as part of the bidding process. This should take into account the potential additional costs of targeting people with disabilities. The Supplier will be expected to demonstrate that their administrative costs are efficient and that management processes are designed to offer value for money in order to maximise the investment available for Innovation and Scale components.

13. **Separately Procured Components:** Two more integrated components will complete the overarching DID programme and be procured in separate tenders.

- a) As above, DFID Research and Evidence Department (RED) will undertake a separate procurement for a long-term Disability Research Programme (DRP) component (approx. £7m);

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- b) In addition, an independent evaluation will also be procured independently by DFID in year one of the programme using DFID's Global Evaluation Framework Agreement (approx. £750,000).

14. **Thematic Focus:** There is a clear need for increased evidence in specific thematic areas including education, jobs/livelihoods, healthcare and particularly in conflict and humanitarian settings; which this programme is designed to help address. Annex A provides an initial identification of evidence gaps in disability-inclusive development for selected thematic areas, which should inform bids alongside bidders' own knowledge of the available evidence in this field. A more comprehensive mapping of evidence gaps is being undertaken through a Policy Evidence Mapping (PEM) which is currently being conducted in partnership with the Evidence into Action team in DFID's Research and Evidence Division. The findings of the PEM process will be sequenced to feed into programme design; we anticipate the process will have concluded by the design phase and may be used to refine the design where needed, in consultation with DFID. The findings will particularly inform the work under the innovation strand, but also support decision processes on scale-up.

15. **Geographic Focus:** The programme will focus on where the need is greatest (low and middle-income countries). Interventions will be based in DFID priority countries (see full list [here](#)). This will ensure that new data and evidence is aligned to DFID's existing programmes, relationships and strategic interests. Bidders will be expected to propose and justify a list of between 6-10 focal countries. The selection should be based on a range of criteria, including:

- DFID priority countries where there are existing networks and relationships that will facilitate and promote uptake of the evidence generated
- A range of development settings, for example, fragile and conflict-affected states (FCAS), and sub-Saharan Africa/ MENA/ South Asia;
- Countries with existing disability inclusion programming or pilots (not necessarily DFID funded) and those where there has been limited funding to date;
- A range of levels of national government commitment to disability inclusion;
- For innovation interventions, a focus on thematic areas with weak evidence in the selected country/ies.

16. We anticipate that the additional Disability Research Programme will work in a subset of the countries that are the focus of this, larger, DID Programme, though this depends on the respective dates for development and roll out of the two strategies for DID and the Disability Research Programme.

17. We expect bidders to propose and justify a strategy and approach to structuring the DID Programme in terms of specifying proposed focal countries, targeted types of impairment where appropriate, proposed example interventions that could be delivered under innovation and scale components, methodology and methods and numbers and distribution of interventions within and between countries. The bid should demonstrate how the proposed interventions cover all the requested range of thematic areas, contexts, and types of scale up through relevant interventions design, and should also demonstrate how people with a range of disabilities will benefit from the programme, including those with mental and intellectual disabilities, drawing on the latest research and evidence. The proposed design and approach should be achievable but there will be an opportunity to validate and refine it where necessary during the design phase.

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18. Bidders will be expected to propose at the outset how they intend to manage selection of interventions for Innovation and Scale to deliver against the programme objectives. Bidders should propose a standardised format that will be used to set out key details of each proposed intervention to allow assessment and comparison of bids against the following criteria:

a) Innovation

- Contributes to an appropriate portfolio balance across the intended range of thematic areas, contexts, types of scale-up.
- Expected to generate evidence of what works to a defined standard of quality/rigour within two years, and at interim points as appropriate
- Intervention design is based on a clear theory of change reflecting strong understanding of context, need, and builds on existing learning and evidence
- Includes suitable monitoring/evaluation/research to test assumptions and generate relevant evidence to address an identified gap in the global evidence base on disability inclusion
- Fulfils requirements for research uptake, both within this component and in terms of strategic engagement with the Research Uptake component.
- Intervention can meet programme standards for monitoring results (including use of Washington Group questions) and value for money, with appropriate provision of capacity support if necessary.
- Intervention can meet programme standards for financial management, risk management and due diligence, with appropriate provision of capacity support if necessary.
- Proposed consortium member(s) delivering intervention demonstrate appropriate capability to adapt and change based on latest information and understanding of local context.
- Identifies potential opportunities/basis for scale-up intervention at a later phase of programme if the intervention proves to be effective.
- Intervention considers a range of different and intersecting vulnerabilities and will generate learning on the effectiveness of the approach for specific targeted groups amongst PWDs.
- Intervention design/theory of change considers the role of stigma and discrimination and ideally assesses impact of intervention upon it.
- Evidence of consultation and collaboration with stakeholders including people with disabilities, communities and families, DPOs, local actors, NGOs, governments, and incorporating beneficiary feedback into both design and delivery.
- Intervention design incorporates flexibility and adaptability to change.
- Implementer demonstrates technical expert and genuine understanding of and commitment to disability inclusion and rights issues.
- Implementer's capacity, skills and expertise are well suited to deliver the proposed intervention

