



Mid-Term Review of the AusAID Strategy Development for All Annexes

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Whilst not included in this document, the following documents are available upon request from the Disability Policy Section:

- List of AusAID programs which are either disability-specific or where disability is mainstreamed
- Methodology for the Mid-Term Review
- Summary of Public Consultations
 - International organisations
 - Summary of public submissions
 - Consultations with Australian organisations
- Summary of AusAID information
 - Summary of responses from disability focal points
 - Disability Regional Specialists TORs

Annex One: Terms of Reference for the Mid-Term Review

1. Background

- 1.1. AusAID's *Development for All* strategy (DfA) was launched in November 2008. The strategy seeks to strengthen the effectiveness of Australia's aid program by ensuring that people with disability, who comprise about 15% of the world's population, participate in, contribute to and benefit equally from Australia's aid program. It is designed to change AusAID processes and systems so that they are increasingly accessible to and inclusive of people with disability. The strategy is aligned with human rights principles and helps Australia meet its obligations under the UN *Convention on the Rights of Persons with Disabilities* (CRPD). The strategy is recognised internationally as a consultative, inclusive and comprehensive approach to disability-inclusive development.
- 1.2. In the 'Delivering results' chapter of the strategy, it is noted that:

 'a Mid-Term Review and final evaluation of the strategy will be conducted, drawing on internal reporting and external feedback from stakeholders..., including Disabled Peoples Organisations (DPOs), other donors, and partner governments in the region.'

 The Mid-Term Review provides an important opportunity for AusAID to consult with key stakeholders on achievements and challenges in implementing DfA.
- 1.3. *Development for All* focuses on achieving three core outcomes:
 1. Improved quality of life for people with disability;
 2. Reduced preventable impairments; and
 3. Effective leadership on disability and development,and two enabling outcomes:
 4. AusAID skilled and confident in disability-inclusive development; and
 5. Improved understanding of disability and development.
- 1.4. As highlighted in the 2010 *Development for All - Achievement Highlights* publication, significant progress on implementation has been made since the strategy was launched. 'Enhancing the lives of people with disability' is now recognised as one of ten development objectives for AusAID in Australia's new aid policy, *An Effective Aid Program*. AusAID's resourcing of the strategy has increased to over \$140 million between 2008 and 2015, and two regional disability specialists have commenced work in Fiji and Cambodia. The launch of the WHO/World Bank *World Report on Disability* has also provided an updated evidence base on disability.

2. Objectives

- 2.1. The objectives of the mid-term review are to:
 1. Assess progress in the achievement of the disability strategy objectives; and
 2. Assess the need for any refinement of the strategy and implementation arrangements.It will also set the scene for development of a new strategy and analyse success factors and lessons learned from AusAID's implementation of the strategy to inform other stakeholders.
- 2.2. In addressing these objectives the review team will give consideration to the following areas in particular:

- a) the extent to which progress has been made towards achieving planned outcomes, including mainstreaming disability in development across the AusAID program. This should include consideration of
 - i. whether the strategy is being implemented in a manner consistent with strategy guiding principles (including the interaction between gender and disability);
 - ii. whether investments have been strategically targeted;
 - iii. whether the balance between disability-specific and mainstreaming is appropriate; and
 - iv. whether disability-specific activities support mainstreaming.
- b) the key success factors, lessons learned and shortcomings in implementation of the strategy;
- c) the continuing relevance and appropriateness of the strategy to the changing development context;
- d) the effectiveness of disability policy and implementation work in the focus countries;
- e) the extent to which AusAID policy development and implementation has influenced the international agenda;
- f) the adequacy and efficiency of resources allocated to AusAID's implementation of the strategy, including
 - i. the appropriate mix of human and financial resources;
 - ii. departmental budget and administered budget allocations;
 - iii. the role of regional specialists; and
 - iv. the role of the Disability-inclusive Development Reference Group (DRG).

3. Scope

3.1. The Review Team will:

- a) Undertake a desk review of relevant material provided by AusAID, and finalise the Consultation Paper prepared by AusAID's Disability-inclusive Development Section.
- b) Develop a detailed evaluation methodology and workplan, in consultation with the AusAID Disability-Inclusive Development Reference Group, for conduct of the Mid-Term Review. The methodology should include details on a suggested approach to Australian and international consultations with key stakeholders and AusAID staff and ensure that key stakeholder groups have early, clear and appropriate roles.
- c) Conduct a workshop with AusAID's Disability-Inclusive Development team to discuss key issues considered by the review and to confirm and finalise the evaluation methodology and workplan.
- d) Undertake the review, following the agreed methodology and workplan. As required, consultations will take place in Australia and selected countries and Posts.
- e) Collate and analyse data and other information collected through the Mid-Term Review and assess what refinements, if any, are required to strategy objectives, processes and implementation guidelines to improve the effectiveness of planned strategy outcomes.
- f) Prepare a draft Mid-Term Review report, including recommendations, and following comment and feedback from AusAID and other relevant stakeholders prepare the final Report.

4. Approach

- 4.1 The review is an important opportunity to build capacity in the area of disability-inclusive development for AusAID, DPOs and other donors, broadening their base of expertise. The mid-term review needs to be informed by the consultative approach used in the preparation of the strategy.
- 4.2 The mid-term review will involve in-country consultations with AusAID staff, relevant counterparts within partner governments, partner organisations and key stakeholders including implementing partners, other donors, multilaterals, NGOs and Disabled Peoples' Organisations (DPOs); as well as consultations in Australia with AusAID staff, relevant partner organisations and key stakeholders.
- 4.3 Stakeholder management will be an important aspect of the review. The emphasis in the Mid-Term Review is on gathering and sharing lessons learned, and building the capacity of participants. A consultative, inclusive and participative approach is required to achieve this.
- 4.4 The review will need a high level of investment in ensuring accessibility to consultations for people with disability. Beyond consultation with key DPOs, the review should demonstrate a sophisticated approach to ensuring often-excluded groups are also targeted and deliberately included.
- 4.5 In-country consultation will take place, with the team holding or guiding consultations in key focus countries of PNG, Samoa, Cambodia and East Timor as well as Fiji and the Philippines. In addition, AusAID posts will be sought from other countries in which AusAID works. To avoid duplication and over-burdening in-country stakeholders, the evaluation will draw on existing information where possible.
- 4.6 AusAID has recognised that preventable impairments are more appropriately managed by AusAID's health and infrastructure areas¹ and this review will focus primarily on outcomes relating to improving the quality of life for people with disability.

5. Team and resources

- 5.1 The Review team will comprise
 - a) Team Leader (Linda Kelly) with primary responsibility for satisfactory conduct of the review; technical guidance; and finalisation of all reports.
 - b) Disability Specialist (Lorraine Wapling) with primary responsibility for providing core technical expertise; ensuring consistency with the CRPD; and technical input to reports.
- 5.2 AusAID's Disability Policy Section will provide assistance to the review team and will make available relevant information on the implementation of the strategy and identify key internal and external stakeholders.
- 5.2 AusAID's Regional specialists, disability-inclusive development, in Phnom Penh and Suva will provide comment, advice and input to the review team and coordinate and attend in-country consultations where appropriate.
- 5.3 AusAID posts have a role in coordinating visits and providing input on their experience of disability-inclusive development.
- 5.4 AusAID's Disability-inclusive Development Reference Group (DRG) will play a quality assurance and review role, including comment on the methodology and draft report. Individual DRG members may also be consulted to provide insights into specific questions (for example the role of the DRG and possible improvements).

¹ The avoidable blindness and road safety programs

5.5 Disabled Peoples' Organisation (DPO) participants will also have a key role to ensure their capacity-building and incorporation of lived experiences.

6. Estimated Outputs, Duration and Phasing

6.1. The review will commence in December for completion in June 2012:

Outputs	Date for Completion
Finalise consultation paper	end January 2012
Desk Review	end January 2012
Draft Evaluation Methodology and Workplan	mid February 2012
Workshop (including finalisation of methodology)	mid February 2012
Fieldwork	
- in country consultations	February/March 2012
- in Australia consultations	March-May 2012
Draft Report & Recommendations	21 May 2012
Final Report & Recommendations	21 June 2012

The following principles will guide the mid-term review:

- *Build partner capacity in Monitoring and Evaluation:* AusAID should collaborate with partners to deliver useful data. It is important that all parties are able to meaningfully engage with the mid-term review.
- *Involve people with disability in measuring performance:* Inclusion of people with disability throughout the review process will inform the review as well as share understanding and build skills amongst participants.
- *Keep it simple and accessible:* to facilitate the inclusion of key stakeholders and avoid over-burdening agency staff and implementing partners, language used will be straight-forward, information and forums will be available in accessible formats, and where possible existing reporting systems will be used.
- *Focus on real-life experience:* to ensure that quality of life of people with disability is accurately measured, results are relevant, and activities appropriate, performance information must be collected on the lived experience of people with disability, their families, carers and communities.
- *Ensure continuous learning:* making sure lessons learnt inform program and policy development and information is accessible to and shared with stakeholders.
- *Align closely with the Convention on the Rights of Persons with Disabilities:* the process and findings of this review must reflect the rights and obligations articulated in the CRPD.

Annex Two: Additional material

1. Disability Fact Sheet

*"Sustainable, equitable progress in the agreed global development agenda cannot be achieved without the inclusion of persons with disabilities. If they are not included, progress in development will further their marginalization."*²

*"Strengthening Australia's focus on disability in the aid program is integral to sustainable development and an essential part of achieving the Millennium Development Goals (MDGs)"*³

Disability and development

- There are over one billion people with disability in the world, of whom between 110-190 million experience very significant difficulties. This corresponds to about 15 per cent of the world's population.⁴
- One household in every four contains a disabled member, which means that an estimated 2 billion people live with disability on a daily basis.⁵
- The prevalence of disability is growing due to population ageing and the global increase in chronic health conditions.⁶

Despite representing over 1 billion people worldwide, people with disability are not mentioned in any of the eight Millennium Development Goals, or the 21 Targets, or the 60 Indicators – not even in the Millennium Declaration. This gap is of increasing concern since evidence is growing to show the most urgent issues faced globally by people with disability is not their specific impairment(s) but their lack of equitable access to resources such as education, employment, health care and social and legal support systems, resulting in persons with disability having disproportionately high rates of poverty.⁷

Poverty

Increasing evidence is showing that the most urgent needs facing millions of people with disability are not their impairments but their poverty.

- Disability is more common among women, older people and poor households;⁸ people with disability are disproportionately likely to be among the very poor, with the World Bank estimating that they make up 20 per cent of people living below the extreme poverty line.⁹

² Including the rights of persons with disabilities in United Nations programming at country level: A Guidance Note for United Nations Country Teams and Implementing Partners', UNDG (2010)

³ *Development for All* Towards a disability-inclusive Australian aid program 2009-2014

⁴ World Report on Disability, WHO (2011)

⁵ United Nations Office of the High Commissioner for Human Rights, 'From Exclusion to Equality: Realizing the rights of persons with disabilities' (2007)

⁶ World Report on Disability, WHO (2011)

⁷ "Disability and the Millennium Development Goals", Nora Groce UNDESA (2011)

⁸ [UN CRPD website – Some Facts on Person with Disabilities](#)

- Lower income countries have a higher prevalence of disability than higher income countries. Eighty per cent of people with disability live in developing countries.¹⁰

Education

The 2010 MDG Report shows a strong link between disability and marginalisation in education. Even in countries close to achieving universal primary education, children with disability are the majority of those excluded.¹¹

- An estimated one third of the world's out of school children live with a disability;¹² primary school completion and literacy rates for are consistently far below those of people without disability.¹³
- In Bangladesh the cost of disability due to forgone income from a lack of schooling and employment, both of people with disability and their caregivers, is estimated at US\$1.2 billion annually, or 1.7 per cent of gross domestic product.¹⁴

Gender equality and empowerment of women

Women and girls with disability face double discrimination on the grounds of both their gender and their impairments.

