

Report of the Independent Review of the Kiribati Disability Inclusive Development Program

May 2017

Contents

Executive Summary.....	iv
1. Introduction	1
2. Context.....	1
2.1 Australian and Pacific commitment to Disability-Inclusive Development.....	1
2.2 Kiribati Context	2
2.3 Australia’s support for disability in Kiribati.....	3
3. Review Methodology	6
4. Findings	7
4.1 Program level key findings.....	7
4.2 Outcome 1: Government policy.....	8
4.2.1 Evidence and discussion.....	8
4.2.2 Conclusions	12
4.3 Outcome 2: DPO and community awareness	13
4.3.1. Evidence and discussion.....	13
4.3.2 Conclusion.....	16
4.4 Outcome 3: Accessibility and safety of public infrastructure	17
4.4.1. Evidence and discussion.....	17
4.4.2. Conclusion.....	19
4.5 Outcome 4: Inclusive education services.....	20
4.5.1 Evidence and discussion.....	20
4.5.2 Conclusion	23
4.6 Outcome 5: Disability specific health and rehabilitation services	24
4.6.1 Evidence and discussion.....	24
4.6.2 Conclusion.....	28
4.7. Disability inclusion and diversity.....	29
4.8 Gender Inclusion	30
4.9 Monitoring, Evaluation and data	30
5. Discussion of future possibilities for support	31
Annex 1 List of People Interviewed	36
Annex 2 List of documents reviewed.....	38
Annex 3: Program main and intermediate outcomes	40
Annex 4 Evaluation Questions.	42
Annex 5 Detailed funding allocation for activities.....	48
Annex 6: Terms of Reference.....	50
Annex 7 MEL Framework.....	58

Acronyms

ADB	Asian Development Bank
A&L	Alexander and Lloyd
AVID	Australian Volunteers for International Development
CBR	Community Based Rehabilitation
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disability
DfA1	Development for All – Towards a Disability Inclusive Australian Aid Program 2009-2014
DfA2	Development for All 2015-2020 Strategy for Strengthening Disability-Inclusive Development in Australia’s Aid Program
DFAT	Department of Foreign Affairs and Trade
DID	Disability Inclusive Development
DPO	Disabled People’s Organisation
DRF/DRAF	Disability Rights Fund/Disability Rights Advocacy Fund
DRR	Disaster Risk Reduction
ESSP	Education Sector Strategic Plan
KEIP	Kiribati Education Improvement Program
KiLGA	Kiribati Local Government Association
ICT	Information Communication Technology
ILO	International Labour Organization
KEIP	Kiribati Education Improvement Program
KNCPWD	Kiribati National Council for People with Disabilities
KDIDP	Kiribati Disability-Inclusive Development Program
KDP	Kiribati Development Plan 2016 - 2019
KIT	Kiribati Institute of Technology
KNDP	Kiribati Development Plan 2016 - 2019
KNDPAP	Kiribati National Disability Policy and Action Plan 2016 - 2019
KTC	Kiribati Teachers College
ILO	International Labour Organization
M&E	Monitoring and Evaluation
MFAT	Ministry of Foreign Affairs and Trade (New Zealand)
MHMS	Ministry of Health and Medical Services
MoE	Ministry of Education
MPWU	Ministry of Public Works and Utilities
MWYSA	Ministry of Women Youth and Social Affairs
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
NSO	National Statistics Office
PDF	Pacific Disability Forum
PIFS	Pacific Island Forum Secretariat
PDRF	Pacific Disability Rights Framework
PRSD	Pacific Regional Strategy on Disability
PWD	People with Disabilities
RRRT	Regional Rights Resource Team
SCCSN	School and Centre for Children with Special Needs
SDIDO	Senior Disability Inclusive Development Officer
SPC	Secretariat of the Pacific Community

TOR	Terms of Reference
TRC	Tungaru Rehabilitation Centre
TTM	Te Toa Matoa
UN	United Nations
UN ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive Summary

The Kiribati Disability-Inclusive Development Program (KDIDP) has made significant contributions to improving access to and quality of disability-specific services in Kiribati since 2013/14.

This funding has supported the Government of Kiribati to implement its obligations under the Convention on the Rights of Persons with Disability (CRPD) which it ratified in 2013 and is consistent both with Australia's own commitments under CRPD and with Australian policy as set out in *Development for All – Towards a Disability Inclusive Australian Aid Program 2015-2020* and *Australian aid: promoting prosperity, reducing poverty, enhancing stability*.

Overall KDIDP has been very effective and significant outcomes have been achieved that will contribute to a more inclusive society and have an ongoing impact on the lives of people with disabilities and their families and communities in Kiribati. DFAT Post in Kiribati should be highly commended for this. It has achieved, or will achieve by the end of 2017, most of its intermediate outcomes. It has worked with stakeholders to support progress in relation to disability inclusion on other aid and development programs. It has been flexible and responsive to changing circumstances, making sensible and strategic decisions to adjust program activities or focus to take advantage of new opportunities or critical junctures and adapt to changing priorities.

The Program has been efficient in a range of ways: it has used strategies to ensure activities are completed with good quality and within budget. An example is the contracting of expertise to oversee and provide technical advice on several construction activities. It has also strategically used small amounts of funding to influence larger outcomes. An example is funding for a workshop which brought together stakeholders from across the education sector which resulted in significant changes to the original design for Phase 3 of the Kiribati Education Improvement Program (KEIP). This Program Design now includes an interim outcome focusing on inclusive education.

Of particular importance has been the close cooperation with the local Disabled People's Organisation, Te Toa Matoa (TTM), which has been involved throughout the Program since its design phase. TTM capacity has been increasing (with particular support from the Pacific Disability Forum) and it is now participating in policy development with Ministries.

The overarching goal of KDIDP is that **"Kiribati is implementing its disability-inclusive policy including through improved access to and quality of disability-specific services."** Total funding of \$4.4million was allocated for the program which had five outcome areas. Findings against each of these areas are summarised below

Outcome 1: Government of Kiribati policy and programs are coordinated, led and monitored by MWYSA and increasingly compliant with CRPD in relation to disability services.

KDIDP has funded a Senior Disability Inclusive Development Officer (SDIDO) post within the relevant Ministry – the Ministry of Women, Youth and Social Affairs (MWYSA). The post has provided a focal point for disability policy development and implementation within Government, raising awareness of disability issues and increasing its profile and importance. KDIDP funding for the post will finish in September 2017. It seems likely that the Government of Kiribati will take over funding of this post from January 2018 which is an encouraging outcome signalling its continuing commitment to disability inclusion and its sustainability. This role is important and if momentum is not to be lost, it is important that there is no gap in funding for the post.

It is therefore recommended that DFAT provide short-term funding to cover any gap in funding until Government of Kiribati take over funding for this post.

As is the case in some other Pacific countries, there has been slow progress in Kiribati on finalising the national disability policy (KNDPAP). The policy underpins other progress such as accessing regional support for legislative review; this has meant that there has been limited progress on legislative changes to formalise CRPD obligations. CRPD reporting was due in late 2015 but is not expected to be submitted until late 2017. The lack of progress in these areas is disappointing and is holding up progress in other areas.

It is therefore recommended that DFAT support MWYSA and the SDIDO to finalise the National Disability Policy and seek official approval for the Policy as soon as possible. Similarly, support for Kiribati to complete CRPD reporting should also be considered.

The SDIDO has a wide-ranging role with many responsibilities. Additional support may be needed to continue current momentum and further timely progress in disability inclusion.

It is therefore suggested that consideration should also be given to further support for this post.

The body that is intended to oversee the implementation of KNDPAP and its coordination, the Kiribati National Council for People with Disabilities (KNCPWD) has not met since 2011. The Council needs to be supported to ensure that members have the capacity and understanding to fulfill their critical role and are able to guide and support the future development of disability inclusion in Kiribati as it is increasingly developed and funded through the Government of Kiribati. An Informal Disability Working Group that currently partly plays the role of the KNCPWD should similarly be supported pending KNCPWD's revival.

It is therefore recommended that DFAT work with the MWYSA to support KNCPWD as the body with responsibility for national disability policy coordination, oversight and implementation (and the Informal Disability Working Group in its absence).

Despite slow progress on the national policy, there has been good cooperation and mutual support between the SDIDO and TTM in taking forward priorities which are included in the draft national policy.

The Kiribati Census 2015 included the Washington Group Short Set of questions on disability and the data generated may assist both the Government of Kiribati and other stakeholders. However, the data was collected in a way that means that it is not consistent with other regional census data which limits its usefulness outside the Kiribati context. Nevertheless, the experience has developed and strengthened the capacity and understanding of disability of the National Statistics Office.

Outcome 2: Strengthened DPO and deeper community awareness of, and support for the rights of women, men, boys and girls with disability to access services

All respondents to the review reported a deeper community awareness and support for the rights of people with disabilities in Kiribati. This has been in large part due to the activities of the national Disabled People's Organisation (DPO), Te Toa Matoa (TTM), the members of which have advocated for the rights of people with disabilities over a long period. TTM has been involved throughout the Program beginning with its design phase. This has contributed to the increasing capacity of the DPO, (with additional capacity building support at the regional level through the Pacific Disability Forum (also DFAT-funded) and others including the Disability Rights Fund/Disability Rights Advocacy Fund) and it is now participating in policy development and implementation with MWYSA and other Ministries. Both the SDIDO and TTM report a mutually supportive and respectful relationship which will play a large part in ensuring continuing progress towards growing disability-inclusive development in Kiribati.

Outcome 3: Increased access to public infrastructure.