b) Scale

- Contributes to an appropriate portfolio balance across the intended range of thematic areas, contexts, types of scale-up.
- Evidence is provided to a defined standard of quality/rigour demonstrating that the intervention has previously been effective in achieving desired results in relevant contexts.
- Expected results are clearly defined and their contribution to programme outcomes is justified based on evidence and a clear theory of change.

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- Demonstrates value for money based on expected results and costs relative to relevant comparators/metrics.
- Intervention can meet programme standards for monitoring results (including use of Washington Group questions) and value for money, with appropriate provision of capacity support if necessary.
- Fulfils requirements for research uptake, both within this component and in terms of strategic engagement with the Research Uptake component.
- Employs an appropriate scale-up strategy for the context and nature of scale-up proposed (quantitative, functional, organisational or political)
- Intervention design/theory of change considers the role of stigma and discrimination and ideally measures change over time
- Intervention considers a range of different and intersecting vulnerabilities and includes appropriate targeting amongst PWDs
- Evidence of consultation and collaboration with stakeholders including people with disabilities, communities and families, DPOs, local actors, NGOs, governments, and incorporating beneficiary feedback into both design and delivery.
- Sustainability of scale-up beyond DID funding (including scope for wider replication if applicable)
- Intervention design incorporates flexibility and adaptability to change
- Implementer demonstrates technical expert and genuine understanding of and commitment to disability inclusion and rights issues.
- Implementer's capacity, skills and expertise are well suited to deliver the proposed intervention
- Proposed consortium member(s) delivering intervention demonstrate appropriate capability to adapt and change based on latest information and understanding of local context.

19. During the design and implementation phases the Supplier will be expected to continue using these criteria in proposing and justifying the most suitable interventions to be funded. The criteria will also provide a framework for oversight and approval of these decisions on a regular basis by the Executive Steering Committee.

20. The selected Supplier will be expected to help advance and ensure best practice and consistent measurement by working with other contractors and partners across the whole DID programme. A proactive and committed approach to coordination by the selected Suppliers across all of the components will be essential for ensuring the coherence and integration of the overall DID programme. Bidders should outline how they will contribute to actively managing the coordination between this work and the complementary Disability Research Programme being commissioned separately by DFID's Research and Evidence Department (RED), and the independent evaluation to be commissioned by DFID. DFID's oversight and management of the overall programme will also ensure coherence.

21. **Results:** Bids should provide an indicative results framework stating clearly defined, quantified outputs that could feasibly be delivered by the indicative interventions, and a credible contribution to quantified, tangible outcomes and long term impact for people with disabilities in line in the programme objectives stated in these ToRs, with a supporting rationale. Bids should outline the intended approach and process for refining output level results during the programme lifetime in

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response to latest evidence and programme learning to ensure they are contributing to the intended outcomes.

22. **Monitoring, Evaluation and Learning:** Bids should detail arrangements for a robust approach and systems for programme monitoring, evaluation and operational research suited to the adaptive programme context to ensure performance, accountability, value for money and adaptability of the programme based on lessons learned and the systematic analysis of data collected. Regular review of the theory of change in response to latest evidence and programme learning is expected to be a critical part of the lead contractor's approach to monitoring, evaluation and learning.