- Violence and abuses against women with disability are often hidden, and there remains deep-seated stigma and shame connected to both sexuality and disability.¹⁵
- Women and girls with disability are particularly vulnerable to abuse. A small 2004 survey in Orissa, India, found that virtually all of the women and girls with disability were beaten at home, 25 per cent of women with intellectual disability had been raped and 6 per cent of disabled women had been forcibly sterilized.¹⁶
- Many social protection programs designed to assist people with disability, such as supplemental security income, disability insurance, workers' compensation and vocational rehabilitation, disadvantage women because of their relationship to labour market participation. Not only do women receive fewer benefits than men, they also draw lower benefits. Moreover, despite their greater need, disabled women receive less from public income support programs.¹⁷

⁹ Elwan, A, "Poverty and Disability: A Survey of the Literature", SP Discussion Paper No. 9932. The World Bank (1999): note that this is the best estimate available, but remains an estimate

¹⁰ [UNCRPD website – Some Facts on Persons with Disabilities](#)

¹¹ The Millennium Development Goals Report 2010

¹² Education for All Global Monitoring Report: Reaching the Marginalized, UNESCO (2010)

¹³ 'Illiteracy among adults with disabilities in the developing world: an unexplored area of concern', Nora Groce and Parul Bakshi (UCL, 2009); World Report on Disability, WHO (2011)

¹⁴ World Report on Disability, WHO (2011)

¹⁵ Marit Hoem Kvam and Stine Hellum Braathen, A576 Report, SINTEF Health Research, Violence and Abuse against Women with Disabilities in Malawi (Oslo, 2006)

¹⁶ [UNCRPD website – Some Facts on Persons with Disabilities](#)

¹⁷ The rights to decent work of persons with disabilities (Geneva, Switzerland, International Labour organization, November 2007), p. 49. Available at: <http://www.ucl.ac.uk/lc->

Health

- In some Least Developed Countries, mortality for children with disability still remains as high as 60 – 80 per cent even where the under-five mortality rate has been reduced to less than 20 per cent.¹⁸
- Women with disability face particular challenges in accessing reproductive health education, because they are often considered as sexually inactive.¹⁹
- The HIV infection levels among persons with disability are equal to or higher than the rest of the community due to insufficient access for persons with disability to appropriate HIV education, information, prevention and support services (possibly resulting in high HIV risk behaviours): in addition, a large percentage of persons with disability tend to experience sexual violence, which was found as one of the main causes for the high prevalence rate among them.²⁰

Environmental sustainability

There is an urgent need to make environmental accessibility a top priority for all populations, including persons with disability.

- Persons with disability are among the “most vulnerable to natural and human-made hazards” and are disproportionately represented among “victims of disasters”.²¹
- People with disability face both technical and social barriers that mitigate against their ability to regularly access clear water.²²
- Persons with disability are among those most affected by some of the consequences of urban poverty, including: limited access to assets, thus limiting their ability to respond to risky events or to manage risk (e.g. through insurance); it is also unlikely that they will receive the necessary social services following disasters or other risky events.²³

cr/centrepublishations/workingpapers/WP09_Illiteracy_among_Adults_with_Disabilities_in_the_Developing_World_-_An_Unexplored_Area_of_Concern.pdf. Source cited in the document above: “Women swell ranks of working poor” (World work, No, 17, International Labour Organization, 1996 Sep- Oct).

¹⁸ Eide, A and Loeb, M, ‘Data and statistics on disability in developing countries’, DFID Disability Knowledge and Research Programme (2005)

¹⁹ J. Maxwell, J. Belses. and D. David, “A Health Handbook for Women with Disabilities”, (Berkeley, CA, Hesperian Foundation, 2007)

²⁰ World Health Organization, The United Nations Joint Programme on HIV/AIDS and Office of the High Commissioner for Human Rights Policy Brief, April 2009. Available at: http://data.unaids.org/pub/Manual/2009/jc1632_policy_brief_disability_en.pdf

²¹ Global Report on Human Settlements 2007, Enhancing Urban Safety and Security (published by Earthscan in the UK and US, 2007), United Nations Human Settlements Program (UN-HABITAT), p 181. Available at: http://www.preventionweb.net/files/2585_2432alt1.pdf

²² Jones H. Reed R. 2005. <http://wedc.lboro.ac.uk/index.html>

²³ Global Report on Human Settlements 2007, Enhancing Urban Safety and Security (published by Earthscan in the UK and US, 2007), United Nations Human Settlements Program (UN-HABITAT), p. 24. Available at: http://www.preventionweb.net/files/2585_2432alt1.pdf

The UN Convention of the Rights of Persons with Disabilities

- The Australian Government ratified the UN Convention on the Rights of Persons with Disabilities in 2008. The Convention has been ratified by 113 nations worldwide, and came into legal force on 3rd May 2008. Under the Convention Australia is legally bound to ensure that both its development and humanitarian aid interventions are accessible to and inclusive of people with disability. The most relevant articles are:
 - **Article 32: international cooperation:**

‘States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disability. Such measures could include, *inter alia*:

 - a) Ensuring that international cooperation, including international development programs, is inclusive of and accessible to persons with disability;
 - b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programs and best practices;
 - c) Facilitating cooperation in research and access to scientific and technical knowledge;
 - d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.’
 - **Article 11: situations of risk and humanitarian emergencies:**

‘States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disability in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.’
- Of the top twelve countries prioritised for bilateral aid in the Comprehensive Aid Policy Framework, six have ratified the Convention and a further four are signatories.²⁴ These countries therefore have a duty to promote inclusive services for people with disability, including in the areas of education, health, justice and employment, among others.²⁵

²⁴ The countries that have ratified the Convention are: Bangladesh, Myanmar, Indonesia, Pakistan, Philippines, and Vanuatu. Countries which have signed but not yet ratified are: Papua New Guinea, Cambodia, Solomon Islands and Vietnam

²⁵ For the full text of the declaration see [Convention and Optional Protocol](#)

The United Nations Convention on the Rights of Persons with Disabilities

Introduction

The reality of life for the estimated 1 billion people with disability²⁶, most of whom live in developing countries is one of poverty, discrimination, poor access to healthcare, lack of access to education and exclusion from much of development. People with disability are so severely excluded that there is very little information or comparative data on the effects of disability on individual, family and community well-being and almost no assessment of the global economic impact of disability.

In development terms disability has traditionally been approached from one of two perspectives – as a medical issue (focusing either on trying to prevent impairments from happening or on trying to treat those who have impairments by providing assistive devices, corrective surgery etc.) or as a charity issue (with welfare payments, institutionalising people, ‘special’ workshops or work programs etc.). These approaches have persisted mostly because the general perception of people with disability is that they are unlikely to be economically productive.

More recently there has been growing awareness that both of these approaches seek only to reinforce the social exclusion of people with disability because they limit interventions to individuals and fail to properly analyse the barriers to access and participation. Disability is now recognised as a human rights issue in development linked to access and empowerment rather than focused on impairments.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) marks a significant turning point. It affirms the dignity and human rights of all persons with disability, rejects the link between ability and impairment and connects development of society’s norms, policies and laws to the struggles against injustice faced by people with disability. In one of its unique obligations, Article 32, it calls on States to use international cooperation as a means to realize the human rights of persons with disability. Development agents must now rethink their approach to disability.

Development of the Convention

People with disability have been recipients of development aid over the years but this has traditionally been in the form of social welfare, medical treatment or rehabilitation (following the Medical/ Charity Model approach). It was in 1982 with the adoption of the **World Programme of Action Concerning Disabled Persons** when the explicit mention of disability equality was first made with a statement that people with disability should become *‘both agents and beneficiaries in development’*.

This was followed in 1993 by the **Standard Rules of the Equalization of Opportunities for Persons with Disabilities** which reaffirmed the principles of inclusive development and set out some further guidance on disability-inclusive actions.

It was Mexico who finally publicly recognised that despite all the rights treaties and guidance documents that people with disability were still routinely excluded from social and economic

²⁶ WHO World Report on Disability, 2011

development. Along with 19 other countries²⁷ (many of them in the developing world) Mexico gathered enough support to start work on a thematic convention on the rights of people with disability. Negotiations began in 2001 and continued through until its eventual adoption in 2006.²⁸

What marked this out as being particularly impressive was the high participation of people with disability in all the discussions and decision-making. It has been estimated that over 100 people with disability and more than 70 representatives from national and international DPOs were present at every *ad hoc* meeting.²⁹

Engagement with civil society is a key component of the Convention in a way not seen in previous treaties.³⁰ This is in recognition of the fact that working with people with disability is critical because of previously high levels of exclusion. As there are very few people with disability involved in key social and economic institutions most governments simply have no experience or expertise in disability.

The aims of the Convention

The CRPD, which came into force in May 2008, is a new human rights treaty that promotes dignity and equality for all persons with disability through the enjoyment of rights and fundamental freedoms.

It is both a development and human rights tool that focuses on practical ways to create more inclusive societies. For the first time in any human rights framework, development has been clearly articulated as a fundamental right and States are mandated to ensure all development work brings benefits to and includes the needs of people with disability.³¹

“...the Convention is intended as a human rights instrument with an explicit, social development dimension; it is both a human rights treaty and a development tool.”

Mainstreaming disability in the development agenda (UNESCO 2008)

Reporting requirements ensure that State governments are not only mandated to promote inclusive economic and social policy but that their efforts can be monitored. This gives representative organizations of persons with disability in particular the opportunity to measure the actions of their government against international standards. Periodic reporting provides a basis against which to challenge discriminatory laws and practices and to promote the development of pro-disability legislation and policies.

The Committee on the Rights of Persons with Disabilities, made up of independent experts, monitors the CRPD at the international level. At the national level, States are required to designate one or

²⁷ Bolivia, Chile, Columbia, Congo, Costa Rica, Cuba, Democratic Republic of Congo, Dominican Republic, Ecuador, El Salvador, Guatemala, Jamaica, Morocco, Nicaragua, Panama, Philippines, Sierra Leone, South Africa and Uruguay

²⁸ The opening ceremony took place in March 2007 when 81 countries signed it. It eventually came into force, having gained the required number of ratifications in May 2008.

²⁹ ‘The Convention on the Rights of Persons with Disabilities: Why it is needed’ (R. Kayess 2009)

³⁰ See for example Articles 4, 32 and 33

³¹ Beyond Charity: A donor’s guide to inclusion’ L Wapling and B Downie, 2012

more focal points within government to address implementation issues and to create a framework that promotes, protects and monitors the CRPD's implementation.

All countries that have ratified need to make sure their domestic legislation meets the international standards set out in the Convention which in many developing countries may involve the adoption of pro-disability and anti-discrimination policies for the very first time.