This outcome focussed on improved accessibility and safety associated with a major road-building project that was prioritised at the time of the design. The project was funded by the Asian Development Bank, World Bank and the Governments of Australia and Kiribati. The design included universal access elements but cost blowouts in the overall road-building project had put these elements in jeopardy; KDIDP therefore provided funding to ensure that these elements were retained in the design and built. The roadworks are now complete and include traffic segregated bus-stops/stopping bays, lineated pedestrian crossings and speed humps either side of pedestrian crossings. KDIDP provided \$400,000 towards the \$4 million total cost of these elements, an outcome that was both efficient and effective. People with disabilities reported feeling safer using the wheelchair accessible pavement alongside the road and in crossing the road. It was also reported that it was easier for patients to make their own way to the Rehabilitation Clinic, meaning fewer missed appointments and reducing demands on limited clinic transport facilities.

Outcome 4: Increased provision and quality of disability-inclusive education services

There has been very considerable progress in disability-inclusive education services in Kiribati over recent years. In particular, the integration of disability elements in the design and development of the new DFAT-funded KEIP Phase 3 program has been a highlight. During KEIP Phase 2, KDIDP has funded works to increase the accessibility of classrooms for children with disabilities. It has also supported the development and implementation of the Government of Kiribati's Inclusive Education Policy, working in cooperation with KEIP. It also provided funds for two National Inclusive Practice Showcase Conferences which offered the opportunity for key stakeholders to meet and network to share inclusive education practices and progress and supported the Ministry of Education's leadership in this area. KDIDP also provided funding for what was originally envisaged to be a Training of Trainers workshop on inclusive education and development of a toolkit for teachers. In the event, the workshop facilitators found that the key stakeholders were not ready for this training as there was a lack of common understanding or agreement around inclusive education principles. The workshop activities were therefore adjusted and were very successful in providing the foundations for a joint understanding of and commitment to inclusive education. Learnings from that workshop were fundamental to further progress in inclusive education in Kiribati as they were fed back into the development of the design of KEIP Phase 3 which now includes a strong commitment to and focus on inclusive education as an outcome. Implementation of KEIP Phase 3 commenced in April 2016 and strong progress is being made in inclusive education across the sector involving not only KEIP and Ministry of Education (MoE) but also the Kiribati Teachers College (KTC), Kiribati Institute of Technology (including the DFAT-funded Skills for Employment Program), the School and Centre for Children with Special Needs and TTM.

KDIDP has also provided funding for the School and Centre for Children with Special Needs (SCCSN) (which has received DFAT funding since 2008). SCCSN has updated its longer term strategic plan, recognising that in order to sustainably support its teaching program and the nearly 200 children and young adults it supports, it needs to achieve formal registration with the MoE which will allow it to access Government of Kiribati funding and support from other sources. It is now registered as an NGO, and has partial registration as a school with the Government of Kiribati. As part of this transition process the MoE is supporting the salaries of 12 senior staff at the school and 2 teachers each year are being supported to gain formal teaching qualifications at KTC. There is likely to be a lengthy transition period as the School becomes more fully integrated with the Government of

Kiribati education processes and ongoing funding support for the School will be required as it is the only institution in Kiribati able to support the education of children with significant disabilities.

It is therefore recommended that DFAT continue to support SCCSN, negotiating the level of funding to respond to other sources of funding from the Government of Kiribati and other donors.

Outcome 5: Increased provision and quality of disability-specific health and rehabilitation services and assistive technologies

KDIDP has funded improvements to mental health facilities in Kiribati, upgrading and providing separate facilities for women and men. Standards in the mental health unit for women now meet basic human rights standards. The program has also provided funding for the upgrading of the building housing a Community Wellness Clinic which provides outpatient and primary mental health care services. The existence of good quality mental health facilities has significantly contributed to raising the profile of mental health care and to reducing the stigma associated with mental illness; together these are reported to have increased the willingness of patients and their families to receive treatment.

The Program has also funded rebuilding and re-equipping the Tungaru Rehabilitation Unit after it was destroyed by fire in 2012 and the new facilities and equipment are now considered among the best in the Pacific. Staff have been trained and supported to use the new equipment and they are effectively providing a range of services, including integrated mobility services. Supply of equipment and mobility devices has been increased, and there have been an increasing number of outreach visits to outer islands.

Program Management

In program management, the area of monitoring, evaluation and learning (MEL) has been mixed. The KDIDP design included provision for specialist technical assistance to support MEL, but this technical assistance support was not funded during program implementation. In addition, the MEL Framework relied to a considerable extent on reporting from KNCPWD, MWYSA and other Ministries which was not always forthcoming, either because the systems were not able to produce the information required or because the task did not receive sufficient priority. Where reports were provided, the information could have been improved. Contracting expertise to oversee building contracts and submit completion reports was a sensible solution to some of these problems. In future MWYSA is increasingly going to need information for monitoring purposes as it oversees and coordinates implementation of KNDPAP. It will be important that the purpose, type and level of data that will be required is carefully thought through to ensure that the systems are fit for purpose, feasible, and do not unnecessarily duplicate other data collection.

It is recommended that the SDIDO receives support to help develop a MEL Framework that is both useful and feasible, to support the National Disability Policy's objectives and processes.

Areas for future support

Overall, DFAT's ongoing engagement in disability inclusive development in Kiribati should respond to priorities expressed by the Government of Kiribati and organisations representing people with disabilities themselves, particularly TTM. Australia's contributions should take account of other donors' support. Support in this sector should be responsive and flexible, responding to growing strengths in government and community organisations, consistent with *Development for All*. Australia's funding should complement and support the activities of other donors or give a 'nudge'

in areas where progress has stalled. A suggested framework for considering where those strategic interventions might best be focused (adapted from Rao and Kelleher's framework¹ for gender equality changes) suggests that progress requires change in both formal and informal relations and at both individual and systemic levels.

It is recommended that DFAT consider support in the following areas:

- Support to encourage and facilitate the mainstreaming of disability inclusion in Kiribati, including within Government of Kiribati Ministries, the Australian Aid Program and other donor programs
- Continuing support for SCCSN and in particular, further professional development in special needs education through scholarships
- Support for continued growth in opportunities for people with disabilities to access technical education and employment
- Support for greater engagement of the private sector, particularly in relation to inclusive employment opportunities and training and other influential stakeholders in Kiribati such as church organisations.
- Continued support for all efforts to provide outreach services for people with disabilities living outside South Tarawa.

¹ Rao and Kelleher 'Is there life after gender mainstreaming?' 2010

1. Introduction

DFAT in Kiribati has provided funding and support for the Kiribati Disability Inclusive Development Program (KDIDP) since 2014. KDIDP supports disability inclusion across five outcome areas: Government policy and programs, strengthened national DPO, accessible infrastructure; education; and health, rehabilitation and assistive devices. The Program is due to finish in June 2017 and in February 2017 DFAT commissioned an independent review of the Program in order to:

- measure the effectiveness and efficiency of the Program, including the extent to which the Program Goal and the five Program Outcomes have been achieved, with particular assessment of the extent to which the 19 Intermediary Outcomes have been reached;
- provide preliminary recommendations regarding future investment on disability inclusion within Kiribati beyond the term of the Project;
- explore the impact of the program in realising the rights of people with disabilities with particular attention to accessibility of infrastructure, access to quality education, and access to health (re)habilitation and assistive devices;
- explore the sustainability of Program activities and approaches to inform future engagement by Australia in support of Disability Inclusive Development (DID) in Kiribati beyond the end of the Program;
- explore how DPOs were consulted and included at each stage of the Program; how the diversity of experience of disability was reflected in the Program; how issues of gender equality and women's empowerment have been included in the Program; how negative unintended consequences were mitigated.

The review was carried out over the period February to May 2017. Further details about the methodology are in Section 3 below.

This report describes the work undertaken in each outcome area and summarises the findings and conclusions about progress towards achieving the five outcomes, focusing on the achievements related to the intermediate outcomes (section 4 below). It also provides preliminary recommendations for continuing investment on disability inclusive development within Kiribati after June 2017 (section 5 below).

2. Context

2.1 Australian and Pacific commitment to Disability-Inclusive Development

Australia has a strong commitment to promoting the protection of the rights of people with disabilities in developing countries and has played a leadership role internationally in disability-inclusive development (DID). This commitment is reflected in Australia's ratification of the UN Convention on the Rights of People with Disabilities (CRPD) in 2008. The Australian Aid Program recognised its CRPD obligations to ensure that its development program is inclusive of and accessible to persons with disabilities with its strategy *Development for All – Towards a Disability Inclusive Australian Aid Program 2009-2014* (DfA1). In 2014, Australia re-iterated this commitment in the new development policy *Australian aid: promoting prosperity, reducing poverty, enhancing stability* which committed Australia to continue to work with partners to tackle the stigma that surrounds disability, to promote disability-inclusive education, help remove physical barriers through investments in infrastructure, enable people with disability to access services and to support disabled people's organisations (DPOs) to give people with disabilities a voice. This policy was

articulated in the new DID policy document, *Development for All 2015-2020 Strategy for Strengthening Disability-Inclusive Development in Australia's Aid Program (DfA2)*. These strategies recognise that people with disabilities (comprising about 15% of the global population, or 800,000 Pacific people) make up the largest and most disadvantaged minority in the world, and that everyone is affected if the most disadvantaged are left behind; in particular “the explicit inclusion of people with disabilities as active participants in in development processes leads to broader benefits for families and communities, reduces the impacts of poverty, and positively contributes to a country’s economic growth.”²

Within the Pacific, leaders first demonstrated their commitment to disability inclusion in 2010 with the endorsement of the Pacific Regional Strategy on Disability 2010-2015 (PRSD), which articulated CRPD in ways that are relevant to Pacific contexts. More recently, the Pacific Island Countries reinforced their commitment to disability inclusion in September 2016, with the endorsement of PRSD’s successor, the Pacific Disability Rights Framework 2016-2025 (PDRF). The new Framework recognises that that while there needs to be a continued focus on national action, a long-term Pacific regional approach to disability rights is a powerful complement. The PDRF’s purpose is to enable the region’s disability stakeholders to work in a focused, collaborative and effective way to support and strengthen Pacific Island Forum member country’s commitments to use and implement the CRPD.