23. Monitoring plans should include details of expected data sources for tracking results at all levels of the results framework, including plans for direct data collection and use of secondary sources, and should demonstrate capacities and plans to disaggregate beneficiary data by disability status (using the Washington Group questions), poverty, age and gender. Bids should outline how innovative methods and approaches will be used to measure meaningful results and accommodate potential changes to the expected outputs over the programme lifetime in response to programme learning. Bids are expected to outline plans for the use of operational research during implementation to generate an improved understanding of the degree to which intended outcomes are being achieved through the selected interventions; what elements of programmes are effective or not, why and in what contexts; what factors may influence programme implementation (and enable or constrain success); and identify any unintended results. Bids should also demonstrate how lessons will be gathered and, importantly, used to shape the future direction of the programme, including identifying scope to improve the effectiveness, equity, efficiency and economy over the lifetime of the programme.

24. DFID will commission an independent evaluation to understand outcomes, impacts and performance of the programme. Specifically, the evaluation will explore i) to what extent, why, and how, the programme is producing robust, relevant and useful research and evidence ii) how this is being used to inform decision-making, leading to a greater prevalence and investment in disability-inclusive programmes in the global development community and iii) the contribution of the programme to achieving tangible outcomes to improve the lives of people with disabilities. The evaluation will look at all aspects of the programme, including the DID programme covered in these ToRs and the separately commissioned Disability Research Programme, and the interaction between these components. The evaluation will interrogate the programme theory of change and explore the causal pathways for the transfer of evidence into policy and investment in disability-inclusive programmes. The evaluation will be procured independently by DFID in year one of the programme, and is tentatively expected to deliver findings in years four and six of the programme. The evaluation terms of reference will be designed in consultation with the Supplier to ensure that it delivers relevant, timely findings to inform effective, efficient delivery of the programme. The Supplier (with input from the Disability Research Programme) will be expected to engage constructively with the evaluator throughout the evaluation process, including making available all relevant data from monitoring and operational research activities to inform the evaluation and responding to evaluation findings and recommendations.

25. **Design Phase:** The Design Phase of the project will be six months. By the end of the Design Phase the Supplier shall be required to deliver the following:

- a) Feasibility assessment and confirmed final selection of priority countries, with supporting rationale, informed by key stakeholders including DFID country

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offices and the Supplier for the separately commissioned Disability Research Programme;

- b) Updated theory of change reflecting findings of DFID Policy Evidence Mapping, country feasibility assessment, and other latest evidence. The updated theory of change should map out expected causal pathways, articulate all assumptions and be clear on the strength of evidence underpinning these. Where there is weak evidence, there should be clarity whether/how the programme will develop the evidence base over its lifetime.
- c) Fully elaborated programme design including detailed Task Schedule and Task Orders to cover proposed interventions for initial 2-3 years of implementation and processes for adaptation and learning over the programme lifetime
- d) Proposed implementation plan including annual budgets, work plans and initial milestones for each year of the implementation phase
- e) Final logical framework or alternative appropriate results framework including SMART output and outcome indicators with baselines, milestones and targets

26. Bidders will be required to demonstrate the following in their proposals for design and approach:

- Design includes use of rigorous methods for operational research and impact measurement that are suitable for the programme design and context.
- Design includes appropriate strategies for research uptake, including use of existing networks across development practitioners, academia, and private sector.
- Proposed approach to design and delivery incorporates consultation, involvement and collaboration with stakeholders, including people with disabilities, communities and families, DPOs, local actors, NGOs, governments; including appropriate representation of people with disabilities within consortium and in design. The team should demonstrate strong existing networks with DPOs or credible plans to build them in a way that strengthens their capacity during design phase.
- Proposed approach demonstrates capacities and plans to disaggregate beneficiary data by disability (using the Washington Group questions), poverty, age and gender.
- Clearly specified and costed design for Helpdesk facility informed by relevant similar successful models.

27. **Supplier Requirements/Qualities:** It is not expected that one organisation will be able to deliver all the services under this programme therefore the envisaged structure is that there will be a lead organisation who will co-ordinate a consortium of organisations/individuals in a flat structure to contribute to the design and delivery of aspects of the programme, including appropriate representation of people with disabilities. A range of expertise should be drawn into the design and delivery of the programme both through consortium members and other means of consultation and collaboration, including people with disabilities, communities and families, DPOs, local actors, NGOs, governments.

28. Relevant expertise required to deliver the programme will be assessed against the capability selection criteria: Qualifying bids will be assessed against the technical and commercial criteria as stated in the ITT documentation.

29. **Finance and Value for Money:** there is a budget of up to £29.25m (**please note this figure includes all applicable taxes**) over six years for the four programme components covered by these Terms of Reference. DFID reserve the right to scale up or scale down the programme by giving the Supplier advanced notice of its intention.