The CRPD and international development

The CRPD breaks new ground by being the first international rights treaty to explicitly include articles on **international cooperation**. The inclusion of article 4 (general obligations), article 32 (international cooperation) and article 11 (humanitarian relief) mean that for the first time there are now clear obligations for international aid programs to adopt the principles of equality and non-discrimination and for ensuring all interventions are accessible to and inclusive of people with disability.

Article 4.3 - General Obligations

In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disability, States Parties shall closely consult with and actively involve persons with disability, including children with disability, through their representative organizations.

Article 4 places a unique obligation on States to ensure that people with disability are directly involved in all aspects of the development process. Development agencies need to be mindful of both their program accessibility and their organisational policies on equal opportunities.

Article 32 - International cooperation

States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disability. Such measures could include, inter alia:

- (a) Ensuring that international cooperation, including international development programs, is inclusive of and accessible to persons with disability;
- (b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programs and best practices;
- (c) Facilitating cooperation in research and access to scientific and technical knowledge;
- (d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

Article 32 is the one that explicitly mentions international development. The obligations here are clear – all international development programs should be inclusive of and accessible to people with disability.

Article 11 - Situations of risk and humanitarian emergencies

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disability in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

Article 11 requires humanitarian relief programs to take disability access into consideration when designing interventions. This article has been included because frameworks to date have persistently failed to address the exclusion of people with disability from mainstream relief work.

There are 34 Articles in total, covering issues ranging from education, health and employment to participation in political, cultural and economic activities. For development agencies there are some potential focus points in terms of governance. Where a country has ratified (or signed) there may be a need to assist the government in developing anti-discrimination legislation and disability policies. DPOs may need supporting so they can be involved in policy development. Bilateral donors can have a role to play in helping governments to be proactively developing new policies and strategies whilst engaging with people with disability locally.

Where countries have not yet even signed the Convention bilateral donors can support local advocacy efforts. Overall therefore development agencies should ensure information on the local status of the Convention is kept up to date so that any program of support is designed appropriately.

Broadening the debate around disability and social inclusion³²

Disability-specific programming – refers to work whose aim is to directly improve the lives of people with disabilities. The main aim of initiatives which are disability focused is to provide direct support for disability services, empowerment, organisational capacity building, advocacy and other means which promote the rights of people with disabilities.

Disability-inclusive programming – refers to any work in which people with disabilities are included in a wider program targeting a sector, issue or location. Inclusive programs will have other/many main aims but will actively ensure people with disabilities are an integral part of their agenda. For disability inclusion to be demonstrated there should be explicit measures carried out to identify and remove barriers which may prevent participation in the intervention which are described in the program plan and budget; and progress/monitoring reports will include specific information on results for people with disabilities (i.e. outputs, outcomes, impact).

1. Despite disability having been recognised as a rights-based issue in development for several decades, people with disability are still not being routinely included in mainstream development work. Trying to ensure people with disability are reached within a broad category of social inclusion has to date been largely ineffective.

There have been international calls for disability-inclusive development (mainstreaming) dating back to 1982 with the 'World Program of Action concerning Disabled Persons'. This declaration called for equalisation of opportunities, in particular that people with disability should achieve full participation in all aspects of social and economic life.

A decade later the General Assembly put together a set of Standard Rules on the Equalisation of Opportunities for Persons with Disabilities (1993) which although not a legally binding instrument nevertheless set out 22 rules (basically summarising the WPA). It set out the preconditions required for equal participation and described target areas for equal opportunities, implementation measures and a framework for measuring progress. It also provided for the appointment of a Special Rapporteur to monitor progress.

Finally in 2006 the UN announced the passing of a Convention on the Rights of Persons with Disabilities (CRPD). Included in this is an explicit statement that all forms of international cooperation should be 'inclusive of and accessible to people with disabilities' (Article 32. See also Art 11 on humanitarian assistance).

Bilateral agencies have been promoting disability-inclusive development since at least 1996 (Finnish government statement to include '...the status of people with disabilities as a concern in the context of poverty reduction and human rights'.³³ DFID broke new ground by announcing the need for a 'twin-track' approach to disability inclusion, in its Issues Paper: Disability, Poverty and Development (2000). This promoted the need to identify disability as a specific development issue and to work towards inclusion using both mainstreaming and disability focused programs.

³² Please note, this is intended as a discussion piece rather than a 'how to' paper

³³ Quoted in 'Disability and International Cooperation and Development: A review of policies and practices' SP Discussion Paper No. 1003 (World Bank, 2010)

Yet despite the CRPD having been in force since 2008, recent research suggests that ‘Mainstreaming of disability is still rare in development cooperation’,³⁴ which is a view that is consistent with people with disability experiences in many aid recipient countries. Importantly this analysis noted that: ‘..Even programs that are designed to include vulnerable and marginalised groups frequently do not include persons with disabilities. If they do, children, women and men with disability are often the last to be considered.’³⁵ (Italics added)

The 2010 Commission for Social Development monitoring report on implementation of the Standard Rules also concluded that although there has been some recent progress (especially in terms of development agencies willingness to discuss and debate how to promote inclusive and barrier-free development), ‘In many countries, there remains a lack of awareness of the needs of persons with disability and a lack of understanding of disability-inclusive development’.³⁶

So, in spite of all the international frameworks and commitments to reaching the poorest and most vulnerable, people with disability remain largely excluded from mainstream development programs. This has been especially important in recent discussions around the lack of visibility of disability issues in the current MDG frameworks. As the recent UN General Assembly report noted³⁷, disability is an important cross-cutting issue which means all the current MDGs are relevant to people with disability. However, because people with disability are not specifically mentioned in any of the goals, targets or indicators they are failing to gain benefits from mainstream development cooperation. Implied inclusion (i.e. as part of a general target to reach the most vulnerable) does not automatically result in people with disability being included at the level of implementation.

This report made strong recommendations that people with disability need to be specifically mentioned and measures put in place to actively promote and measure their inclusion if mechanisms like the MDGs are to have a positive effect on improving their lives: ‘The primary tools and mechanisms for tracking MDGs must ensure disability is “visible” in the overall framework used for allocating further funding and resources at the local, national, regional and global levels’.³⁸ This is because without explicit, measurable targets people with disability do not get routinely included.

2. When disability is subsumed only within social inclusion initiatives it loses its cross-sector relevance and it becomes more difficult to mainstream.

If disability is addressed only as part of a social inclusion agenda then it becomes much more difficult to deal with as a broad development issue. Framing disability simply in terms of social exclusion misses the fact that people and populations with disability can be resilient, productive and have the ability to make significant contributions to the social, economic and political life of the communities in which they live. Instead responsibility for disability issues falls to individual sectors – often social development or human rights, with other sectors failing to recognise the potential contributions

³⁴ ‘Mainstreaming disability in the new development paradigm.’ Evaluation of Norwegian support to promote the rights of persons with disabilities, page xix, (Norad Feb 2012)

³⁵ *op cit*

³⁶ ‘Monitoring of the implementation of the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities’, page 7 (Report SR CSocD, 2011)

³⁷ ‘Keeping the Promise: Realizing MDGs for Persons with Disabilities Towards 2015 and Beyond’, page 9 (UN General Assembly, 2010)

³⁸ *op cit*, page 9

people with disability can make to their programming. It makes it more difficult to discuss disability during bilateral agreements, in policy formulation or legal redress for example when it's considered as a single sector issue rather than a cross-cutting development one.

It also makes it much more difficult to track and measure the economic benefits of the inclusion of people with disability with the costs of inclusion falling to social welfare programs, or even specialised health and education activities. The overall benefits of enabling people with disability to fully participate in the development of their families and communities is therefore lost.

Overall, keeping disability as one part of the social inclusion agenda makes achieving mainstreaming much more difficult. The majority of sectors will not in the first instance, consider that it is their responsibility to be inclusive of people with disability and it is extremely difficult to track the positive contributions people with disability make to the overall social and economic development of communities and nations.

3. There is need to budget for the inclusion of people with disability in all aid interventions.

Identifying the access costs at point of service is important. To do that requires the direct engagement of people with disability and a mechanism through which to identify barriers that can be applied by all sectors. This issue was recognised early on by DFID, 'There is an important and fundamental difference between disability and other forms of disadvantage. People with disability can only organise themselves to claim their rights when their additional practical needs, such as for mobility aids, have been met³⁹.' Unlike other socially excluded groups, there are some very practical issues which need to be overcome if people with disability are going to effectively participate in development. This does require that interventions consider the physical/sensory/cognitive and psycho-social needs of people with disability during the planning, implementation and monitoring. Access costs need to be built in to all program budgets to ensure that people with disability are not being excluded on the basis of their impairment. Overall, taken over the lifetime of an individual person with a disability and their family, the actual costs of accommodation become minimal, far outweighed by their contributions as economic, social and political participants in development. It also means that pressure should be put onto all service providers / development agents to ensure they take increasing responsibility for improving the accessibility of their services.

Targeting people with disability only as a group within a social inclusion agenda will tend to miss the work that should be happening to ensure all aid and services take responsibility for delivering accessible programs.

4. Social inclusion does not have a consistent meaning within or across agencies.

There are a lot of different meanings attached to the concept of social inclusion (and vulnerable groups) which make it hard to apply consistently. It is most often used in the context of fragile states to understand the impact of disempowered religious or ethnic minority groups (increasingly also youth and women) on development outcomes. It rarely refers to disability but in instances where it does (i.e. when excluded groups are mentioned – women, youth, people with disability), interventions most often do not reach people with disability. This happens because although they

³⁹ Issues paper, page 5.

might be highlighted as being vulnerable to exclusion, there is little or no actual analysis of the barriers to participation and no or few activities or indicators designed to promote their inclusion.

5. Disability is not, in the first instance regarded by many as an issue of social inclusion.

Despite growing awareness of the rights of persons with disability there is still a strong development paradigm which associates disability with medical impairment needs rather than framed as an issue of human rights or economic development. This means if disability is considered at all it is usually in regard to rehabilitation, prevention or other forms of medical based programming. Inclusion in this sense is linked to individual impairments with the implications that only special, expensive to run programs, or agencies with technical expertise can fully address the needs of people with disability. This is a powerful reason why at the level of programming and implementation, people with disability are rarely automatically included in interventions aimed at socially excluded groups.

Disability has to be defined as a rights-based development issue (in fact this is now a legal obligation for all those countries that have ratified the CRPD) and people with disability have to be specifically targeted during baseline data collection, analysis, programming, budgeting and monitoring.

6. Disability issues cut across all sectors and people with disability will be found represented in all vulnerable groups.

One of the problems with trying to include people with disability as one of a number of excluded groups is that people with disability are represented in all sections of society. They are women, youth, ethnic and religious minorities for example. Adding them as an additional excluded group reinforces the concept that they somehow fall outside of these social groups and require specialised interventions. If people with disability are targeted as one group, then interventions and programming tends to become very impairment specific, limited in scale and scope and as a result most often left to 'specialist agencies'. People with disability are much better served if they are reached as part of mainstream interventions tackling issues linked to women, youth or ethnic minorities for example. If disability is specifically mentioned as a cross-cutting access issue, rather than as a category of people, it helps to broaden out the opportunities for getting them involved.