DFAT has supported disability inclusion at a regional level through support to the Pacific Islands Forum Secretariat (PIFS), which has overall responsibility for coordination of PDRF, and to the Pacific Disability Forum (PDF). PDF is the peak umbrella body for DPOs in the Pacific region. It is an independent non-government regional organisation that serves as the focal point on disability issues in the Pacific, provides leadership and supports national DPOs, partners with donor and development organisations as well as civil society. In Kiribati the national DPO, Te Toa Matoa, is a member of PDF and receives support and capacity building from PDF.

2.2 Kiribati Context

As the Kiribati Development Plan³ notes, with 33 relatively infertile coral atolls and islands (of which 24 are inhabited) spanning an area of 3.5 million square kilometres in the Pacific, Kiribati is constrained by geographic isolation, high transport costs and a low population (around 110,136 of which around 50% live on the main island of South Tarawa⁴.) The 2016 UNDP Human Development Report Indicators place Kiribati at 137 in the country ranking out of 188 countries and territories (down from 133 in 2014). AusAID research in 2012⁵ found that women in Kiribati experience high levels of gender-based violence and poverty and that infant mortality rates are rising, there are high levels of unemployment and many depend on subsistence activities. Kiribati continues to be in the UN Committee for Development Policy list of Least Developed Countries despite a review of its status in 2015, due to its economic vulnerability. Additionally, in the medium term, Kiribati is very vulnerable to the effects of climate change which threaten the sustainability of long term economic development.

² , *Development for All 2015-2020 Strategy for Strengthening Disability-Inclusive Development in Australia's Aid Program*, p 7

³ *Kiribati Development Plan 2016 – 2019*, Government of Kiribati

⁴ Kiribati National Census 2015

⁵ *Kiribati country case study: AusAID Pacific social protection series: poverty, vulnerability and social protection in the Pacific*, AusAID, 2012

For the first time, the Kiribati 2015 Population and Housing Census included questions about disability and found that approximately 13% (14,317) of the population have a form of disability. The major types of disabilities found in Kiribati include physical disability, visual impairment, intellectual impairment, epilepsy and mental illness.⁶ There is also a rising prevalence of Non-Communicable Diseases (NCDs) such as diabetes with complications that often lead to disability. Kiribati is one of three Pacific countries where leprosy has not been eradicated, with around 180 new cases a year.⁷

Although Kiribati faces some specific challenges, particularly related to its geography and vulnerability to climate change, it should also be noted that the recent Pacific Disability Forum Conference held in Apia in February 2017 highlighted that many of the issues being addressed in Kiribati are consistent with the regional disability inclusive agenda⁸.

The Government of Kiribati ratified the CRPD in September 2013, demonstrating its commitment to the rights of people with disabilities. The Government reaffirmed its commitment to the CRPD in the Kiribati Development Plan 2016-2019 which notes its obligations arising from CRPD. The Plan specifically targets people with disabilities in priority areas 1 (Education) and 3 (Health). There is currently a draft Kiribati National Disability Policy and Action Plan 2016-2020 (KNDPAP) which is based on consultations begun in 2007 and ongoing discussions and consultations since then, although it has not yet been finalised (see Section 4.2 for further discussion).

Te Toa Matoa (TTM - The Strong Giant in I-Kiribati language) is the national disabled people's organisation (DPO) formed in 1999. It now has over 50 members and a number of affiliate organisations. TTM was active in advocating for Kiribati's ratification of CRPD and continues to be active in advocacy and awareness-raising around disability issues. It is an active member of PDF and has received support and training through PDF and others, including the Disability Rights Fund/Disability Rights Advocacy Fund. It is increasingly involved with Government ministries, providing advice and as a member of committees (see Section 4.3 below).

2.3 Australia's support for disability in Kiribati

Prior to 2014, Australia supported a number of Kiribati institutions which provided disability services. This included the Tungaru Rehabilitation Centre (TRC), the Ministry of Health and Medical Services (MHMS) and in particular the Kiribati School and Centre for Children with Special Needs (SCCSN). The SCCSN is the only institution in Kiribati that provides education for children with significant disabilities. Australia has provided small-scale funding since 2008 and core funding support since 2013 for staff salaries, teaching resources, return transport for children and support for the school facility upgrade.

Following its ratification of the CRPD in September 2013, the Government of Kiribati acknowledged that it did not have the expertise and resources to fully embark on disability-inclusive development. It also recognised that the technical and financial support of development partners such as Australia would therefore be critical to support its initial steps in establishing the key foundations to serve people with disabilities. Areas of support might include: formulating policies and plans to comply with CRPD, including review of legislation; strengthening and building the capacity of the Disability Section within the relevant Government Ministry; improving health and education services to people with disabilities; and strengthening linkages with disability networks both nationally and internationally. Australia is a key development partner in Kiribati with a long history of policy and

⁶ Kiribati National Disability Survey 2005

⁷ MHMS Strategic Plan 2016 – 2019 p. 12-13

⁸ See <http://www.pacificdisability.org/News/Fifth-Pacific-Regional-Conference-on-Disability-Ou.aspx>

funding support. Having signed and ratified CRPD, Australia is obliged (under Article 32) to assist developing countries to undertake the work associated with implementing CRPD.

Kiribati Disability Inclusive Development Program (KDIDP)

In early 2014, Australia developed KDIDP and allocated funding of \$4.4m. The program was designed for the period July 2014 to June 2017. Kiribati and Samoa are the only two Pacific countries with a national disability inclusion program funded by the Australian Aid Program.

The program development process included consultation with a wide range of I-Kiribati and international stakeholders including Government of Kiribati Ministries, TTM, local and international NGOs and others. It also drew on a diverse range of policy and background documents from Australia, Kiribati and other development organisations and reflected lessons learned from other disability programs in Pacific countries and broader development cooperation practice. Interestingly, KDIDP's focus is consistent with the regional disability inclusion agenda which was articulated recently in the outcome statement of the PDF Conference (held in Samoa in February 2017)⁹.

KDIDP's goal—'***Kiribati is implementing its disability-inclusive policy including through improved access to and quality of disability-specific services***' – was designed to contribute to Government of Kiribati's own national goal on disability inclusive development. This is defined as '*Kiribati is an inclusive and barrier-free society, where persons with disabilities are empowered and seen, where they have equal opportunities, meaningful participation and full enjoyment of their human rights.*'¹⁰

In consultation with stakeholders, the following Program outcomes, which built on existing and previous Australian support and aligned with the priorities of the KNDPAP, were identified to achieve this goal:

Outcome 1: Government of Kiribati policy and programs are coordinated, led and monitored by MWYSA and increasingly compliant with CRPD in relation to disability services (consistent with KNDPAP Policy Priorities 1, 2 and 4)

Outcome 2: Strengthened DPO and deeper community awareness of, and support for the rights of women, men, boys and girls with disability to access services (consistent with KNDPAP Policy Priorities 3 and 6)

Outcome 3: Increased access to public infrastructure (consistent with KNDPAP Policy Priority 5)

Outcome 4: Increased provision and quality of disability-inclusive education services (consistent with KNDPAP Policy Priority 7)

Outcome 5: Increased provision and quality of disability-specific health and rehabilitation services and assistive technologies (consistent with KNDPAP Policy Priority 9)

The Program's elements are also consistent with Australia's policy priorities as set out in the two *Development for All* Strategies (DfA1 2009-2014 and DfA2 2015-19). They are also aligned with Pacific regional commitments on disability, particularly PRSD and its successor PDRF, and the Incheon Strategy, as well as CRPD, to which both Governments are committed.

KDIDP's outcomes were identified as long term (8-10 years) and unlikely to be achieved within the three to four-year lifetime of funding available at the time of the design. Such changes require sustained long term commitment and effective partnerships. The Program design included 19

⁹ <http://www.pacificdisability.org/News/Fifth-Pacific-Regional-Conference-on-Disability-Ou.aspx> accessed 7 April 2017

¹⁰ KNDPAP 2016 - 2019 (draft)

intermediate outcomes which were expected to be achieved within 3-4 years. These are detailed in Annex 3 and the achievements against these intermediate outcomes are the focus of this review and explored in Section 4 below.

The rationale for the particular mix of program elements includes a focus on establishing and supporting basic services for people with disabilities and reflects the experience that disability-specific services can be most effectively established and provided in a context where there is Government policy coordination and where people with disabilities themselves are actively involved in raising awareness about their rights to the broader community. When Government policy is well coordinated and monitored, then services are more likely to be integrated within Government systems, including the budget. When people with disabilities and their representative organisations, DPOs, are involved in raising awareness, then families and communities will more likely support people with disabilities to avail themselves of services so they can more actively participate in economic and community life.

The Program was funded from the Disability Program Fund (DIS) managed by the Disability Section in DFAT Canberra. The Fund was established to support the achievement of Australia's *Development for All Strategy 2009-2014* with a focus on improving services for people with disabilities.

DFAT Post is responsible for the implementation KDIDP. It has been delivered through range of agreements with relevant stakeholders including: Government ministries; (Ministry of Women, Youth and Social Affairs, Ministry of Health and Medical Services, Ministry of Public Works and Utilities, Ministry of Education); NGOs (TTM and SCCSN); local private sector companies (Nei Tabera Ni Kai Inc, a video production company); and international partners (CBM Australia Nossal and Alexander and Lloyd Australia Pty Ltd.)