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30. All bidders will be required to define a strong value for money (VFM) strategy, which maximises the number, quality and potential impact of outputs, while ensuring economy, efficiency, effectiveness and equity (the four principles of DFID's VFM strategy). The following indicators are indicative of but are not limited to the types of measures VFM will be assessed against:

(a) Economy:

- Competitive unit costs of key inputs at the required quality, given equity considerations;
- Best practice in procurement of goods and services; competitive bidding environments for projects/evaluations and other research products;
- Fee rates compared to market rate;
- Understanding and managing key cost drivers: grants, research costs, staffing and travel.

(b) Efficiency:

- Unit costs of key outputs, ensuring that only like for like units are compared and ensuring that targeting of hard to reach people is not disincentivised by pressure to lower cost per beneficiary;
- Policies and procedures to monitor and maximise conversion of inputs to outputs/ outcomes;
- Costs of communicating research outputs most efficiently;
- Continued flexibility and adaptability between components: e.g. continual assessment of innovation vs scale;
- Indicators on country selection and project size/scope – understanding costs and benefits i.e. increased projects in fewer countries vs less projects in more.

(c) Effectiveness:

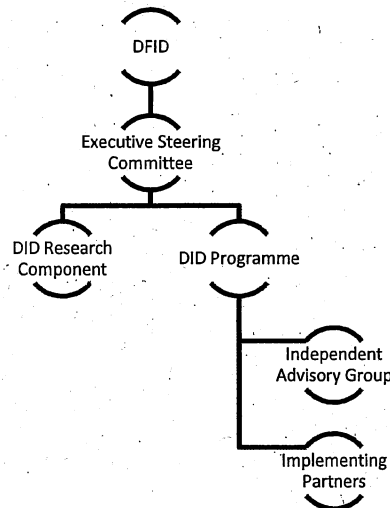
- Number of people with disabilities supported through evidence-based interventions e.g. accessing quality education; healthcare, jobs/livelihoods;
- Extent to which interventions are targeted (geographically and/or to particular groups and institutions) where they can have most impact;
- Number of promising interventions that are scaled up in different contexts and at enhanced level;
- Extent to which evidence is used to improve programme design and understanding where gaps are most compelling;
- Development and use of mechanisms to support learning and coordination across innovation and scale-up projects;
- Number of smaller DPOs whose capacity has been built to increase impact and reach;
- Measures of whether the outcome for the programme is being achieved compared to other ways of achieving the outcome;
- Number of development organisations and national governments who increase action and investment on disability inclusion; and qualitative progress on disability inclusion e.g. a partner government's capability built;
- Extent to which implementing partners have updated understanding of research production, research impact and the costs associated in different techniques.

31. **Procurement and due diligence on downstream partners:** The Supplier will implement robust and transparent guidelines and procedures in the procurement of downstream partners. This will include due diligence assessments that comply with DFID due diligence guidelines undertaken on potential partners / sub-contractors prior to contracting them. Where the Supplier anticipates utilising sub-contractors or

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downstream partners to deliver the programme this should be clearly stated within the tender proposal with a clear differentiation between the Service Provider's staff and any third parties.

32. **Programme Governance:** Diagram of governance structure below:



33. An Executive Steering Committee (ESC) comprising the nominated senior representative of the Supplier for this tender and for the Disability Research Programme, DFID Senior Staff and Programme Leads will approve the overall strategy, workplan and approach as well as decisions to approve funding. The ESC will meet quarterly to assess progress in the first year and 6 monthly thereafter.

34. Bidders will propose plans to establish an Independent Advisory Group (IAG) comprising researchers, practitioners and representatives from DPOs and CSOs to provide advice on research strategy and methods and advise and use networks to ensure research uptake. This group will ensure the development of robust, credible plans that reflect best international practice. The group will guide the implementation of the programme by endorsing projects to be tested through the programme, and monitoring progress.

35. **Reporting Mechanism:** Bidders will propose at the outset how they intend to report against operational, financial and results based progress and performance. Bidders should propose results indicators and indicative KPIs that will enable them to demonstrate progress and performance to DFID in respect of deliverables on a monthly and quarterly basis, including appropriate ways of working to manage the programme flexibly and adaptively to achieve outcomes. The operational and financial KPIs should be developed to measure the following aspects of programme management. The final selection of KPIs for reporting and performance management will be agreed with DFID at the NEC contracting stage and incorporated into the individual Task Orders for each intervention.