It is much more effective to take a proactive, strategic access approach (i.e. promoting disability-inclusive development), recognising that there are people with disability in every sector, in every community, in every development issue (just as with gender) rather than assuming people with disability will be reached through general social inclusion programming.

7. 'People with disability' are actually a difficult group to define as a single category, people have very different needs.

This is not the same for other socially excluded groups who are more easily classified as a group (e.g. they have common religious beliefs or are geographically co-located). Disability happens at the point of service (it is the interaction between the disabled person and the service provider/community event/consultation process etc.). It is hard to start with 'people with disability' as a single target group because it forces the intervention to look at how to identify/classify/count people and creates tension over what impairments and degrees of impairments represent disability.

Once again, the most effective approach is to commit to disability-inclusive development which promotes the identification and removal of barriers to participation in all development interventions. This can only be done if high level commitments are made to disability inclusion and practical guidance and support provided at all programming levels to ensure that barriers can be identified and removed. Knowledge around disability-inclusive development has to be effectively and consistently transmitted to policy and program people in the field at all levels. This is unlikely to happen if it is left as something to be addressed only under social inclusion.

Annex Three: Field Visit Reports

1. Summary of issues from field visit to Suva, Fiji, February 2012

Overview

The visit to Fiji by one of the mid-term review team was undertaken in February 2012. The focus was on obtaining the views of people with disability and Disabled Peoples' Organisations (DPO) about their experience of the implementation of the Strategy. The secondary focus was to review with AusAID and partners and other donors and NGOs, the achievements under the Strategy and the areas for further development.

Major issues for people with disability in Fiji

According to people with disability in Fiji one of the major issues that they have faced until recently has been negative attitudes towards people with disability. While this appears to be changing in urban centers discrimination continues in rural areas.

People with disability report that generally across the Pacific region and within Fiji people with disability are not well presented in decision-making. There are still many gaps in services and some challenges in trying to link up different support systems so that people can access the range of services they need. Education and employment remain two of the most significant and challenging areas for people with disability.

The disability movement in Fiji and the Pacific Region

Although disability services have been provided to people with disability in Fiji since the 1960s it was not until the establishment of organisations of people with disability such as the Paralympic Committee, Fiji Disabled People's Federation and Counter Stroke in the 1970s and 1980s that a more rights focused movement began. Despite being around for the past four decades the capacity and profile of DPOs in Fiji, until very recently, has remained weak.

DPOs in Fiji tend to focus on the needs of their members which means most of activities are based around the delivery of impairment specific services and support. The structure of the disability movement across the Pacific follows the same general pattern.

There is a general sense that women's issues need to be championed more within DPOs and some recent attention has gone in to trying to resolve the gap. The biggest difference for women is in the area of sexual and reproductive health. There are a lot of barriers for disabled women in this sector with health services and health programs consistently disregarding some of their basic needs. There are dangers associated with the protection of disabled women, especially within the family where they are more at risk from sexual, physical and emotional abuse.

The other group of concern is people with learning impairments, people with epilepsy and users and survivors of psychiatric services. These people in particular are not well represented within the disability movement itself and so they get little exposure during consultation processes.

At the regional level, the general view from mid-term review respondents was that the Pacific Disability Forum (PDF) is a hugely valuable resource in the region.

Government of Fiji

Very little official/formal information exists on the situation facing people with disability in Fiji. The Government of Fiji established a National Council for Disabled Persons in 1994; ratified the International Labour Organization (ILO) Convention 159, Vocational Rehabilitation and Employment Disabled Persons [1983], in 2004; adopted a National Policy on Disability in 2009; and became a signatory to the International Convention on the Rights of Persons with Disabilities (CRPD) in 2010. It was also active in the activities of the UNESCAP Asian and Pacific Decade of Disabled Persons, 1993-2002 and its subsequent extension, 2003-2012 through the Biwako Millennium Framework for Action (BMF).⁴⁰

Other donors

There are many UN agencies with regional representatives based in Fiji, some of which are starting to incorporate disability into their activities. These include UNESCAP, UNWomen, UNFPA and UNDP.

In terms of AusAID's influence, they are not the only bilateral agency that is working on disability (NZAID for example gives attention to the area) but it is probably the most proactive.

The AusAID program and disability-inclusive development

Fiji Post has made considerable progress in integrating disability issues into its program. There is support at the most senior level for disability-inclusive development with a growing sense that achievements against the MDGs in Fiji are at risk without attention being paid to disability. The Strategy has been a useful document although the strongest push for inclusion came as a result of the interest shown by the former Parliamentary Secretary, Mr McMullan. Fiji post also has a focal point person following up on disability.

As a direct result of the efforts made by the focal point and the regional advisor the program has built a strong relationship with DPOs. In addition, the issues of people with disability are being brought to discussions and planning in different sectors and it is this engagement which is helping the program to make progress.

The most significant progress has been made with the humanitarian relief team. The team has focused its support on both disability-specific and disability-inclusive activities. They have an agreement with the Pacific Disability Forum (PDF), working in partnership locally with the Fiji Disabled People's Federation (FDPF) to support ways in which to include people with disability in the National Disaster Framework. This initiative (\$79,000 over 14 months) has included three national workshops with DPOs and work with communities on awareness-raising.

AusAID have also supported Fiji Red Cross to pre-position emergency stocks specifically for people with disability in its existing containers. They are also focused on re-designing the National Disaster Management Organisation damage assessment forms so they can better identify the needs of people with disability.

⁴⁰ Capacity Development for Effective and Efficient Disabled Persons Organisations, Pacific Disability Forum/Australia Pacific Islands Disability Support, 2011

There is some sense that this has led to changes. The team has noticed that communities are less willing to leave people with disability behind during emergencies. In recent floods, reports from the ICRC suggest that people with disability were being targeted for help.

The other component to their work is supporting a review of the national building code. They have been working with National Disaster Management Office, the Fiji Institute of Engineers and Fiji Disabled Peoples; Federation to embed Universal Design standards into the new building code.

In addition to this mainstreaming work, Suva Post has a number of other initiatives in which they are promoting disability inclusion. These include AusAID's support for the Pacific Regional Rights Resources Team (RRRT). RRRT carries out training, technical support, policy and advocacy linked to human rights specifically for the Pacific region.

At a regional level, the Australia-Pacific Technical College was established in 2007 by AusAID. The college was established with a view to being inclusive and they have demonstrated a commitment to disabled students with the enrolment of two Deaf students accompanied by a sign language interpreter (funded by the college). They have also had at least two physically disabled students one of whom was mentioned in the most recent annual report. DPOs participated in discussions around the development of the college's original training profile and they have offered one course on skills for a form of community based rehabilitation.

Challenges and opportunities for AusAID

Suva Post is making significant progress in its attention to disability in the development. There seem to be many contributing factors to this including the capable and organized disability movement in Fiji, the attention given to the area by senior managers together with having a targeted focal point and the support provided by the regional disability adviser. There are good external stakeholders who have encouraged work on awareness-raising. The interest of the UN agencies is also helpful. Overall AusAID is clearly a respected donor in the area of disability-inclusive development. They are seen to be bringing both resources and expertise to the area.

There are some areas where the program could give more attention. These include a focus on inclusive education, rather than addressing the needs of children with disability only through special schools. A significant area where more work could be undertaken is to improve the ability of the AusAID program to monitor its effectiveness in disability-inclusive development.

Another potential area for development is at the regional level through the Pacific Leadership Program (PLP). Given the very strong interest in people with disability in improved opportunity for leadership and access to decision-making, PLP could provide significant and relevant support across the region.

Summary of issues from field visit to Apia, Samoa, February 2012

Overview

The visit to Samoa by one of the mid-term review team was undertaken in February 2012. The focus of the visit was on obtaining the views of people with disability and Disabled Peoples' Organisations (DPO) about their experience of the implementation of the strategy. The secondary focus was to review with AusAID and partners, including the Government of Samoa, and other donors and NGOs, the achievements under the strategy and the areas for further development.

Major issues for people with disability in Samoa

There are no reliable statistics on the numbers of people with disability in Samoa. Lack of data also makes it hard to know what the situation is like for people with disability but in general there is a sense that people with disability are underrepresented in schools, employment and decision-making processes due in large part to discriminatory attitudes.

DPO representatives believe that the situation for people with disability in Samoa is improving. A lot of the changes people with disability describe are around improvements in attitudes towards them and increased visibility, especially in urban centers. Even within the past five years there has been a marked improvement in the way people with disability are treated. There is less stigma and a much greater awareness of needs. Some significant service providers (like SENESE, Loto Taumafai, Fiamalamalama and PREB) have been doing a lot to challenge negative attitudes along with initiatives like the Special Olympics and direct awareness raising by the representative organization of people with disability, Nuanua O Le Alofa (NOLA). The fact that the Government is so willing to commit time and resources to disability is one indication of the improving status of people with disability. This context means that AusAID's *Development for All* strategy aligns well with development in Samoa.

The disability movement in Samoa

The disability movement in Samoa, despite its limited capacity and government resourcing, has successfully advocated increasing attention towards the inclusion of people with disability in community life. Engagement by NOLA (a cross-impairment representative organisation which was established in 2001) with government has also increased, particularly after the outcomes of the Universal Periodic Review during which the government agreed to ratify the Convention by 2014.

Disability services began in the 1970s first with special education programs for children with intellectual impairments then broadening out to include other impairments. Most services have continued to be provided by NGOs, rather than government, some of which have become quite successful advocacy agents.

At the moment a considerable amount of advocacy is still being done by people without disability. There are some very good service providers who have considerable skills in lobbying and advocacy and who have contributed a great deal to promoting the rights of people with disability. However, this is only just starting to focus on ways to support the development of disabled-led advocacy. Some facility to enable DPOs like NOLA to develop their capacity is urgently needed so that advocacy

becomes more balanced with people with and without disability working in a more equal relationship to promote rights.

Possibly the greatest challenge is in capacity – at government and community level there is very little experience with the rights-based approach to disability and with a disability movement that is vocal and skilled but small, there is limited in-country expertise to draw from.

Government of Samoa

The Government of Samoa (GoS) and AusAID have shared a positive commitment to work towards disability inclusion since the Strategy was under discussion. The GoS, through the Ministry of Women, Community and Social Development (MWCSD) requested that Samoa be a focus country for the Strategy. Since 2009 AusAID has worked with the GoS and key stakeholders to develop a range of support for disability-inclusive development in line with local policies and the Pacific Regional Strategy on Disability. Although not yet a signatory to the UN Convention on the Rights of Persons with Disabilities (CRPD), in January 2011 the GoS launched a National Policy for People with Disabilities.⁴¹ A multi-stakeholder Disabilities Taskforce, chaired by the MWCSD, comprising government, NGO and DPO representatives is providing technical advice on the implementation of the new Disability Policy. The main focus of their discussions at the present is on ratification of the CRPD and the need to follow up with a cost-benefit analysis of the implications of ratification.

In addition to the Disability Policy, the GoS has also made efforts to mainstream disability into both its Community Development and Education sector plans. The government has delegated most disability-focused service delivery to the NGO sector but there is a growing sense that rather than continuing this situation, more should be done to understand how partnering NGOs might be more effective.

Another key issue for government is the lack of official data on numbers of people with disability.