Total funding for the KDIDP was \$4.4 million, all of which has been spent or committed to be spent by September 2017. The table below shows total expenditure for each outcome area.

	Expenditure \$				TOTAL
	2013/14	2014/15	2015/16	2016/17	
Outcome 1	64,625	91,748	-	-	156,373
Outcome 2	-	16,875	331,249	-	348,124
Outcome 3	-	435,917	19,666	-	455,583
Outcome 4	835,000	524,026	331,390	270,000	1,960,416
Outcome 5	500,000	431,000	337,361	210,031	1,478,392
TOTAL	1,399,625	1,499,566	1,019,666	480,031	4,398,888

Annex 5 provides a more detailed breakdown of the figures above, detailing activities carried out for each Outcome and their costs. Section 4 below provides a detailed description of the individual activities and their contribution to Program outcomes.

3. Review Methodology

The review was carried out between February and May 2017. As outlined in the Terms of Reference for the review (Annex 6) its overall purpose was to:

- Assess the effectiveness and efficiency of the Program, including the extent to which the Program Goal and the five Program Outcomes have been achieved, with particular assessment of the extent to which the 19 Intermediate Outcomes have been reached
- Explore the impact of the program in realising the rights of people with disabilities with particular attention to accessibility of infrastructure, access to quality education, and access to health (re)habilitation and assistive devices
- Explore the sustainability of Program activities and approaches to inform future engagement by Australia in support of DID in Kiribati beyond the end of the Program.

In addition, the TORs outlined a number of supporting questions related to the main tasks: to explore how DPOs were consulted and included at each stage of the Program; how the diversity of experience of disability was reflected in the Program; how issues of gender equality and women's empowerment have been included in the Program; how negative unintended consequences were mitigated.

A detailed work plan was developed and approved by DFAT Post. The evaluation methodology specifically recognised the need to reflect CRPD principles, particularly the rights of people with disability to express their own views, either directly or through representative organisations, about issues which affect their lives. In accordance with these principles, the reviewer was accompanied during the in-country mission interviews by a representative of TTM (except for two interviews where no representative was available due to other commitments.) Two meetings were also held with TTM members. The first meeting was held on the first day to brief members on the purpose of the review and to begin to explore their views on what had changed for people with disabilities over the period of KDIDP, the factors that had contributed to those changes and the way forward. The second was held later in the week to continue the earlier discussion and to jointly consider some of the preliminary findings.

A mix of methods was used for data collection:

- document review;
- an in-country mission (seven days) for face-to-face semi-structured interviews with I-Kiribati stakeholders including Government Ministries and service providers, other DFAT-supported programs relevant to this review, the national DPO, local NGOs. and UN agencies;
- Semi-structured phone interviews with stakeholders outside Kiribati.¹¹

The questions outlined in the review work plan (Annex 4) were structured to systematically collect and interrogate the evidence across the areas of enquiry and across the different stakeholders. A process of data analysis, synthesis and interpretation of the evidence from all stakeholders was used to build the evidence that supports the conclusions described in this report.

¹¹ A full list of people consulted is at Annex 1

4. Findings

4.1 [Program level key findings](#)

Program has been very largely effective. Most intermediate outcomes have been achieved; of those that have not been achieved, the TTM Centre will be completed by the end of 2017 and there has been progress towards achieving the others.

There has been good progress towards the program's over-arching goal (***Kiribati is implementing its disability-inclusive policy including through improved access to and quality of disability-specific services***), particularly in health and education services.

KDIDP has worked closely with the Government of Kiribati and other stakeholders to achieve this progress. Its outcomes and funding have been closely aligned with Government of Kiribati policies including the draft National Disability Policy, the Kiribati Development Policy, the Health and Mental Health Policies, the Education Sector Strategic Plan (and in particular the Inclusive Education Policy) and other funding partner programs including KEIP and the WHO supported CBR program.

Of particular importance has been the close cooperation with TTM, which has been involved throughout the Program since its design phase. TTM capacity has been increasing (with particular support from PDF) and it is now participating in policy development with MWYSA and other Ministries.

The Program has taken advantage of critical junctures by providing relatively small amounts of funding to achieve larger outcomes, such as the funding towards the road safety and accessibility features and to include the Washington Group Short Set of disability questions in the Kiribati National Census.

The Program has proved flexible and adaptable to changing needs and to take advantage of opening opportunities as demonstrated by adapting the focus of the CBM Australia workshop and consultations (with the assistance of the CBM Australia facilitators) to build a shared understanding of inclusive education across stakeholders that built trust, connections and leadership that have helped push forward the implementation of inclusive education in Kiribati.

Further details on each outcome area are described below.

4.2 Outcome 1: Government policy

Key Findings

There has been slow progress on finalising the national disability policy and CRPD reporting which has meant that there has also been limited progress on legislative changes.

Nevertheless, there has been significant progress made in increasing awareness in Ministries and externally about disability. DFAT funding for the Senior Disability Inclusive Officer post has been an important contribution towards this progress, as it has provided a focal point for disability policy development and implementation within Government. There has been good cooperation and mutual support between the SDIDO and TTM in taking forward the priorities of the draft national policy.

It is likely that the Government of Kiribati will take over funding of the SDIDO post from January 2018, confirming its ongoing commitment to supporting the rights and access to services of people with disabilities in Kiribati.

The Kiribati Census 2015 included the Washington Group Short Set questions on disability which will provide useful data for both Government and others. However, the data was collected in a way that means that it is not consistent with other regional census data which limits its usefulness outside the Kiribati context. Nevertheless, the experience has developed and strengthened the capacity and understanding of disability of the National Statistics Office.

The long-term aim for Outcome 1 is:

Government of Kiribati policy and programs are coordinated, led and monitored by MWYSA and increasingly compliant with CRPD in relation to disability services (consistent with KNDPAP Policy Priorities 1, 2 and 4)

There are five Intermediate outcomes expected within 3-4 years:

- 1. MWYSA has sufficient staff to provide coordination of the implementation of its new policy, KNDPAP;***
- 2. Government of Kiribati has identified legislative changes required as a result of signing CRPD;***
- 3. The Kiribati National Council for People with Disabilities meets regularly to oversee, provide strategic advice and monitor policy and program implementation across multiple stakeholders;***
- 4. MWYSA identifies required accountability processes for CRPD, planning and implementing first stages of data collection for reporting;***
- 5. Questions to identify prevalence of disability are included in Kiribati Census 2015.***

4.2.1 Evidence and discussion

Activity: Strengthening of the Disability Division within the Ministry of Women, Youth and Social Affairs (MWYSA) - \$50,000

The Government of Kiribati ratified the Convention on the Rights of People with Disabilities (CRPD) in September 2013. The Ministry of Women Youth and Social Affairs (MWYSA) is responsible for leading, coordinating, monitoring and reporting on CRPD actions and obligations.

At the time of the KDIDP design process in 2014, it was expected that the Kiribati National Disability Policy and Action Plan (KNDPAP), which had been in various draft forms for consultation since 2007 would soon be finalised and approved by the Government of Kiribati. It was also expected that the Kiribati National Council on People with Disabilities (KNCPWD) – which had been formed in 2007, but not met since 2011—would be revived with revised membership and terms of reference to oversee, provide strategic advice and monitor the policy and program implementation across multiple stakeholders.

In order to support the finalisation of the KNDPAP and its implementation, the KDIDP design document recommended supporting the salary and provision of equipment for a (Senior) Disability Inclusive Development Officer (SDIDO) in MWYSA in years 1 and 2 (with the expectation that Government of Kiribati would continue support in year 3 onwards), together with funding for short term advice on legislative review for CRPD compliance and short term support for M&E advice.

In the event, KNDPAP remains in draft form. It is now expected to receive formal Government approval later in 2017. A number of reasons were given for this delay including:

- A delay in appointing the SDIDO; the post was not filled until January 2015.
- A turnover of staff in the SDIDO role, which meant that there were times when the post was vacant and the new incumbent needed time to familiarise themselves with the issues and role, which slowed momentum. The current SDIDO has been in post for around 12 months at the time of this report; the funding for the post has been extended to September 2017 (at no additional cost) due to the time when the post has been vacant.
- The time needed for consultation with all stakeholders, and in particular the difficulties in consulting outer islands.

These reasons go some way to explaining the delay; nevertheless, it is disappointing that finalising and getting formal approval for the current draft (dated December 2015)—which all respondents agreed was in a near-final state—has not been a higher priority for the SDIDO or more senior management in MWYSA. The delay in finalizing the policy has had ‘knock-on’ effects:

- KNCPWD has not met since 2011. It is identified in KNDPAP and the Kiribati Development Plan 2016 – 2019 (KDP) as a key body to provide guidance and advice to oversee and coordinate the implementation of the national policy. However, in the absence of KNCPWD, an Informal Disability Group has been formed to establish and improve networks and relationships between different disability actors. It has met twice with membership consisting of organisations that would be the foundation of the revived KNCPWD (MWYSA, TTM, SCCSN, Te Meeria Ward, Tungaru Rehabilitation Centre, the Ministry of Education/Kiribati Education Improvement Program, Regional Rights Resource Team (RRRT), Ministry of Public Works and Utilities, National Statistics Office, Sports Officers) and has been co-chaired by the SDIDO and TTM. It meets as the need arises to provide updates and coordinate action (for instance on CRPD reporting) and for exchange of advice and technical assistance.

Given its central role, KNCPWD will need to be supported to ensure that members have the capacity and understanding to fulfill their role and are able to guide and support the future development of disability inclusion in Kiribati as it is increasingly developed and funded through Government of Kiribati. The Informal Disability Working Group that currently partly

plays fulfills the role of the KNCPWD should similarly be supported pending KNCPWD's revival

It is therefore recommended that DFAT work with MWYSA to support KNCPWD as the body with responsibility for national disability policy coordination, oversight and implementation (and the Informal Disability Working Group in its absence.)