(a) **Timely Financial and Progress Reporting**

- Timeliness of disbursements to implementing partners and consortium members against milestones
- Timely monthly financial reporting to agreed format and standard
- Appropriate and effective identification and management of risks
- Accurate and timely submission of forecasting and invoices

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- Robust cost control in line with Contract
 - Timely quarterly output based financial reports detailing budget and actual spend linked to outputs, and quarterly updated forecast, to agreed format and standard
 - Timely quarterly narrative summaries of progress against output based work plan deliverables to agreed format and standard
- (b) Supplier Oversight and Management of Consortium
- Extent to which Supplier is responsive and flexible to DFID and stakeholder needs, communicates regularly and delivers agreed actions
 - Evidence that Supplier is consistently applying financial, management and monitoring and evaluation requirements across all projects
 - Evidence that Supplier is proactively solving problems and has sought to improve on the last reporting period's performance
 - Evidence that Supplier is proactively raising issues with DFID that may significantly affect delivery or performance
 - Evidence that Supplier is actively capturing and sharing validated learning within consortium, including from interventions that do not work well, and using this learning to adapt and improve programme
 - Supplier proactively implementing its environmental / corporate social responsibility policy at programme level in order to minimise its impact on the environment
- (c) Team Performance and Composition
- Evidence of appropriate ways of working by team leader, including managing staffing levels, staff performance and sub-contractors
 - Evidence of appropriate ways of working by team, including coordinated planning and learning across programme components
 - Evidence that key staff/resources proposed at Contract award are still appropriately allocated to project or have been replaced by an acceptable equivalent with appropriate level of expertise / skill, and that people with disabilities continue to be represented in the consortium
 - Supplier actively seeking opportunities to employ local contractors and/or utilise SMEs used within the supply chain to deliver the programme

36. **Payment Mechanism:** Bidders will be expected to propose a suitable payment mechanism, explaining how payment will be requested from DFID on the basis of the above reporting. Suppliers will be expected to pre-finance disbursements. Detailed arrangements for disbursement of funds will be established in the programme Contract. It is anticipated that the Supplier will pay programme costs in arrears and seek reimbursement from DFID on a monthly basis so should have the capacity to cover programme costs. Bidders should propose how they would include an element of performance based payment. Given the nature of this programme DFID would expect to see a minimum of 10-15% of payment subject to the satisfactory performance against KPIs.

37. **Review Points:** At the end of the design phase the final design reports and outputs including proposed implementation plan will be appraised to decide whether the full programme should proceed to implementation phase, or agree adjustments needed. This will be built into the Contract and the terms and conditions as a 'review point'. The end of the fourth programme year marks a second 'review point', continuation of the contract beyond this point will be subject to satisfactory performance of the supplier. This will be handled as part of the annual review process and continual monitoring of Task Schedule and Orders. Before the end of year four, stakeholder feedback will be sought on whether the programme's

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contributions and its thematic and geographic focus and evidence deliverables are meeting DFID and HMG's strategic needs. Ministerial and Treasury approval will be sought to continue implementation for the final two years of the programme subject to satisfactory performance. There will be no anticipated pause in the programme as approval will be sought in advance of the end of year four.

38. **Risk management:** The Supplier will assign risk ratings to projects in a comprehensive risk matrix to ensure those with the greatest potential to affect delivery are monitored closely. Such ratings will include output quality and VFM elements. The risk matrix should be updated on a regular basis and will form part of the performance management framework. These elements will serve to reduce delivery risks and ensure VFM is achieved.

39. The Supplier will propose a risk management strategy that proactively identifies and mitigates risk in a comprehensive manner, demonstrating an understanding and consideration of environmental, attitudinal and institutional barriers faced by people with disabilities.

40. This will include a robust risk management system featuring quality assurance of data; ensuring informed choice; managing a broad set of risks ranging from fiduciary to social safeguards; including a clear risk register indicating direction of risk, gross and net risk, mitigating actions and risk owners, with arrangements for continuous reassessment, mitigation and reporting of risk.

41. **Contracting Model:** It is envisaged that when awarded, the contracting model utilised for this programme will be an NEC Professional Services Contract. This contracting model will provide an enhanced Contract management structure which is required for this programme's delivery and success. DFID intends to engage further with potential Suppliers on the use of the NEC Contract model whilst the tender is under publication: there will be an NEC meeting which is offered solely to discuss how DFID sees the NEC model being used and what the expectation will be from bidders in respect of this.