By far the greatest influence has been AusAID's support for the Samoa Inclusive Education Demonstration Program (SIEDP). It has been through this program that broader discussions around disability inclusion have been leveraged. One key challenge is the need to more closely monitor, learn from and report on how inclusive programs are being delivered. The Ministry of Finance Aid Cooperation feels that while AusAID are very supportive and have provided excellent advice and resources, more needs to be done to actively support the capacity of government to monitor outcomes related to disability.

Other donors

At the moment AusAID are the main donor for disability-inclusive development. Apart from the UN none of the other traditional and non-traditional donors are currently expressing interest in disability.

⁴¹ The Policy's mission is to 'create a rights based, inclusive and barrier free society which advocate for and empowers people with disabilities'

The AusAID program and disability-inclusive development

The AusAID Samoa program has been able to use its bilateral arrangement to work with the Government of Samoa on increasing the visibility of disability issues. In this respect the AusAID work in this country provides an interesting, emerging example of how aid agreements can help support the development of disability-inclusive policies.

Working in partnership with the GoS does place some level of constraint over what AusAID can achieve with disability-inclusive development. Post can only progress as fast as government policy allows. However SIEDP has given AusAID very good leverage with the GoS generally on disability issues and it is clear that other government departments are becoming more interested in developing responses of their own to disability inclusion. SIEDP is also getting good international coverage and has been selected by UNDESA as one of a number of good practice examples of inclusive development to inform discussions at the UN High Level Meeting on Mainstreaming in 2013. This is helping the GoS to gain more confidence and interest in disability-inclusive development.

On the other hand Apia Post is not taking a strategic approach to disability-inclusive development but rather has tended to work on it as a specific issue. In Public Financial Management, Quality and Infrastructure they have made tentative steps towards disability inclusion through discussions around vulnerability but mostly the focus is on gender and poverty with few stakeholders in this sector understanding disability. The Civil Society Support Program has started to see people with disability coming through as grantees⁴². They are anticipating that as they move towards funding more grassroots activities that their engagement with people with disability will increase. The Communications sector have made efforts to understand what language and messages are appropriate and have used the regional advisor for help with this in the past.

Staff capacity was cited as being one issue, in terms of experience in the disability sector as well as workload in general. Although they have a disability focal point who is doing her best to connect with this issue, unlike Fiji her role is not formalised. Much of her time is spent overseeing the Samoa Inclusive Education Demonstration Program.

What is clear is that the AusAID Samoa team wants to take a more strategic approach and needs technical assistance and support to do this, including how to conceptualise and implement disability-inclusive development across their country program. While substantial progress has been made in service delivery, moving forward more focus needs to be paid to integrating disability across AusAID programs. Each program manager needs to have a clearer understanding of the Strategy, CRPD and the National Disability Policy and actively work with people with disability and NOLA to find ways to implement the objectives of these frameworks within their sector.

Challenges and opportunities for AusAID

It is clear that there is an energy and commitment towards disability and a genuine desire to improve the lives of people with disability in Samoa. There are some very strong disability stakeholders, especially in the area of education who have contributed much to the promotion of

⁴² For example a recent village water project has reported how its water points are being made accessible to people with disability

disability rights and a government that is openly talking about ways to increase opportunities for people with disability. AusAID has such a huge opportunity to be integrating disability and modeling good practice alongside the government and to be learning and sharing important lessons on how to use bilateral agreements to promote disability inclusion. With technical support at all levels, senior through to program level, more opportunities can be identified to build on the important progress that has been made so far. For recommendations in support of the move ahead, see points below:

- Improve inclusive development by taking a strategic approach to disability focused work. Making disability part of Post's overall country strategy would demonstrate an innovative, committed approach to disability-inclusive development. Look for ways to build disability into all plans, reviews and monitoring systems and move away from the current concentration on stand-alone interventions. These are making an important contribution to improving the lives of people with disability but programs like this only ever reach a small number and do not often contribute to systemic and sustainable changes.
- Whilst not always necessary, in the case of Samoa it would be worth encouraging Post to conduct a disability scoping study to help guide them towards developing a strategic approach and to highlight where the opportunities and capacity weaknesses are. This Post is so keen to be able to promote disability-inclusive development but the context and the skills available make this a more difficult undertaking than is perhaps immediately apparent.
- Increase staff awareness over the rights based model of disability and familiarize everyone with the CRPD.
- Look for ways to monitor disability inclusion more closely through bilateral agreements, program and funding contract requirements.
- Support government to collect data on numbers of people with disability. In general more research would be helpful. Government needs more evidence of where its limited support will be able to make the greatest impact.
- Engage with people with disability as much as possible and when opportunity comes up try to get the voice of people with disability across rather than talking too much on their behalf.
- At same time encourage closer links with NOLA and the Post disability Focal Point to help build the office capacity to understand what the needs and solutions are for people with disability.
- SIEDP needs much closer monitoring since there is huge potential for this program to contribute to national and international learning on effective inclusive education. Issues to review throughout this program will be cost (the amount spent per child in each context); effectiveness in educational outcomes (comparing children in mainstream and segregated units); and reach (especially how each model serves children from remote areas away from main towns). A longitudinal case study of a selection of different children (especially deaf children) would significantly add to the general understanding of educational outcomes compared to various modes of support.

Summary of issues from field visit to Port Moresby, Papua New Guinea, February 2012

Overview

The visit to PNG by one of the mid-term review team was undertaken in late February 2012. The focus was on obtaining the views of people with disability and Disabled Peoples' Organisations (DPO) about their experience of the implementation of the strategy. The secondary focus was to review with AusAID and partners, including the Government of Papua New Guinea (PNG), the achievements under the strategy and the areas for further development.

PNG government and disability

Discussions with the Government of PNG identified that there had been interest and some attention to disability in the country prior to development of the AusAID Strategy, however the Strategy enabled the government to request assistance from Australia for the area. In addition, AusAID, through its Democratic Governance Program, has engaged with the Department for Community Development (DFCD) contributing to an increased focus on challenging areas such as disability inclusion. DFCD chair the National Advisory Committee on Disability (NACD) which is intended to include other relevant government departments.

PNG has signed the Convention on the Rights of Persons with Disabilities (CRPD) but has not ratified the Convention as yet.

Details about numbers of people with disability, types of impairment, particular needs and challenges are limited in PNG. Similar to many other countries where AusAID works, it is difficult to obtain information about the scope and depth of the issue. This inhibits informed discussion about required services, costs, implementation approach and so on.

The DPO movement in PNG

There are two major organisations working in disability in PNG. The first is the government-recognised National Disabled People's Organisation, the PNG Assembly of Disabled Persons (ADP), an organisation run by and representing the voice of Papua New Guineans with disability. The other organisation is the National Board for Disabled Persons which represents the service providers in disability in PNG. This group is diverse and includes church agencies and international NGOs.

Other donors

AusAID is identified as the only donor with an agency wide policy on disability operating in PNG. It is also identified as the donor with the most informed of understanding of the issue. However in addition to AusAID some other donors are providing funding into the area. These include UNICEF, WHO, EU, and some international NGOs, in particular CBM.

Major issues for people with disability in PNG

There are clearly many issues for people with disability in PNG, not the least of which how disability intersects directly with poverty. While there is no detailed research, all respondents talked about the way in which people with disability were excluded from education, appropriate health services and opportunities to engage in community or economic life. There were several stories of the multiple

barriers for people with disability, especially for women and how they are often the most marginalised in the already poor and disadvantaged communities.

In particular people identified the need for education that was inclusive of people with disability as a key way for people to move from exclusion to contribution to their community and society. People were also very concerned about leadership and the opportunity for people with disability to undertake leadership roles, both to ensure their issues were addressed and rights respected and also to act as role models for other people with disability. Alongside this was particular concern about young people with disability and the frustrations and challenges they faced within PNG society.

At another level people were concerned, as noted above, with the lack of data about disability in PNG. There is also concern about communication between service providers and between government and service providers. People identified that there was limited sharing of information between the various parts of the sector. None of these are new challenges for the PNG context.

Finally the issue which was raised most with the review team was the need for government of PNG, AusAID and other donors to communicate and consult with people with disability and with DPOs.

AusAID programs and disability-inclusive development

AusAID is identified as having a high quality and internationally recognised policy on disability inclusion in PNG. It has created high expectations among people with disability and to some extent some of the Government departments, about its interest and commitment to disability-inclusive development. Through the process of the regional disability adviser working closely with program officers at post, primarily the DFCD co-located officer, it has undertaken good-quality consultation in the country and is seen as a trusted and responsive donor in the area. Overall there has been a very good start to AusAID positioning as an active and effective donor in disability inclusion.

AusAID support to disability-specific activities, in particular to the national DPO and also through its partnership with DFCD is seen as an appropriate and good starting point. AusAID's focus on disability-inclusive development includes the very successful process around disability-inclusiveness in the election process. In addition the SPSN program operating under the AusAID Democratic Governance Unit has worked hard to mainstream and include disability in its work components.

There were reports that the Incentive Fund has provided support for disability inclusion but it was not possible for the review team to undertake direct discussions with this program. Through the Australian Development Research Awards research is being undertaken around disability access and inclusion in land transport in PNG. The AusAID supported Sports Program is interested in how to further develop its orientation to have a strong focus on disability. This is only at the consultation stage at this time but may be a useful area to watch.

Finally, there are some emerging changes in the AusAID support for education in PNG. Notably this has included making classrooms accessible, especially those classrooms being constructed under the infrastructure component of this program. There was interest from the program in how they might go about further developing disability inclusion into their existing sector strategy.

The other key AusAID flagship program of health was not able to identify a significant focus on disability inclusion. The health program has supplied funding to SPSN and expects some of this will be used for disability inclusion. Work is being undertaken to ensure more physically accessible health facility infrastructure. The main attention being given to disability in the program is through preventative activities. For example, the avoidable blindness initiative sits under the health program; funding is provided for more effective health care to limit disability; ART treatment is provided to HIV positive people to prevent them becoming chronically ill leading to disability.

The AusAID governance programs at national and subnational level appear to have given minimal consideration to disability.

Challenges and opportunities for AusAID

AusAID is currently in a situation where it enjoys a high quality reputation because of its policy on disability. In PNG there is high expectation of how it will work both in specific disability programs and also in integrating disability into its sectoral areas. There is also high expectation that AusAID will continue to support DPOs and will actively consult and work with them as valued partners. Finally there are expectations arising from the partnership with DFCD.

There seem to be several opportunities for AusAID, in particular in its flagship programs and governance programs to increase its disability-inclusive development. Support to move ahead in this area would include attention to:

- Assisting AusAID programs to broaden their development narrative or their program logic so that inclusion of people with disability is understood as good practice rather than an addition to existing practice.
- Increasing the consultation process between DPOs and AusAID programs.
- Finally, the area that probably requires the most resources is the detailed development of program plans, monitoring and evaluation frameworks (with immediate emphasis required on the PNG Program Results Framework and Sector Progress Reports) and contracts in order to reflect disability-inclusive development.

AusAID have several resources available to them to assist in changes in PNG program. While resources are certainly required across the three areas identified above, the main requirement is management interest and commitment to drive these changes. Currently change has largely been driven by individual (committed) AusAID officers. These people are invaluable resources for the PNG program but cannot by themselves drive the wider systemic change the program requires.