- Government of Kiribati has not received support from UN ESCAP, whose support is available through the RRRT focal point, to carry out a legislative review and provide initial advice on changes required to meet CRPD obligations. This cannot go ahead until there is an endorsed national disability policy. Therefore, although there have been some legislative changes relevant to disability (including for instance the 2013 Employment Bill that included obligations relating to the eight core ILO conventions, and amendments to the Building Code) there has been little progress in this area.

Additionally, Kiribati was due to present its first round of CRPD reporting in 2015. With technical assistance from RRRT, a CRPD report-writing workshop was conducted late 2015 and coordinated by MWYSA through the SDIDO. Key disability stakeholders from Ministries and NGOs were invited to the workshop, including the MWYSA's Human Rights Officer. The Secretariat for the Pacific Community (SPC) also provided support for this reporting process. Nevertheless, as with the CEDAW and CRC reports, the report has not been finalised and submitted. A number of reasons for this delay were raised: the turnover of staff and vacancies in the SDIDO post; the lack of a final national policy; the difficulty of collecting information from Ministries, particularly those Ministries who have no 'front line' responsibilities for people with disabilities and who therefore had the perception that they little responsibility in this area; and the loss of data when a lap top computer was stolen.

A National Human Rights Taskforce has now been set up with representatives from government, TTM, RRRT and others with the aim of coordinating action on these reports and submit by the end of 2017.

Both the lack of a national policy and the late reporting are disappointing and **it is therefore recommended that DFAT support MWYSA and the SDIDO so they can finalise the National Disability Policy and seek official approval for the Policy as soon as possible. Similarly, support for Kiribati to complete CRPD reporting should also be considered.**

The appointment of the SDIDO has, however, been an important step and the three incumbents have together made good progress in raising disability issues within the Government. The post is the first within Government to focus on disability and it has raised the profile and importance of disability issues. The SDIDO has been working closely with TTM (Section 4.3 below) and both parties report a strong and mutually respectful and supportive relationship. For instance, the SDIDO and TTM have jointly held workshops about CRPD and disability inclusion with Ministries across government, not only those directly providing services to people with disabilities. He attends the quarterly KEIP meetings and regularly liaises with the Ministry of Public Works and Utilities (MPWU) around accessibility. The availability of the SDIDO as the government disability focal point has also increased Government of Kiribati's capacity to accommodate domestic, regional and international partners interested in investing in disability-inclusive development in Kiribati.

DFAT funding for the SDIDO post finishes in September 2017. A proposal for the post to be funded by the Government of Kiribati will be considered later in 2017 as part of the Government's budget processes and it is expected that this will result in the Government of Kiribati taking over funding of that post from January 2018. There may therefore be a short three-month funding gap. Continued

support for this post is critical in order to continue momentum within government and not lose the present incumbent.

It is therefore recommended that DFAT provide short-term funding to cover any gap in funding until the Government of Kiribati take over funding for this post.

Many respondents noted that the SDIDO has a wide-ranging role with many responsibilities. Additional support may be needed to continue current momentum and further timely progress in disability inclusion, and the proposal for an AVID volunteer to provide support for the SDIDO, which is currently being advertised, is therefore welcomed. Other support might include further training on CRPD so that he can facilitate improved understanding of CRPD and its obligations and mainstreaming disability within Ministries; support for other capacity building and to broaden the post holder's experience and understanding of how disability-inclusion is being implemented elsewhere in the Pacific, for instance to engage in regional and international disability forums. In the medium term, consideration should also be given to providing support for a post (replacing the volunteer post described above) to assist the SDIDO, including ongoing recurrent funding (for instance to allow travel to outer islands), with the expectation that the Government of Kiribati would take over funding within 2-3 years.

It is therefore suggested that consideration should also be given to further support for this post.

There was strong agreement by respondents to the review that across Government there has been an increased awareness and acceptance of the rights of people with disabilities to access all government services and an increased awareness of the services each provide. Examples of positive action, including in Ministries with limited contact with people with disabilities, include:

- Government of Kiribati is considering paying a disability benefit allowance, although there are ongoing discussions about eligibility and how it would be assessed;
- People with disabilities are being included in sporting opportunities by Government of Kiribati. The MWYSA Sports Officer supports the Kiribati National Paralympic Committee, and the Special Olympics Kiribati NGO. Both are making efforts to integrate players with disabilities with able-bodied teams as skill levels improve;
- the Ministry of Commerce has worked with TTM and is planning a small loan scheme to enable people with disabilities to start their own small business;
- Government of Kiribati has ratified all eight fundamental ILO conventions which prohibited discrimination on the grounds of disability which is reflected in the recent Employment and Industrial Relations Act;
- the National Communication Strategy supports accessibility of information for all; however, it appears that the strategy has not been implemented, reportedly because momentum slowed when its champion left their post in the Office of the President;
- the Kiribati Facility at KIT, which includes the DFAT-funded Skills for Employment program, has a Disability Support Plan.

These are first steps in mainstreaming disability which need to be encouraged and built upon and are discussed further in Section 5 below.

Activity: Contribution to the Kiribati National Census (\$41,748)

KDIDP provided critical support to the National Statistics Office (NSO) for the inclusion of questions on disability (the Washington Group Short Set of Questions on Disability) in the 2015 National

Census, which were in danger of being removed from the census due to funding constraints. As a result, there is now disaggregated (by sex and age group) data available about the numbers of people who have difficulties seeing, hearing, walking, remembering, dressing and communicating. This data may be useful for future policy development and service delivery. The data is currently being analysed with support from SPC and UNICEF. Preliminary results confirm that around 13% of I-Kiribati have a disability, with around 12% reporting as 'moderate' or 'severe'¹².

There are, however, some issues related to the Census questions. First, the standard responses to the Washington Questions were not used in the Kiribati census. A pilot study found that the standard responses were confusing and not well understood when translated into i-Kiribati language¹³. The NSO therefore decided to retain four graded responses but change the wording to be better understood by i-Kiribati respondents¹⁴. Second, there are issues with the geographical location data because some internationally agreed mapping boundaries were adjusted to be relevant in the Kiribati context, for instance to ensure that an island was only included in one sector. Both mean that, although the data is likely to be useful for policy and service development in Kiribati, it will not be fully consistent with other data collected in the Pacific and worldwide, and therefore potentially less useful regionally. It is suggested that the NSO discuss these issues with SPC and others to try to resolve the issues before the next census.

4.2.2 Conclusions

1. MWYSA and SDIDO post (intermediate outcomes 1,2,3 and 4)

On balance, funding for the SDIDO post has been effective, although the intermediate outcomes in relation to KNDPAP, KNCPWD and CRPD reporting were not fully achieved. Nevertheless, the SDIDO post has provided a focal point both within Government and externally for issues of disability and raised the profile of disability, demonstrating the commitment of Government of Kiribati and its partners to disability inclusion. There has been some good progress in building cooperation between the various actors including Ministries, the DPO, and other partners.

This was an efficient use of funding given the relatively low cost of funding a single post and the progress made.

This outcome is likely to be sustainable since funding for the SDIDO post is expected to be taken over by Government of Kiribati from January 2018.

2. Kiribati National Census (intermediate outcome 5)

On balance, this was effective and the intermediate outcome was achieved, although issues mean that the data is not fully consistent with other Pacific data; KDIDP funding ensured that questions about disability were included in the census.

The funding was efficient given the low cost and the importance of the outcome.

¹² This compares to a prevalence rate of 4.3% found in a survey carried out between 2002 and 2004 (KNDPAP p. 16). As KNDPAP notes, this figure is significantly lower than the global prevalence rate of 15%, and suggests that the number of people with disabilities was significantly under-reported in the 2002-2004 survey.

¹³ There was an additional issue concerning the question relating mobility which asks if the respondent has difficulty walking or climbing steps in the Kiribati context where the land is very flat and very few buildings (and none in outer islands) have two or more stories.

¹⁴ The standard Washington Group Short Set of Question responses are: a) No-no difficulty; b) Yes – some difficulty; c) Yes – a lot of difficulty; d) Cannot do at all. The response used in the Kiribati census were: No, Moderate, Severe, and Cannot.

4.3 Outcome 2: DPO and community awareness

Key Findings

TTM is playing an increasing role in national disability issues in Kiribati both development and implementation and in promoting community awareness and support for the rights of people with disability, including in the development and implementation of the inclusive education policy.

People with disabilities are increasingly able to access services.

Community awareness and support for the rights of people with disabilities to access services and play a full role in the community is growing.

The long-term aim for Outcome 2 is:

Strengthened DPO and deeper community awareness of, and support for the rights of women, men, boys and girls with disability to access services (consistent with KNDPAP Policy Priorities 3 and 6)

There are three Intermediate outcomes expected within 3-4 years:

- 6. TTM plays an active role in national disability policy coordination and monitoring processes;***
- 7. Selected TTM members are trained and supported to play a role in wheelchair maintenance and in raising awareness of teachers about inclusion in the classroom;***
- 8. A training centre is completed on TTM land and TTM is in a position to provide awareness raising and training for its members and the broader community on disability issues, including the rights to access services.***

4.3.1. Evidence and discussion

Activity: Construction of the TTM Centre (\$331,249)

Te Toa Matoa (TTM), the national DPO, is playing a central role in national disability issues and their coordination. It has over 50 members and a number of affiliate organisations including *Wheels of Love* that works to bring people together who use wheelchairs and *Wakirakeia Mataki*, working to support people who are blind or vision impaired. The local Deaf Association is also in the process of affiliation. TTM's Board includes representatives from these disability-specific groups and also from the women's and youth groups. It has received capacity building support through PDF over several years in areas such as organisational management, advocacy and CRPD and a rights-based approach, together with financial support (including for the office manager and premises). It has also received support from other funders such as Disability Rights Fund/Disability Rights Advocacy Fund. TTM has particular skills in using traditional Kiribati dance and drama as a communication tool to raise awareness about disability at community level, including in outer islands.