42. The following considerations will be taken into account within the contracting model:

- **The NEC Contract Model:** A Task Schedule will be submitted as part of the Negotiation Phase by bidders with a financial forecast which relates to the deliverables for the design phase of the Contract. During the design phase and implementation phase the Supplier will work collaboratively with DFID to devise further Task Orders to be pulled into the contracting model. It is expected that individual Task Orders will be prepared for each intervention and for other work items/groupings as deemed appropriate, such as the helpdesk and fund management. Key Performance Indicators (KPIs) will be agreed for each Task Order between the Supplier and DFID, including a suitable selection of results, operational and financial indicators. The Task Schedule and Task Orders will collectively comprise the Contract.
- **Anticipated approach to payments:** Payments will be made retrospectively against monthly invoices subject to satisfactory performance against the KPIs contained within each respective Task Order in the Contract. Under-performance against the agreed KPIs would result in the retention amount within that specific Task Order being retained until satisfactory completion by the Supplier. Suppliers will be asked to propose a suitable portion in their bids, we would expect to see a minimum of 10-15%.

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43. **NEC Contracting model:** The contracting model is an NEC Professional Services Contract. A key feature of this contracting model is that it promotes a collaborative relationship between the Supplier and contracting authority based on mutual trust and co-operation, in addition:

- Flexibility of Contract to be aligned to the needs of the programme and its flexible nature.
- Utilises Task Schedule and Task Order mechanism as a standard tool for full Contract management of the programme.
- Open book costing with full transparency of costs within the Task Order.
- Specific clauses will be written into the Contract as a mechanism which allows the Contract to be driven by the contracting authority.
- Compensation events are a built in mechanism which allow the programme to be changed within recorded parameters in a timely fashion.
- The contracting authority can prescribe, through further discussion with the Supplier, the mechanisms required to incorporate a PBR model
- Robust compliance and authorisation criteria will be built into the Contract to drive Supplier performance including risk share, incentive payments, retention schedules and output based KPIs
- The contracting model will allow flex in the way the programme can be managed with regular discussion and collaborative agreement on required results.
- Programme risk is identified as and when it evolves which allows it to be mitigated as far as possible.
- Used as a management tool it provides clear and distinct roles for those involved.
- Flexible approach allows use in multi discipline projects and a wide range of projects
- All formal communication is in writing and recorded within the Contract pack.

44. The production of Task Orders for each work stream/intervention will provide DFID the following:

- DFID to lead an appraisal of the design phase outputs, particularly the detailed Task Order and Task Schedule, fully open book costs and expected results, to ensure consistency with the Business Case objectives and requirements as set out in these ToRs;
- DFID to appraise the value for money offered by the Supplier's proposed Task Orders and recommend whether to proceed to authorisation of them, implementation, or seek adjustments/improvements from the Supplier.
- This will ensure that the proposed approach of tendering for design and implementation together will not affect DFID's ability to drive value for money through the process.

45. **Transparency:** DFID has transformed its approach to transparency, reshaping our own working practices and pressuring others across the world to do the same. DFID requires Suppliers receiving and managing funds, to release open data on how this money is spent, in a common, standard, re-usable format and to require this level of information from immediate sub-contractors, sub-agencies and partners.

46. It is a contractual requirement for all Suppliers to comply with this, and to ensure they have the appropriate tools to enable routine financial reporting, publishing of accurate data and providing evidence of this DFID – further IATI information is available from; <http://www.aidtransparency.net/>

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47. **Duty of Care:** The Supplier is responsible for the safety and well-being of their Personnel and Third Parties affected by their activities under this Contract, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

48. DFID will share available information with the Supplier on security status and developments in-country where appropriate. DFID will provide the following: Travel advice is also available on the FCO website and the Supplier must ensure they (and their Personnel) are up to date with the latest position.

49. The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their Personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Contract (such as working in dangerous, fragile and hostile environments etc.). The Supplier must ensure their Personnel receive the required level of training prior to deployment.

50. Tenderers must develop their Selection Questionnaires (SQ) Response and Tender response on the basis of being fully responsible for Duty of Care in line with the details provided above. They must confirm in their SQ Response that:

- They fully accept responsibility for Security and Duty of Care.
- They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- They have the capability to manage their Duty of Care responsibilities throughout the life of the Contract.