Summary of issues from field visit to Phnom Penh Cambodia, March 2012

Overview

The visit to Cambodia by one of the mid-term review team was undertaken in March 2012. The focus was on obtaining the views of people with disability and Disabled Peoples' Organisations (DPOs) about their experience of the implementation of the Strategy. The secondary focus was to review with AusAID and partners, including the Royal Government of Cambodia (RGC) and other donors and NGOs, the achievements under the strategy and the areas for further development.

Major issues for people with disability in Cambodia⁴³

It is clear that the issue of disability and the impact of disability upon people, their families and community is a complex one in Cambodia. People with disability face considerable discrimination because of their disability. This discrimination appears to be compounded by cultural norms, poverty and particular attitudes towards marginalised groups such as women, children and minority groups. Notwithstanding Cambodia's long-term experience with land mines and unexploded ordinances, people with disability still appeared to be largely invisible in society particularly where those disability are more difficult to identify such as for people who are deaf or people with psychosocial disability.

While there has been a focus on rehabilitation for people with some physical impairment, many people remain without assistance. The figures on the numbers of people with disability in Cambodia are contested but there appears to be general agreement that people with disability are likely to make up a significant proportion of the poorest of the poor in the country.

NGOs and DPOs

Cambodia has been subject to long-term and wide ranging intervention by international NGOs and they have been major contributors to the available services for people with disability.

There is also a strong DPO community within Cambodia. This includes a peak DPO, the Cambodian Disabled People's Organisation (CDPO), and a range of smaller local DPOs and self-help groups. (Many of these organisations were originally founded to support victim assistance as a result of land mines and unexploded ordinances.)

During the consultations for the Mid-Term Review, the DPO community was able to provide very good quality information about the issues and needs of people with disability in Cambodia. This included pointing to the marginalisation of people with disability even from programs directed to the very poor.

There appears to be some differences of views between international NGOs and service organisations and the emerging DPO community about the exact way forward for support in this sector. There also appears to be some differences of views between the domestic DPOs themselves.

⁴³ Note that for this country there is extensive information available including a situation analysis on disability-inclusive development undertaken by the Regional Specialist, Disability-inclusive Development (Asia) in 2010. Also a paper on options for mainstreaming disability-inclusive development in the AusAID program was undertaken by the Regional Specialist in 2011.

None of this is unusual in civil society development, nor is it unusual for AusAID to need to be able to walk a sensible line between engagement with this different range of stakeholders. It does however take time and negotiation to do this well and to ensure appropriate partnerships are developed with a diverse range of non-government actors.

Clearly in Cambodia, AusAID's Regional Specialist, Disability-inclusive Development (Asia) has done an effective job of building a range of these relationships.

Cambodian Government

The responsibility for disability in the RGC is a complex arrangement. The central agency with overall responsibility is the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY).

The Disability Action Council (DAC), which has gone through various iterations but now sits under the responsibility of MoSVY, has various members including civil society representation, and coordinates a number of existing mechanisms. The National Disability Coordinating Committee (NDCC) comprises government, international organisations and people with disability representatives and is responsible for coordinating and monitoring the implementation of the National Plan of Action for Persons with Disabilities. In addition the newly formed Persons With Disabilities Foundation (PWDF) has a focus on service delivery.

Significantly, the RGC response to the mid-term review was that while they work with many donors it is only AusAID that clearly has disability as a priority and they therefore see AusAID taking a key role in disability and being the key donor for this area. In further discussions with RGC representatives they suggested that they wanted to see AusAID work to strengthen collaboration between RGC and NGOs and also to work for increased RGC ownership of disability policy and service delivery.

Notably the RGC is very aware of the AusAID Strategy on disability and expressed a view that part of their role was to hold AusAID accountable for that Strategy. The RGC is also aware that Cambodia is a focus country for the AusAID Strategy.

Other donors

There are other donors working in disability in Cambodia notably UNICEF who consider that they have a strong role to play in working with education, early childhood development and early intervention. Other donors include GIZ, UNDP and ILO.

Discussion with the donors suggests that AusAID is the most visible donor for disability in Cambodia. It appears that other donors are looking to AusAID for some leadership in this area including assistance with information sharing and facilitation between donors and support for advocacy to government.

The AusAID program and disability-inclusive development

The implementation of support for disability in the AusAID program has been mixed. Most work has happened through specific disability programming. There is support for DPO and NGO work through the Cambodia Initiative for Disability Inclusion (managed by the Australian Red Cross). AusAID has also provided support to the CDPO through the Community Development Fund.

There appears to have been some work around disability-inclusive development in the health area, in infrastructure and in agricultural and social protection. This work is patchy however and does not seem to be driven by a clear strategy. This is despite the work undertaken by the Regional Adviser in developing a mainstreaming strategy for the AusAID work in Cambodia.

In line with the AusAID Strategy, people with disability are a target group in the new scholarships program in Cambodia.

A discussion with AusAID staff raised a number of reasons for this uneven inclusion of disability in programs. People expressed the view that there were several crosscutting areas that they are expected to integrate into their programs. They reported that often these requirements feel cursory and not real. They reflected that there are up to six safeguards they need to consider in programs. Some of these have a legislative framework such child protection which mandates their inclusion but others, such as disability, seem more optional.

People noted that disability is a crowded and specialist sector in Cambodia with many NGO players working in the area. They felt that it was easy to respond effectively in this specialist area through a disability focused program.

People also suggested that effective integration of crosscutting issues such as disability needed to begin from the design stage of programs so that partners, in particular government, saw it as part of a program rather than something added at a later point in the program cycle. It was also noted that a lot of the AusAID work is now being undertaken through other partners including multilateral partners like the Asian Development Bank. AusAID staff expressed the view that they had very limited control over how crosscutting issues and quality issues are addressed by these large partners.

It was also clear that this is a Post which is expanding its budget and where there is pressure for effective and rapid spending of aid money. Some sectors pointed to the overall objective of contributing to MDG improvements which focuses them, for example, on increasing the numbers of children in school and the access to child and maternal health services, rather than to a specific focus on people marginalised by disability.

Finally, people recognised that the strength of having the Regional Specialist based in the country has been the effective work she has supported with RGC and the civil society sector and the high quality attention she has directed to disability. However people also recognised that there has been a tendency to assume the Regional Specialist will take full responsibility for the work area and this has decreased Post ownership and responsibility for the work.

Challenges and opportunities for AusAID

There are a range of strengths and positive processes and opportunities in place for taking forward the disability policy in Cambodia.

With the Regional Specialist based at the Post there has been a strong analysis undertaken of disability within RGC and civil society. In addition AusAID has a history of support to disability through the landmine programs and more recently in the support to DPOs/NGOs through the Cambodia Initiative for Disability Inclusion (managed by the Australian Red Cross). The projects

supported through this work are valued and respected by the various partner organisations and recognised by RGC as good quality work.

The Post is working in a sensitive and challenging political environment but appear to have a nuanced and careful approach to effective work with RGC in that environment. More generally AusAID is clearly a respected donor and its influence with both RGC and other donors appears to come from good quality programming and credible long-term relationships. In the area of disability it is recognised as the leading donor with strong commitment backed by resources and expertise. The overall scope of the program seems both relevant and appropriate however it is recommended that AusAID consider options for out-sourcing management of the program.

Similar to other posts, AusAID staff in Cambodia need assistance in thinking through how to work strategically with partner governments and with large multilateral organisations and other donors to introduce a focus on disability-inclusive development and to ensure that people with disability are included within the development strategies supported by AusAID. This wider policy discussion and conceptual basis for a more disability-inclusive development approach needs to be related to the context of Cambodia but could be drawn from experience in other locations.

Finally, a very strong suggestion which emerged from RGC and civil society is that AusAID should consider employment of people with disability at the Post.

Summary of issues from field visit to Manila, the Philippines, May 2012

Overview

The visit to the Philippines by one of the mid-term review team was undertaken in May 2012. The focus was on obtaining the views of people with disability and Disabled Peoples' Organisations (DPOs) about their experience of the implementation of the Strategy. The secondary focus was to review with AusAID and partners, including the Government of the Philippines, and other donors and NGOs, the achievements under the strategy and the areas for further development.

Major issues for people with disability in Philippines

In terms of some of the major issues facing people with disability in the Philippines, it was clear from consultations with DPOs and the civil society sector that discrimination and low levels of access to services are still an issue.

DPOs believe that in general government policies are good however the implementation of these policies is poor. There are government allocations for disability services, however most DPOs find that when they approach government for support they are told there are no funds available. People with disability consistently find themselves excluded from decision making forums with government and in communities.

Education and access to all levels of education remains a significant issue for people with disability. Disaster management services have a poor record of identifying the needs of people with disability and as a result many have been put at severe risk during natural disasters like floods.

Overall people with disability feel there is still a very strong charity based approach to disability with little recognition of rights. Public health services are generally poor with regards to the assistance they provide for people with disability.

The Deaf community faces particular challenges with access to appropriate communication support. For people with physical disability there is still a huge gap in the provision of appropriate assistive devices.

The disability movement in the Philippines

The disability movement in the Philippines is relatively strong with a clear focus on rights and advocacy aimed at improving government policies and practices. The peak disability organization in the Philippines is Katipunan ng Maykapansanan sa Pilipinas, Inc. (KAMPI). KAMPI have been doing some important work around the monitoring of human rights for people with disability and a recent preliminary research report highlighted considerable numbers of rights violations experienced by people with disability but with very few cases being brought to the authorities.⁴⁴

There are also impairment specific organisations representing various physical, sensory, cognitive and psychosocial issues which are active at different levels. In addition, there is a strong NGO sector working on the provision of disability related services as well as advocacy.

⁴⁴ *Monitoring the Human Rights of Persons with Disabilities* Jandayan, Figueroa + Canales (KAMPI + DRPI 2009)

All agencies working in the disability sector are coordinated through the National Council on Disability Affairs.

Government of the Philippines

There are no single reliable statistics on the numbers of people with disability in the Philippines with the latest 2010 Census data (which included disability questions based on the Washington City Group model) not yet available.

On paper the Philippines has relatively progressive laws and policies which promote mainstreaming, participation and rehabilitation. It ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) early in 2008 and is a signatory to the Biwako Millennium Framework for Action, both of which seek to promote disability-inclusive development and the full participation of people with disability. The main disability legislation is the 1992 'Magna Carta for Disabled Persons' which aims to improve the quality of life for people with disability through the provision of basic services. Other substantive legislation includes access to the built environment which requires that building permits for the construction or renovation of any public building will only be granted if they are based on accessible design elements. Although this is not widely upheld (an issue with most of the legislation and policies) some work has been done on training transport operators in how to assist disabled passengers. There is also funding available to make public spaces more accessible.

In 2003 the Philippines declared its own 'Decade of Persons with Disabilities' and as a result the then National Council for the Welfare of Disabled Persons (now replaced by the National Council on Disability Affairs (NCDA)) created a National Plan of Action to help translate all the objectives and intents of disability legislation into actual programs.

Disability is now overseen by the NCDA which was established in 2009. The NCDA has overall responsibility for all disability issues which includes monitoring the implementation of the Magna Carta for Disabled Persons, the Accessibility Law and the ILO Convention No. 159 on Vocational Rehabilitation and Employment (Disabled Persons). They have also just been involved in reporting on disability issues for the Philippines Universal Periodic Review.

The Department of Education has identified significant challenges around disability-inclusive education. There are increasing numbers of children with disability coming for the enrolment in mainstream classes with 40,000 children with disability identified for registration in schools this year.