TTM has had a history of advocacy—for instance it was part of the campaign for Kiribati to ratify CRPD—and is an active participant in regional conferences and networks. It continues to be a champion of disability rights and a driving force for change in Kiribati with increasing engagement with Ministries and active participation in promoting disability inclusion. For instance:

- It works closely with the SDIDO in MWYSA in a number of areas including: development and consultations for the KNDPAP including visits to outer islands and CRPD reporting;
- It is co-Chair of the Informal Disability Working Group with SDIDO;

- It worked with the Ministry of Education (MoE) in the development of its Inclusive Education Policy and is involved in the roll out of that policy in cooperation with the Kiribati Education Improvement Program (KEIP);
- It has worked with the Kiribati Teachers College (KTC) in developing a module on inclusive education for pre-service teachers
- It has worked with the Disability Advisors at the Kiribati Institute of Technology (KIT) on their policy and in accessing courses for people with disabilities, such as ICT for people with a vision-impairment;
- It is a member of the Kiribati Paralympic Committee;
- It has been included in consultations on the 2015 Kiribati Census, which included questions on disability for the first time, and its analysis;
- It has worked with the Kiribati Local Government Association (KiLGA) in promoting advocacy and awareness around disability issues across Kiribati, including in many outer islands.

(There is further information and discussion about its involvement in health and education services below.) This evidence confirms that TTM is playing a central role in national disability issues and their coordination

All stakeholders, including TTM, agreed that there had been significant changes for people with disability in Kiribati in the last 5-10 years and TTM members agreed that there had been improvements in accessibility of services for people with disabilities, particularly in the areas of health and the provision of assistive devices and upgrades to the Te Meeria Ward, inclusive education and the road and pavement upgrade.

They also identified changes in attitudes and awareness both within Government and in the wider community over the last five years which had had an impact on their lives and which will support sustainability of these changes. For instance:

- women with disabilities are now recognised and included in the community;
- TTM members residing at the maneaba are now included in the local village committee and a TTM member is vice-president;
- there is increased awareness around infrastructure accessibility, both within Government and in other sectors. For example, MPWU is now routinely considering accessibility in Government buildings (including for instance the Family Health Clinic, TRC and the Te Meeria Ward), the market at Birkenibeu now has a ramp access and two local businesses have consulted TTM about accessibility;
- improved road safety, including the attitudes of drivers in respecting crossing points;
- a beginning of improved employment opportunities as posts advertised through the Ministry of Labour no longer specified that applicants be “fit”;
- their inclusion in sports opportunities.

Factors that had contributed to these changes that were identified were: the appointment of the SDIDO who has facilitated and coordinated their involvement with developing and implementing disability-inclusion policies; CRPD awareness activities; outreach programs members had undertaken with the SDIDO and in health and education areas, including TTM’s ‘roadshows’ on CRPD; and the building of their own capacity through training and workshops, both locally and overseas.

Despite this encouraging picture, there were some areas that TTM members identified as needing further improvement: accessibility issues, including communication (such as signage); making road crossings safer for vision-impaired people; Disaster Risk Reduction (DRR) activities to ensure that the needs of people with disabilities are included in policies and facilities; community attitudes as there was continuing stigmatisation; increasing employment and livelihood opportunities; and faster changes to legislation.

TTM has recently developed a strategic plan for the period 2016-2020 which focuses on: capacity development for TTM staff and members in communication skills, leadership skills and CRPD; partnerships including with Governments, CSOs, private sector, churches and donor partners; mainstreaming disability on emerging issues such as research, disaster preparation towards climate change; sexual and reproductive health and NCDs; and good governance and operations. Particular areas that were identified in discussions during this review as priorities for future funding included: regular health clinics to be held at the TTM maneaba in conjunction with MHMS; providing easier access for members; employment including work experience as a stepping stone, with expenses covered; ongoing outreach activities to outer islands; training for an accessibility survey of South Tarawa buildings and public spaces; space for sports training on land adjoining the maneaba; and development of 'reasonable accommodation' processes in areas such as school examinations, office accessibility for employment and so on.

Supporting this crucial role of TTM in Kiribati, KDIDP has committed funds to build a Centre for TTM on their land to provide a venue for training, awareness raising, member support and community meetings and other possible income generating activities. Progress here has been slower than anticipated for a number of reasons: there were land boundary issues—these have now been resolved; a seawall is required prior to construction as the site is often inundated by seawater during high tide—funding has now been secured for this from DFAT and the Church of Latter Day Saints, but construction is yet to commence; and there have been delays due to other building projects taking priority at MPWU. Alexander and Lloyd (A&L), an architectural and project management company that have experience working on other DFAT-funded projects in Kiribati, have now become involved in the project; they have worked with TTM to develop a plan that met TTM's needs, and are now working with MPWU to finalise the construction and tender documents. It is hoped that construction will commence soon. The involvement of A&L has helped to ensure a quality construction plan for a building that includes accessibility features. A&L have also have also extended their support to develop a site plan for TTM which will help TTM to guide future infrastructure investment that will maximise use of their limited land space.

A person with disability has been trained to undertake wheelchair maintenance and is employed at the Tugaru Rehabilitation Centre (TRC) at the Tugaru Central Hospital (Naverewere Hospital). There has been good cooperation and communication between TTM and TRC, and both TTM and the TRC Director confirmed that there are plans to include TTM representatives in the regular training on wheelchair maintenance from Motivation Australia in the future to increase their skills and capacity in this area. This might lead to wheelchair maintenance being undertaken at the new TTM Centre when it is complete. However, TRC has the facilities and equipment for wheelchair maintenance on its site; and it is not clear that it would be practical to move them or replicate them at the new TTM Centre when it is complete, nor that there would be funding or space available to do this. This is an issue under consideration by TRC and MHMS.

Activity: DVD promoting existing and improved disability health services (\$16,875)

KDIDP funded the production of DVD to raise awareness in the Kiribati community of health issues that can cause disability and the improved disability health services available, particularly the new

and upgraded Te Meeria Ward and TRC facilities. It aimed to promote an awareness and understanding within the community of: health promotion and prevention strategies that can reduce the risk of illnesses that may lead to disability, particularly NCDs; how to recognise symptoms of health issues such as diabetes, stroke, and mental health issues that can lead to disability; the need to seek early treatment for these symptoms; and what to do, who to contact and where to go for treatment. 200 copies of the DVD were produced in early 2016 in both English and I-Kiribati and they have been given to TTM, TRC, Te Meeria Ward, MHMS, health centres and local community groups for distribution within the community, including during outreach visits to outer islands; a copy was also sent to DFAT Disability Section. On its own, this review found no evidence on the impact of the DVD, but together with other outreach activities by TRC and Te Meeria Ward which are discussed in section 4.6 below, there is evidence of increased community awareness of disability-specific health services, reduced stigmatisation and increasing patient attendance at clinics.

4.3.2 Conclusion

There have been mixed results in the intermediate outcomes.

1. TTM's role in policy development and implementation (intermediate outcome 6),

This outcome has been effective and the intermediate outcome has been achieved. TTM has played an active and central role in policy development and implementation. It has worked closely with the SDIDO in MWYSA to develop and implement the KNDPAP and is also increasingly involved in detailed discussions on policy and its implementation in many areas of government.

There is evidence that results for this outcome are likely to be sustainable. TTM is now established as a key player in national disability policy and its implementation in several important areas and their advice is increasingly sought by Ministries and others. This is reinforced by changing community attitudes and norms around disability.

2. TTM Centre and wheelchair maintenance training (outcomes 7 and 8)

This has been partially effective since the intermediate outcomes have not been fully met; Progress on building the TTM Centre has been slower than expected, due to issues outside the control of KDIDP. However, progress is being made and it seems likely that the outcome relating to the TTM Centre will be achieved during 2017. Progress has also been made on the outcome relating to wheelchair maintenance training, with a person with disability being trained and employed to undertake this work at the Tungaru Rehabilitation Centre, and plans for further training for TTM representatives.

The involvement of A&L, who have considerable experience in Kiribati, in the planning of the TTM Centre **was effective and increases confidence in the efficiency** of this intermediate outcome.

Once complete, the new Centre will contribute to TTM's sustainability by providing an ongoing venue for training and income-generation activities which will contribute to its financial stability and longer term self-sufficiency.

3. Training for inclusive education awareness-raising with teachers (outcome 7):

Despite not proceeding as originally envisaged, this has been effective; the intermediate outcome was not achieved but the revised activities have increased TTM's capacity and involvement in inclusive education: a sensible decision was made not to continue with the original planned activities—this is discussed in Section 4.5 below

4.4 Outcome 3: Accessibility and safety of public infrastructure

Key Findings

The rehabilitated road includes several measures to address accessibility and safety for people with disabilities consistent with DFAT's Accessibility Design Guide: Universal Design Principles for Australia's Aid Program.

People with disabilities reported improved accessibility of the pathways alongside the road, particularly for those using mobility devices such as wheelchairs, and they also reported feeling safer when using the road.

All DFAT-funded constructions have accessibility features in line with DFAT's 'Accessibility Design Guide: Universal design principles for Australia's aid program.'

The appointment of an external contractor to oversee and advise on building construction and quality (in conjunction with the DFAT Gender Program) was sensible, effective and efficient, ensuring both improved building construction and also strengthening capacity and attitudes within the Ministry of Public Works and Utilities to include accessibility features in future building constructions in Kiribati.