51. If you are unwilling or unable to accept responsibility for Security and Duty of Care as detailed above, your SQ will be viewed as non-compliant and excluded from further evaluation.

52. Acceptance of responsibility must be supported with evidence of Duty of Care capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence, interested Suppliers should respond in line with the Duty of Care section of the Selection Questionnaire (SQ).

1 Very low risk	2 Low risk	3 Medium risk	4 High risk	5 Very high risk
Low		Medium	High risk	

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Annex A

The following table provides an initial identification of evidence gaps in disability-inclusive development for selected thematic areas. A more comprehensive mapping of evidence gaps, including in relation to access to health services, is currently being undertaken through a Policy Evidence Mapping process.

Issue	Barriers and Existing Evidence	Evidence Gaps
<p>Education</p>	<p>Multiple barriers and additional 'layers' of marginalisation for children with disabilities:</p> <ul style="list-style-type: none"> • Social stigma and silence: Children with disabilities face bullying and discrimination, parents do not disclose that child has a disability and negative attitudes prevail^{vi}. • Poverty: Poorer households less likely to be able to cover costs related to schooling, accessible transport and rehabilitation^{vii}. • Resistance to concept of inclusive education: Children with disabilities often enrolled in 'special schools' and segregated from peers. Attendance alone will not automatically lead to positive academic or social outcomes^{viii}. Information and learning is not accessible^{ix}. • Lack of trained staff: teachers and staff not trained, confident or skilled to work with children with more severe types of physical and intellectual impairments^x. • Absence of infrastructure and transport: school buildings are often inaccessible (e.g. multi-storey with no lifts, inaccessible toilets) and there is also a lack of transport links for children with disabilities^{xi}. • Increased risk of violence: at home, in school and in public spaces^{xii}. • No structures to support transition: this leads to their absence in secondary and tertiary education^{xiii}. • Lack of leadership and clear Ministerial responsibility: often shared between multiple ministries or housed within niche separate ministries or departments; combined with shortages of resources for inclusive education (schools, teachers, learning materials)^{xiv}. 	<ul style="list-style-type: none"> • Much of the research-based literature lacks context, with a predominance of western literature and perspectives. This may not be applicable in developing countries^{xv}. • Grey literature is available, but lacks academic rigour. Very few robust evaluations that support the wider evidence base^{xvi}. • Lack of understanding of the impact of inclusive education vis-à-vis special schools or segregation. Complete dearth of evidence on 'quality' outcomes or how you keep children with disabilities in school long-term^{xvii}. • Much of the limited evidence available focuses on children with disabilities, who, in a developed context, have moderate to severe disabilities. Children with mild disabilities, in particular those who experience mild difficulties in learning, are generally unrecognised in developing country contexts^{xviii}. • No evidence on inclusive learning for Early Childhood Care and Education or Early Childhood Development^{xix}. • Lack of reliable data on numbers of children with disabilities or diverse learning needs and on the learning outcomes of children with disabilities, and/or those with difficulties in learning^{xx}. • Little is known about the impact of 'innovations' on learning such as wheelchairs, or visual and audio aids^{xxi}.
<p>Jobs and Livelihoods</p>	<p>Many inter-connected barriers which prevent people with disabilities</p>	<p>Small-scale projects and anecdotal evidence has identified opportunities</p>