Other donors

It appears that very little is happening between donors on disability-inclusive development. The British Embassy revealed that it is happy to delegate disability issues to AusAID since its presence is relatively small. UNICEF is part of the Council on Child Rights which has a sub-committee focused on the rights of children with disability.

UNFPA have a regional strategy which guides work on disability. They are developing an interesting approach to health which applies three lenses: gender (to look at women's health needs and services); disability to look at specific discrimination and services required; and sexual reproductive health as part of the development of public health programs.

There are some other high level opportunities which AusAID might consider. The United Nations Development Assistance Framework for 2012-2018 is currently being developed. This represents a significant opportunity for disability indicators to be put into the new framework which could influence progress in the Philippines on inclusive development. There is also the ODA gender and development network which is a forum in which to raise the growing issue of violence against women with disability and their lack of access to health services and to justice.

The AusAID program and disability-inclusive development

The Philippines program made early progress on the implementation of the Strategy. In an attempt to take a more strategic approach to disability inclusion the program conducted a situational analysis on disability in the Philippines as part of the development of a new Australia – Philippines bilateral program in 2010.

Progress against these recommendations appears to be limited although some individual efforts are being made. The most successful program running currently is the ‘Fully Abled Nation (Disability-Inclusive Elections)’ program. This is a three year initiative implemented by The Asia Foundation with funding from AusAID that is aimed at increasing the participation of people with disability in the 2013 Midterm elections and beyond.

AusAID is currently supporting research to identify what ‘functional inclusive education’ should look like. The aim is to be able to demonstrate effective inclusion through the use of positive case studies in an attempt to show the Department of Education that disability-inclusive education is achievable.

Education is a major priority for the Philippines program and there is some acknowledgement that the needs of children with disability should be addressed throughout the new Basic Education Sector Transformation (BEST) program. One of the most promising initiatives in the inclusive education sector at the moment appears to be the Philippines’ Response to Indigenous Peoples and Muslim Education (PRIME) program. AusAID has been supporting this initiative since 2011 and its original design focused on addressing the needs of disadvantaged Muslim and indigenous children. However in the process of designing interventions which reach these highly excluded communities they have developed a model which is able to identify and address the needs of children with disability.

In addition to the education sector discussions there is a small initiative which is helping train parents of children with disability to act as classroom assistants. This is being carried out by Parents Advocates for Visually Impaired Children (PAVIC). Another small initiative is being carried out by the Autism Society of the Philippines which aims to improve the identification of children at risk of autism and to help improve facilities that are available for interventions and respite care.

Challenges and opportunities for AusAID

The Philippines program is making an effort to work on disability and there is evidence of some progress having been made. There is a sense that the program has got much better at directly engaging with people with disability and there are stronger links now to DPOs and the disability sector. One of the main problems however is that this is in large part due to the efforts of the focal point rather than being something that all staff view as being core to their work.

One of the greatest challenges facing the program seems to be the perceptions and understanding of disability. Despite the early work with the situational analysis, the program has not had the chance to fully debate or consider disability as a development issue and how addressing it can contribute to achieving their stated aims of reducing poverty and achieving sustainable development.

The program needs to take a more strategic approach to disability (as it rightly identified back in 2009) so that disability contributes to their overall development aims rather than being something that is added on. The program would also benefit from establishing indicators to measure improvements in disability inclusion as part of that strategic approach.

There is also an opportunity to make more obvious use of the CRPD since both the Australian and Philippines Governments have ratified. The Coalitions for Change program is an excellent example of a facility that could be used to promote disability-inclusive development and the plans to look at ways to use coalitions to help improve understanding and action around inclusive education should be supported.

In addition, the human rights and gender work could also incorporate disability elements. One example is the cross-over between work on women's rights and women with disability.

Summary of issues from field visit to Jakarta, Indonesia, May, 2012

Overview

The visit to Indonesia by one of the mid-term review team was undertaken in April /May 2012. The focus was on obtaining the views of people with disability and Disabled Peoples' Organisations (DPO) about their experience of the implementation of the strategy. The secondary focus was to review with AusAID and partners, including the Government of Indonesia and other donors and NGOs, the achievements under the strategy and the areas for further development.

Major issues for people with disability in Indonesia

There appears to be limited information about the number of people with disability in Indonesia or the scope and range of those disabilities. It is clear that people with disability face considerable challenges in this country. Many of these challenges arise from a high level of stigma and discrimination for people with disability. The problems and challenges are also related to people with disability being invisible and often not identified in communities or in formal systems as people who have the right to be included in the provision of services. People with disability spoke about the lack of consultation for people with disability and the tendency to exclude them from social and community life.

People explained that accessibility was a particular problem for them, with many public places still not accessible to people with particular impairments.

In other discussions people with disability consistently identified access, human rights (in particular the right to vote and participate in decision-making), opportunity for health care, education and training and the opportunity to earn a livelihood and live independently as being areas where change needed to happen.

In particular, there seemed to be multiple challenges for women with disability. The area of psychosocial disability also seems to be an area of major challenge in Indonesia. It appears that people with psychosocial disabilities are more stigmatised than other people with disabilities.

Although Indonesia has several laws that relate to the care of people with disability, it was noted that many of these are still based around a charity model rather than rights approach and tend to revolve around an institutional response to providing care.

The DPO movement in Indonesia

The DPO movement in Indonesia is fledgling and appears to be stronger in Jakarta than in rural and provincial areas. However there are several strong DPOs operating, largely representing particular disability areas. These include the Indonesian Blind Association, the Association for Women with Disabilities, the Sehjira Deaf Foundation, and the Mental Health Association. There are also umbrella organisations such as the Indonesian Association for Disabled People, The Institution For Advocacy and Protection of People with Disability in Indonesia, and the Centre for Improving Quality Activity in the Life Of People with Disability.

Support for DPO capacity building does not appear to be strong either in donor or government programs. This is an important area to enable people with disability to mobilise themselves and to work in advocacy and awareness-raising.

The DPOs consulted during the review consistently raised the need for better skills in advocacy and in communicating a human rights approach to their members. They were keen for a focus on education to ensure that schools and higher education were made accessible to people with disability.

It was noted by a local disability-inclusive specialist that DPOs are a new area for many donors. While there is experience and literature on how to work with CSOs and NGOs there is much less available on how to ensure DPOs are effective. Also donors are simply not used to working with these organisations.

Indonesian Government

As noted, Indonesia has signed and ratified the Convention on the Rights of Persons with Disabilities. There is a National Action Plan on disability which outlines eight actions to be undertaken covering several ministries within the government.

The Ministry of Social Affairs is the responsible ministry although in order to enact the national action plan other ministries are required to take responsibility for disability in various ways.

In discussion with the Ministry they identified several challenges to their leadership around disability in the Government. These included the lack of accurate data on the range and number of people with disability in Indonesia; the varying definitions applied to disability; and the lack of interest from other donors apart from AusAID. While they do have some interest and support from other donors such as ILO and JICA, this is minimal and they see AusAID as the lead donor in this area.

Other donors

There is not a lot of work by other donors in the area disability in Indonesia. GIZ is working in collaboration with the Government on the social protection program and has also worked on trying to get better definitions and data around disability in Indonesia. It has worked with AusAID in the area of avoidable blindness.

The World Bank is working in the area of education. It is involved in a program, with AusAID funding, to try and operate at the community level to better target inclusion of children in school particular of children with disability.

The AusAID program and disability-inclusive development

The AusAID program in Indonesia is large and growing and clearly has many priorities to consider. There are some excellent examples of disability-inclusive development in the Indonesian program. In particular the Australia-Indonesia Partnership for Justice (AIPJ) includes an integrated approach around the rights of people with disability. This program design started with analysis of people who are excluded from the justice system and the reasons for their exclusion, leading to focus on particular groups including people with disability. As a result the program now has a focus on women and people with disability. It has outcome areas reflecting that integration including:

- Focus on increased public access to and use of legal information particularly relating to human rights and anticorruption. Within this outcome area there is attention to increasing access for people with disability.
- Increased capacity of civil society organisations and national commissions to support Indonesian law and justice sector reforms. Includes partnerships with organisations to work on monitoring and limiting violence against women with disability and work on training for religious court judges and information desk officers at religious courts to ensure their increased understanding and awareness of gender and disability issues.
- Specific focus on disability with review of laws that violate the rights of people with disability.

AIPJ has recently started activities on monitoring the implementation of provisions of the CRPD (in particular violence against women with disability), and on challenging laws that discriminate against persons with disability.

The other program which is operating with a strong focus on disability is the social protection program. This program looks to work on poverty eradication within Indonesia through resource transfers. It intends to generate a focus on vulnerable groups including people with disability as well as others.

In addition to these two programs, the AusAID education program in Indonesia has undertaken some work to increase access through the provision of access ramps in schools. There also appears to have been AusAID support for development of modules of inclusive curriculums.

The scholarships program in Indonesia has worked to try to include people with disability and has some well-publicised success stories of newly returned scholars with disability as well as scholars who now have knowledge and additional training around disability.

Both the new Knowledge Sector Program and the Women in Leadership Program acknowledge the need to be inclusive and to address the right of people disability to be included in support from the aid program.

Significantly, there seems to be an association between those programs which have focused on poverty analysis and other analysis during design or during early implementation of the programs and inclusion of people with disability. Where there is good quality program analysis identifying who is poor and excluded, then people with disability become an obvious group to consider.

Challenges and opportunities for AusAID

There are a number of strengths and opportunities for AusAID to take forward implementation of the strategy within the Indonesia program. One of the key strengths is the interest and support by several staff around the issue of inclusion. There is an informal focal point network operating across several of the programs with people who are either personally connected to a person with disability or with staff that have had exposure to people with disability through their development work.

There seems to be some confusion in the Indonesian Country Program, which is similar to problems identified in other AusAID posts, around the notion of mainstreaming disability inclusion as opposed

to disability-specific programs. People constantly focused on the need for more data about the scope and issues of disability in Indonesia and better understanding of what disability means. They strongly advocated the need for disability-specific programs which could model how to work with people with disability and how to understand and address the issue. Many people seemed caught up with understanding disability as a crosscutting or add on issue rather than a feature of good development work.

AusAID staff suggested that AusAID itself was not clear about what sort of outcomes it was seeking from disability-inclusive development. In addition they identified strong pressure on them to manage large-scale and high-cost programs which seem to limit the time and attention required to undertake analysis and consultation of the needs of people with disability. People identified that direction from management was very important in how programs were designed and implemented. People were strongly suggesting that training and capacity building around disability-inclusive development needed to be provided to the Post, targeted both to program staff and management.

Finally, there is clearly an opportunity to build awareness and capacity within AusAID by greater association between AusAID and DPOs. AusAID could ensure that people with disability were consulted during design and review processes and that AusAID staff were expected to seek out and talk to people with disability both in Jakarta and in provincial areas.

AusAID in Indonesia is currently in the process of restructuring its teams which should ensure better management attention to the area of disability and therefore more visible focus on and accountability for the area.

Annex Four: List of persons consulted for the Mid-Term Review

While every effort has been made to reflect all attendees who generously gave their time in consultations, this list is not exhaustive. Titles reflect roles at time of consultation.