The long-term aim for Outcome 3 is:

Increased access to public infrastructure (consistent with KNDPAP Policy Priority 5)

There are three Intermediate outcomes expected within 3 – 4 years:

- 9. The Government of Kiribati, World Bank, ADB and Government of Australia-funded road building project includes measures to address improved accessibility and safety for people with disabilities;***
- 10. These include traffic segregated bus-stops/stopping bays, lineated pedestrian crossings, speedhumps either side of the pedestrian crossings and other design features;***
- 11. Works are consistent with Accessibility Design Guide: Universal design principles for Australia's aid program.***

4.4.1. Evidence and discussion

Activity:

Contribution to the Kiribati Road Rehabilitation Program \$400,000

KDIDP funding for this outcome was a contribution of \$400,000 towards the total cost of \$4 million for accessibility and safety features for people with disabilities, including the construction of accessible pathways and extra road safety provisions, as part of the Kiribati Road Rehabilitation Program.

As DFAT's Accessibility Design Guide ¹⁵ notes, transport infrastructure and means of transport that exclude people with disability limit educational opportunities, participation in the labour market and access to health and other social services. Including universal design principles in all means of transport, paths, roads and terminals can make life easier and more inclusive and should be applied

¹⁵ *Accessibility Design Guide: Universal design principles for Australia's aid program*, 2013 DFAT,

to new construction as it can be achieved at lower cost when compared with retrofitting existing infrastructure.

During the KDIDP design process it was noted that the Development Partnership between the Governments of Australia and Kiribati included economic and governance programs targeting improved public sector support and infrastructure including road works. At that time plans to improve the main road that runs along the spine of South Tarawa were being drawn up and steps had been taken by the road project funding agencies (World Bank, ADB, Governments of Kiribati and Australia) and contractors to incorporate a combination of safety and accessibility elements consistent with DFAT's *Accessibility Design Guide: Universal design principles for Australia's aid program* into the planning. These design features would improve access and safety not only for people with disabilities but also the general population. However, during the planning phase cost increases put these works in jeopardy and KDIDP therefore included funds in Year 1 to contribute to the implementation of these universal access elements to ensure that they were included in the final design. This is in line with the Australian Aid Program Strategy¹⁶ which includes investing in infrastructure that helps remove physical barriers and enable people with disability to access services.

The road rehabilitation is now complete and there are a number of safety and accessibility features including: traffic segregated bus-stops/stopping bays, lined pedestrian crossings, speed humps either side of the pedestrian crossing, accessible pathways, lighting of the pathway, a kerb separating the pathway and the road and road signage including speed limits through villages. The design has taken account of areas where people with disabilities are more likely to be using the facilities; for instance, outside TTM's maneaba and the Tungaru Central Hospital (Naverewere Hospital) grounds where the Tungaru Rehabilitation Centre is situated. Bus stopping bays are extra deep to allow buses and other vehicles to pull off the road and not impede traffic. In addition, these locations have covered bus-stops with seats.

TTM members reported that the new pathways were accessible for wheelchair users and enhanced their mobility. They also reported feeling safer using the road and pathway due to the raised kerb separating the pathway and the road and the designated and clearly marked crossing points. There are also speed humps along the length of the road, particularly where it passes through villages, and signage clearly indicates speed limits. There was anecdotal evidence that road accidents have been reduced since these road safety measures have been in place, but no direct evidence was found.

There are additional benefits from the increased accessibility and safety of the road. The Director of the TRC reported that people with disabilities found it easier now to get to the clinic. This was improving both the outcomes for people attending the clinic who are more likely to be able to attend their appointments regularly, and increasing the efficiency of the clinic with fewer patients needing transport or home visits. It is likely that the accessibility and safety improvements will be having an effect for people with disability in other areas in the longer term including in being able to get to schools and places of employment.

Despite the positive results of the road rehabilitation project for people with disabilities, problems still remain around transport accessibility. Most public transport is not accessible for people with disabilities and TTM members reported that drivers were reluctant to stop for them. The Ministry of Information, Communication, Transport and Tourism does not have a policy on disability and there has only been very limited progress around disability access in any of their areas of responsibility, for

¹⁶ Australian Aid: promoting prosperity, reducing poverty, enhancing stability, DFAT 2014 p.24

instance specific disabled parking places at the airport. However, the Ministry did confirm that senior officials had met with the SDIDO and it was planning to develop disability policies for its areas of responsibility in the next year. It intended to include consideration of people with disability in its future projects including in the new ICT policy that is being developed, the reconstruction of the airport with the World Bank funding, and tourism development which was a Government of Kiribati priority. Nevertheless, there is clearly scope for extended work to be done by the Ministry to achieve CRPD obligations.

Activity:

Construction and building quality oversight \$55,583

The Kiribati National Building Code was updated recently and now includes requirements related to accessibility for people with disabilities. However, capacity and experience in implementing these features is limited within the Kiribati Ministry of Public Works and Utilities (MPWU); for instance, there is currently no qualified structural engineer in Kiribati and other MPWU staff are overstretched with the number of ongoing construction projects. KDIDP therefore engaged Alexander and Lloyd (A&L)—an international architecture company with considerable experience of building projects in the Pacific region and who were already working in Kiribati providing advice to KEIP—to oversee the design and construction of the buildings funded by the DFAT Disability and Gender programs to ensure they were fit for purpose, in line with the national building code and the Australian accessibility design guidelines. This included for KDIDP: TRC, the Te Meeria Ward mental health facility, and the TTM facility. A&L have also produced the technical drawings for the rebuilding of the TTM maneaba currently under construction.

This decision meant the KDIDP (and Gender)-funded buildings are of good quality, were completed largely on time and all have accessibility features such as access ramps, wide doors, accessible toilets and handles. The cost of this activity was good value for money vis-à-vis the results as A&L were already working in Kiribati and were able to undertake work for KDIDP by extending visits for a short time and working remotely, thus keeping costs low. This funding has also promoted use of the Accessibility Design Guide within MPWU—which was provided with copies—and supported its capacity in using the Guide. It appears that consideration of these features is now becoming part of the Ministry’s standard practices; for instance, A&L reported providing technical drawings for a non-KDIDP-funded program for MPWU consideration and receiving a query checking that disability access was included (it was). This augurs well for the sustainability of the changes, although there remains a concern about the availability of staff with the relevant technical qualifications (e.g. architects and engineers) within the Ministry to implement Guidelines.

The accessibility of infrastructure is also an issue being taken on by TTM. They have requested A&L support for training to develop systems and carry out a pilot for an accessibility audit of all Kiribati buildings and public areas including ongoing support for analysis of the results. However, it is not clear that TTM will have the financial and other resources to implement the audit.

4.4.2. Conclusion

1. Inclusion of road safety features (outcomes 8, 9 and 10):

This outcome has been effective. All three intermediate outcomes have been achieved. The road includes measures to address improved accessibility and safety for people with disabilities, and the works are consistent with Accessibility Design Guide: Universal Design Principles for Australia’s aid program. The use of A&L’s professional services was sensible and ensured that the KDIDP-funded buildings are of good quality in the Kiribati context, completed largely on time and all have

accessibility features. It has also contributed to the capacity building of MPWU staff and the ‘normalisation’ of disability inclusion and accessibility features in new buildings

This outcome was efficient: KDIDP’s contribution of \$400,000 to the total \$4 million cost of the road’s accessibility features ensured that the final project included these features. The cost of A&L’s services was good value given their contribution to both effectiveness and sustainability described above and below.

This outcome is likely to be sustainable: There is evidence that disability accessibility is becoming the norm in considering new building design within MPWU with amendments to the Kiribati Building Code and increasing capacity of MPWU staff.

4.5 Outcome 4: Inclusive education services

Key Findings

Overall, despite a slow start, there has recently been very good progress towards implementing inclusive education in Kiribati, supported by Government of Kiribati commitment to the principle, and strong support from MoE for KEIP Phase 3.

There has been good coordination with other stakeholders in the education sector, including TTM, KTC, KIT and SCCSN who have all supported and contributed to this progress in mainstreaming inclusive education.

SCCSN is making progress towards achieving its objectives. It has provisional registration with the Government of Kiribati and there is an agreed strategy towards achieving full registration. It is actively participating in the efforts to mainstream inclusive education in all Kiribati schools.

The long-term aim for Outcome 4 is:

Increased provision and quality of disability-inclusive education services (consistent with KNDPAP Policy Priority 7)

There are four Intermediate outcomes expected within 3-4 years:

- 12. Trained team of TTM and MOE officials piloting classroom disability inclusive practice workshops with schools;***
- 13. Review of effectiveness of pilot at the end of KEIP Phase Two with learning fed into KEIP Phase Three;***
- 14. SCCSN is achieving its objectives, is registered with Government of Kiribati and is eligible to receive other donor contributions;***
- 15. Action plans for implementing the inclusive education strategy are included and funded in Phase 3 of KEIP Promoting education with a special focus on disadvantaged children and those with a disability is also in the DFAT Program document.***

4.5.1 Evidence and discussion

Activity: Support to KEIP implementation of the inclusive education component (\$491,400)

Activity: CBM inclusive education best teaching practices (\$32,262)

KDIDP has made a significant contribution to the development and implementation of inclusive education—including disability—in Kiribati.

Disability rights were mainstreamed in the Kiribati Education Act 2014 which included the principles of free and compulsory education and inclusive education. Government of Kiribati support for this priority was demonstrated again in its endorsement of the first Kiribati Inclusive Education Policy (which included consultations and advice from TTM) and the inclusion of inclusive education as one of the seven goals of the Education Sector Strategic Plan 2016 -19 (ESSP). An Inclusive Education Strategy Implementation Plan was developed in 2016.