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	<p>accessing job and livelihood opportunities^{xxii}, including:</p> <p>Stigma and discrimination; including attitudes about not buying from people who are disabled^{xxiii} and inaccurate assumptions about ability to work or productivity, including by employers;</p> <ul style="list-style-type: none"> • Lower levels of education, training, self-esteem and aspiration, linked to social marginalisation and lack of access to educational opportunities; young people with disabilities find it particularly hard to get apprenticeships or training^{xxiv}; • Lack of access to assets including land but also financial services; many microfinance institutions (MFIs) avoid clients with disabilities, who constitute less than one per cent of clients for most MFIs^{xxv}; • Inaccessible environments: workplaces, transport systems, information; and, • Lack of access to assistive devices and support^{xxvi}. 	<p>that enable people with disabilities to participate as market actors.</p> <ul style="list-style-type: none"> • Much more needs to be understood about the detail of these opportunities in relation to specific groups, in specific locations, for specific sectors – and at scale. • Need to understand where economic trends are creating further marginalisation and how this can be overcome. Also lack of evidence looking at the macro-economic costs. • Promoting the voice, choice and control of people with disabilities has proved effective. DPOs provide training and mentoring, advocate changes in policies and attitudes, and challenge negative attitudes and discrimination^{xxvii}. • Legislative environment: mixed evidence on the success of anti-discrimination laws in bringing people with disabilities into the workforce^{xxviii}. • Twin-track approaches: supporting individuals to change their own mind set and build skills^{xxix}, while simultaneously negotiating with employers/ providers^{xxx}. • The long-term impact of social protection policies: to participate in markets^{xxxi}.
<p>Stigma and Discrimination</p>	<ul style="list-style-type: none"> • People with disabilities encounter negative attitudes from across society including government officials, policy makers and community members. • Negative attitudes towards disability can result in bullying in schools; lack of access to services; discrimination in work settings and abuse across society. • Negative social attitudes can result in families keeping people hidden at home or sending them to institutions^{xxxi}. Hundreds of thousands of children with disabilities continue to live in institutions, as do many adults with intellectual disabilities^{xxxiii}. • Mental health conditions are particularly stigmatized, with commonalities in different settings. 	<p>There is some evidence that stigma and discrimination can be combated:</p> <ul style="list-style-type: none"> • Inspirational public campaigns can tackle social stigma and show how the economic, social and political inclusion of people with disabilities can benefit families, communities and wider society^{xxxiv}. • Sport has been shown to improve the inclusion and well-being of people with a disability^{xxxv}. It can assist young people to develop healthy body systems (musculoskeletal, cardiovascular) and improve coordination. • Community-based rehabilitation programmes can challenge negative attitudes in rural communities. For example, a three-year project in a disadvantaged community near Allahabad, India, resulted in children with disabilities attending school for the first time, and more people with disabilities participating in community forums^{xxxvi}. <p>However, tackling stigma and discrimination is very rarely a</p>

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		<p>significant part of any programme; and significantly under-funded.</p> <ul style="list-style-type: none"> • There are lots of project-level examples, but no programme or robust body of work to pull this together and assess how best to tackle underlying attitudes and barriers that people with disabilities face. There are very few rigorously evaluated initiatives. • Many initiatives are poorly articulated and based on the implicit assumption that raising awareness alone would result in more positive attitudes and a reduction in discriminatory behaviour.
<p>Conflict and Humanitarian Settings</p>	<ul style="list-style-type: none"> • People with disabilities may be abandoned by their families as they flee conflict or disaster. • Services provided in camps such as toilets and schools and food distribution procedures may not be built to be accessible. • There is a lack of specialised healthcare and accessible healthcare facilities and access to vocational and skills training, income-generation and employment opportunities post-conflict, and for refugees with disabilities, varies considerably. • Perceived expense can contribute to the exclusion of people with disabilities, despite evidence suggesting accessible facilities involve only minimal extra costs. • Furthermore, despite evidence to their importance, people with disabilities and DPOs are rarely included in the planning and preparation of a response and/or in disaster mitigation^{xxxvii}. 	<p>There is little available evidence of the pathways leading to this increased vulnerability^{xxxviii}. A number of key themes need to be further understood:</p> <ul style="list-style-type: none"> • Sexual/gender based violence in conflict – people with disabilities are at increased risk but little evidence on what works to tackle this^{xxxix}; • There is little robust evidence on supporting refugees/displaced people with disabilities^{xl}; • Effective inclusion in mainstream services: very little is known on how mainstream services can be made more inclusive^{xli}; • The impact of psychosocial first aid and the impact on mental health in conflict/emergencies could be explored further^{xlii}; • Cash transfers –very little evidence on whether and how they can ensure that people with disabilities benefit/are reached and in the most effective way^{xliii}; • Lack of high-quality evidence on the longer term effect of rehabilitative interventions on physical disabilities^{xliv}.

In addition to those issues outlined above, the World Development Report 2016^{xlv} recommends several areas for further research including: the impact of environmental factors (policies, physical environment, attitudes) on disability and how to measure it; the quality of life and well-being of people with disabilities; accessibility and universal design programmes appropriate for low-income settings; the interactions among environmental factors, health conditions, and disability – and between disability and poverty; and the cost of disability and the cost-effectiveness of public spending on disability programmes.

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