In Australia consultations	
Disability-inclusive Development Reference Group (DRG)	
Rosemary Kayess	AusAID Disability-inclusive Development Reference Group
Deborah Rhodes	AusAID Disability-inclusive Development Reference Group
Seta Macanawai	AusAID Disability-inclusive Development Reference Group
Fred Miller	AusAID Disability-inclusive Development Reference Group
Charlotte McClain-Nhlapo	AusAID Disability-inclusive Development Reference Group
Monthian Buntan	AusAID Disability-inclusive Development Reference Group
Ingar Duering	AusAID Disability-inclusive Development Reference Group
AusAID staff	
Layton Pike	Assistant Director General, Governance and Social Development Branch
Rosemary McKay	Director, Disability Policy Section
Rebecca Gibb	Assistant Director, Disability Policy Section
Anne Rigby	Assistant Director, Disability Policy Section
Darryl Barrett	Assistant Director, Disability Policy Section
Nicole Smith	Senior Policy Officer, Disability Policy Section
Megan McCoy	Regional Specialist, Disability-inclusive Development (Asia)
Christina Parasyn	Regional Specialist, Disability-inclusive Development (Pacific)
Laurie Dunn	First Assistant Director General – Performance Enabling and Program Effectiveness Division
James Gilling	First Assistant Director General – Policy and Sector Division
Blair Exell	First Assistant Director General – Corporate Enabling Division
Michael Carnahan	Chief Economist
Bill Costello	Assistant Director General, Pacific Division
Bob Quiggin	a/Assistant Director General ERDI
Marcus Howard	Water Adviser, ERDI
Mark Barrett	Transport Infrastructure Adviser, Infrastructure, Water and Sanitation Section
Peter Kelly	Pacific Branch (formerly Roads Adviser Vanuatu)
Tony McGee	Director, Social Development Policy
Kate Eversteyn	Director, Child Protection
Daniel Woods	Director, Law and Justice
Michael Bergman	Director, Governance Quality Sector Team
Simon Flores	Director, Governance Policy
Neryl Lewis	Director, Humanitarian Policy Section
Johanna Leavy	Humanitarian Policy Section
Renee Paxton	Humanitarian Policy Section
Ian Bignall	Director, Research Section , Development Policy and Gender Branch
Tymon Kennedy	Research Section, Development Policy and Gender Branch

In Australia consultations	
Disability-inclusive Development Reference Group (DRG)	
Rachel Ingwerson	Scholarships Section
Stacey Walker	Africa Section (scholarships)
Joanne Choe	Director Indonesia Section
Carli Shillito	Director East Timor Section
Justin Baguley	Director Philippines and Burma Section
Craig Kentwell	Director Mekong and Regional Section
Cameron Hill	Director Asia Strategy Programs and Performance Section
Nura Ghaeni	Mekong Section
Yeshe Smith	South Asia Section
Tom Nettleton	South Asia (Bangladesh) Section
Than Tun	South Asia (Bangladesh) Section
Holly Norrie	East Asia Regional Section
Selina Hughes	Burma Section
Tim Napper	Burma Section
Emily Rainey	former posted officer in the Democratic Governance Program, Indonesia (Post) DID and the Indonesia Program (Post)
David Coleman	Education Advisor
Mary Fearnley-Sander	Education Advisor
Simon Ernst	Director, Performance Policy and Systems Section
Elena Down	AusAID
Christine Pahlman	Mine Action coordinator, AusAID
Australian consultants	
Sarah Dyer	Consultant, Pamodzi Consulting
Michael Pilbrow	Consultant, Pilbrow Global
Other agencies and NGOs	
Rob Regent	Australian Sports Commission
Veronica Bell	Fred Hollows Foundation
Liz Partridge	Fred Hollows Foundation
Melville Fernandez	Caritas
Rebecca Nyo	Caritas
Laura Bruce	Caritas
Sheena Walters	World Association of Sign Language Interpreters
Maung Maung Myint	MDG focus
Mark Wood	Office of the Hon Teresa Gambaro MP
Graeme Innes	Disability Discrimination Commissioner
Cristina Ricci	Human Rights and Equal Opportunity Commission
Ros Madden	Director, Australian ICF Disability and Rehabilitation Research Programme, (AIDARRP), Faculty of Health Sciences, University of Sydney
Sue Lukersmith	CBR Project Manager, AIDARRP, Faculty of Health Sciences, University of Sydney
Ron McCallum	University of Sydney
Laura Smith-Khan	University of Sydney

In Australia consultations	
Disability-inclusive Development Reference Group (DRG)	
Fiona Given	Policy Officer, Australian Centre for Disability Law
John Fenech	Grants Business Development - Childfund
Therese Sands	People with Disability Australia Incorporated
Samantha French	People with Disability Australia Incorporated
Lyn Bridge	Executive Assistant, ADDC
Christine Walton	Executive Officer, ADDC
Ralph Green	Universal Design Visionary Design Development P/L
Mary Ann Jackson	Universal Design, Visionary Design Development P/L
Frank Hall-Bentick	AFDO, Disability Resource Centre
Glenn Lawless	Development Manager, Annecto
Meegan Pride	Annecto
Filippo Signorelli	Annecto
Gavin McDonald	Independent
Kyle Miers	Manager, Community Relations, Deaf Children Australia
James Montgomery	International Programs Officer, The Leprosy Mission Australia
Sophie Plumridge	Director Global Policy and Programs, Vision 2020 Australia
Nazima Shaheen	Pakistan
Lanie Stockman	Policy Advisor, Save The Children
Kevin Stone	Executive Officer, NCID / VALID
Adele Perry	Capacity Development Officer, CBM-Nossal Partnership
Carolyn Merry	Senior Program Manager, CBM-Nossal Partnership
Kirsty Thompson	Inclusive Development Director, CBM Australia
Philip Waters	Program Services Officer, CBM Australia
Joanne Webber	Inclusive Development Officer, CBM Australia
Megan Tucker	Disability Advisor, Plan Australia
Emily Wilson	Program Coordinator, Cambodia & Laos. Red Cross
Elissa Barden	Occupational Therapist – Allied Health, Ozcare QLD
Thomas Bevitt	Occupational Therapist, Therapy ACT/ School Aged North Team
Richard Coulthard	Deaf Rugby Australia
Lucy Daniel	Policy Officer, CBM Australia
Sorah Ghulam Habib	Landmine Survivor Afghanistan
Brenda Goguen	Acting Regional Director Southern, Aging & Disability Home Care Southern
Jackie Lauff	Sport Matters
Takara Morgan	CARE
Christina Munzer	CARE
David Murray	Deaf Rugby Australia
Huy Nguyen	CEO, GreatVenue
Liesl Tesch	Co-founder of Sport Matters
Ann Tothill	Learning & Development Facilitator, ACFID
Melissa Trethowan	PA to the CEO, NDS
Weh Yeoh	whydev

Other countries	
Papua New Guinea	
Ian Kemish	Australian High Commissioner
Roxanne Martens	Australian High Commissioner's wife and volunteer
AusAID Executive	
Michelle Lowe	Chief of Operations
Stuart Schaefer	Minister
Robert Brink	Disability Focal Team
Belinda Bayak-Bush	Disability Focal Team
Jennifer Clancy	Disability Focal Team
AusAID Democratic Governance Team	
Sophia Close	First Secretary, Democratic Governance
Lucy Tia	Church Partnership Program, Democratic Governance
PNG Department for Community Development (DFCD)	
Dame Carol Kidu	Former Minister for PNG Department of Community Development
Adrain Winne	Executive Officer NACD
Konio Doko	FAS Disability and Elderly Persons
PNG Department for Education	
Jennifer Tamura	Supt-Inclusive Education Unit
AusAID Infrastructure Team, Gender Team, Health, Infrastructure & Education Teams, Elections, Policy & Coordination, Incentive fund	
Simon Kaldy	Scholarships
Tamara Green	Education
Gabrielle Peter-Pillay	Education
Natalie Mckelleher	Health
Kanu Negi	Infrastructure
Jeffrey Kop	Transport
Belinda- Maree Gara	Incentive fund
Madeline Moss	Policy and Coordination
Winifred Oraka	Gender
AusAID SNS Program	
Deo Mwesigye	First Secretary
Judith Ugava-taunao	Senior Program Manager
Cathy Amos	Senior Program Manager
SPSN Program	
Jeremy Syme	Program Director
Martin Brash	Capacity Building Advisor
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Erica Kukari	Gender and Social Inclusion Coordinator
Martin Syder	Deputy Director Implementation
Electoral Support Program and PNG Electoral Commission	
Margaret Vagi	Information Awareness and communication director
Susan Grey	Advisor Awareness

Other countries	
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PNG Assembly for Disabled Persons (PNG ADP)	
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Ipul Powaseu	PNG ADP Chairperson
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Martin Kawage	Eastern Highlands
Rose Peter	Simbu
John Kup	Western Highlands
Richard Gambu	Madang
Lucy Henson	East Sepik
Julian Won	Sandaun Province
Nixon Solomon	Manus
Tony Kevi	Bougainville (PNGADP Deputy Chair)
Joseph Lapangot	New Ireland
Ben Theodore	PNG Disability Sports
Tole Wia	PNGADP secretariat
Hekoi Igo	PNGADP Board
Manoka Igo	PNGADP women with disability member
National Advisory Committee on Disability meeting (NACD)	
Anna Solomon	Acting Secretary and Chair of NACD
Getrude Kilepak	FAS Policy Department of National Planning
Brown Kapi	Chairman National Board for Disabled Persons
Ben Theodore	D/Chair National Board for Disabled Persons
Br Kevin Ryan	Callan Services PNG
Adrian Winnie	Executive Officer NACD
Fiji	
AusAID	
Judith Robinson	Acting Head of Mission
Rebecca McClean	Second Secretary - Regional
Tu Tangi	Program Manager, Humanitarian Response
Melinia Nawadra	Senior Program Manager, Regional
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Meriani Rokotuibau	Pacific Leadership Program
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Naomi Navoce	Pacific Disability Forum
Soloveni Vitoso	Pacific Disability Forum
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Tekamangu Bwauira	Te Toa Matoa (TTM) Kiribati
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Moushmi Narain	United Blind Persons Association
Representative	Fiji Paralympics Committee
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Rukmani Joseph	Early Intervention Centre for Children with Special Needs
Representative	Hilton Special School
Samoa	
AusAID	
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Other countries	
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Ms Kuiniselani Tago	CEO Ministry of Women, Social and Community Development
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K. Lauulu	Ministry of Finance Aid Coordination
Tina Nuuvai	Special Olympics (including Samoan Athletes)
DPOs	
Faatino Utumapu	Nuanua O Le Alofa Inc (NOLA)
Nofo Mapusua	Nuanua O Le Alofa Inc (NOLA)
NGOs	
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Staff from Aelee School	
Staff from Vaimoso School	
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Other countries	
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	KAMPI
	ASP
	PAVIC
	PDRC
	CPAP
	AKAP PINOY
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	RBI
	LCD
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	FDWHCC
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AusAID	
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Benjamin Davis	Knowledge Sector
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Alex Cote	International Disability Alliance
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Elena Down	personal capacity
Majid Turmusani	personal capacity
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Other countries	
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Frank Hall-Bentick	Australian Federation of Disability Organisations
Kate Nethercott	Coffey International Development
Megan Tucker	Plan International Australia
Samantha French	PWD Australia