KDIDP supported this process through funding to the Kiribati Education Improvement Program (KEIP) inclusive education component. In phase 2 KDIDP gave support to the program of school rehabilitation to make classrooms accessible with works in line with Australia's Accessibility Design Guide. This activity provided practical support to enable children with a disability to attend school.

KDIDP also provided support for the Ministry of Education (MoE) National Inclusive Practice Showcase Conferences in 2014 and 2015 which demonstrated MoE's leadership and commitment to inclusive education and its integration within the Ministry's reform agenda. The showcase offered the opportunity for different divisions and workgroups within MoE as well as other key stakeholders such as MWYSA, MHMS, women's groups and TTM to meet and network to share inclusive education practices and progress. Stakeholders reported that this was a useful activity to encourage, support and 'normalise' inclusive education as the MoE was developing its policies. Nevertheless, the independent evaluation at the end of KEIP phase 2 commented that progress on inclusive education had been slow and the issues had become confused¹⁷.

In May 2015, DFAT Kiribati contracted CBM Australia to conduct a disability inclusive education best teaching practices 'training of trainers' workshop (including TTM, KEIP, MoE KTC, SCCSN) and to develop a resource toolkit on inclusive education for the trainers to roll out. In the event, the CBM Australia facilitators agreed that participants from all stakeholder groups lacked a solid understanding and shared vision of disability inclusive education and in some instances also required a greater understanding of disability and a human rights-based approach; the group was therefore not yet ready to train others. A sensible decision was therefore made to discontinue immediate work on the "training of trainers" and toolkit and instead concentrate on supporting a joint understanding of inclusive education and a shared vision for inclusive education in Kiribati. As a result of this experience, CBM Australia contributed recommendations which were incorporated into the design of KEIP Phase 3. The final design of KEIP Phase 3 includes a substantial inclusive education component; inclusive education is one of the seven Program goals and end of program outcome 1 is "improved learning outcomes for basic education for Kiribati girls and boys, including children with a disability."

KEIP Phase 3 commenced implementation in April 2016 and good progress is being made in mainstreaming inclusive education. The design is aligned with the MoE inclusive education policy, the ESSP and the KDP, and it is receiving strong support from MoE which is working closely with the KEIP team and other stakeholders to support inclusive education implementation. The MoE's Inclusive Education Working Group meets quarterly including TTM, KTC, KIT and the inclusive education policy has been rolled out with only 5-6 islands not yet included (and with TTM included in visits to islands to introduce the policy). KTC now has a lecturer in inclusive education and it is developing a module as part of its teacher training program with input from TTM. Pre-service teachers can now undertake a practicum at SCCSN. (There is further discussion about SCCSN below). KIT has developed a Disability Inclusion Plan and has two Disability Advisors who are supporting the development of courses and access for people with disabilities. For instance, it has run a basic trades

¹⁷ Kiribati Education Improvement Program Evaluation Report, 16 September 2014, p.28

course (plumbing, carpentry, electrical) for 6 deaf students from SCCSN and 6 deaf adults; is running classes on IT at SCCSN and supporting SCCSN teachers to continue these classes, has run specially designed courses on mental health for Te Meeria Ward staff, patients and their families, and at the request of TTM members will be running an IT course for vision impaired adults. All staff at KIT have undertaken disability awareness training, run in conjunction with TTM, and there is a student support officer who can provide support to students with a disability. It includes data on disability in the information it collects about students.

These are significant achievements detailed above. KDIDP's contribution to KEIP has further strengthened KEIP/MoE's effort to promote the mainstreaming of inclusive education. This includes professional development for teachers for mainstreaming into the school curriculum, increased community awareness, supported by TTM, of the importance of education for all, including children with a disability, and awareness of the role of SCCSN for children with a disability.

Activity: School and Centre for Children with Special Needs (\$1,436,390)

The School and Centre for Children with Special Needs (SCCSN) has received support from Australia since 2008, with core funding through KDIDP since 2013/14. Funding covers operational costs for the running of the School including staff salaries, utilities, teaching resources, return transport for children and facility maintenance and development. Australian funding for the school has been decreasing since 2013/14 and is negotiated each year for specified purposes. SCCSN currently has 197 students aged from 6 to 39 years old with a range of physical and intellectual impairments, and 26 teaching staff.

It has also received support from Australia through the Australian Volunteers for International Development (AVID) program. Volunteers, who include teachers and trainers for the deaf and vision-impaired, have provided their experience and networks to help train and develop the skills of teachers at the School. Support from other sources includes funding from ANZ Kiribati Bank for an ICT resource room and from the Hear the World Foundation which has provided support for an audiologist to visit the school twice a year for five years. It has also partnered MHMS, with support from MFAT (New Zealand), for two nurses with clinical audiology training to run a clinic at the school for both SCCSN children and students referred from other schools.

As part of its longer term strategic plan to sustainably support its children and teaching programs, SCCSN, with the support of the MoE and other donors, is working towards formal registration with the MoE which will allow it to access Government funding and support from other donors. It is now registered as an NGO through MWYSA, and Cabinet has endorsed its partial registration under the MoE. As part of this transition process the MoE is supporting the salaries of 12 senior staff at the school and an agreement with KTC has allowed 2 teachers each year to enrol to gain formal teaching qualifications; two teachers will qualify at the end of 2017. Despite SCCSN moving towards further integration with Government-supported education sector, as the only institution in Kiribati able to support the education of children with significant special needs, DFAT's ongoing support is crucial. This support has also allowed DFAT to contribute to influence discussions to guide the future of the school and its inclusion in the wider implementation of inclusive education in Kiribati.

SCCSN's long-term experience in teaching children with special needs is also contributing to the good progress made in the implementation of MoE's inclusive education policy described above. Some of the activities in which SCCSN is involved are described above and other activities include: two staff receiving training on teaching hearing-impaired children at the Royal Institute for Deaf and Blind Children in Sydney; it is participating in outreach to islands and is developing plans to build a boarding facility for blind and deaf students from outer islands, although there are no funding

commitments at this stage; two vision-impaired children from SCCSN have recently been supported to re-integrate into a mainstream secondary school; and it has also developed and published a KiriSign (I-Kiribati sign language) dictionary with support of an AVID volunteer that will support parents' and communities' communication with children and others with communication difficulties.

SCCSN is currently cooperating with MoE to recruit a new principal with both mainstream and special needs education experience. It is also planning to request support through AVID for a suitably experienced volunteer to mentor the new Principal, and for a second volunteer to work with the School on upgrading its financial systems and train its staff so that it can attract funding from other donors.

4.5.2 Conclusion

1. Trained team of TTM and MoE officials (intermediate outcome 12):

Although the result was not as anticipated, the funding to CBM for the training workshop was both effective and efficient. At relatively little expense, it identified issues that needed to be resolved before inclusive education could be sustainably implemented and it facilitated discussions that built a firm understanding around what needed to be done and how the various stakeholders could cooperate to achieve this. TTM continues to be strongly involved in inclusive education policy implementation.

The results are likely to be sustainable, since the stakeholders have built a joint understanding, trust and commitment to implementing inclusive education together and there is strong engagement of MoE for this process.

2. Review of KEIP Phase 2 and learning fed into KEIP Phase 3. Inclusion of inclusive education in KEIP Phase (intermediate outcomes 13 and 15)

This has been effective and the intermediate outcomes have been achieved. The learning from the workshop process above, together with the results of the evaluation of KEIP Phase 2 were incorporated into KEIP Phase 3 which now includes a strong focus on inclusive education and it is cooperating with MoE in implementing these activities which are in line with the Government's inclusive education policy. KDIDP's funding for the rehabilitation of schools to be accessible contributed in a practical way to including children with a disability in classrooms and MoE's wider inclusive education implementation. Supporting the MoE's Inclusive Practice Showcase was also an efficient and effective way of promoting and connecting stakeholders to accept and implement inclusive education. Both built a foundation that contributed to the strong focus on IE in KEIP Phase 3 and in MoE.

The results are likely to be sustainable. Inclusive education is now Government policy and MoE is demonstrating leadership and commitment to policy implementation in collaboration with a wide range of stakeholders.

3. SCCSN achieving its objectives and registered with MoE (intermediate outcome 14)

Support to the SCCSN is judged to be both effective and efficient. The intermediate outcome has been largely achieved. As the only institution in Kiribati for the education of children with special needs, DFAT support was, and continues to be, crucial. This support has also allowed DFAT to contribute to influence discussions to guide the future of the school and its inclusion in the wider implementation of inclusive education in Kiribati. The school has achieved provisional registration with Government of Kiribati and has a plan leading to it fulfilling the requirements for full registration.

The results are contributing to sustainability: the School is moving towards full registration with MoE making it eligible for further Government funding, and it is working with MoE and others in implementing the MoE's wider inclusive education policy.

4.6 [Outcome 5: Disability-specific health and rehabilitation services](#)

Key Findings

The new psychiatric facilities are contributing to improved patient safety and clinical outcomes. They are contributing to reducing the stigma surrounding mental illness and the willingness of patients and their families to receive treatment.

The new rehabilitation facilities are of high quality and the staff are trained to use and maintain them. This is contributing to increased services for people with disabilities, including access for those on outer islands.

There has been some progress in establishing a national CBR program, but more remains to be done.

The long-term aim for Outcome 5 is:

Increased provision and quality of disability-specific health services

There are four Intermediate outcomes expected within 3-4 years:

- 16. Improved physical buildings, facilities and safety mechanisms in the psychiatric ward to meet basic human rights standards***
- 17. Establishment of a national CBR program, coordinated by MWYSA, with ongoing systems in place and trained workers in all outer islands***
- 18. Rehabilitation staff trained and supported to effectively provide range of essential services, including integrated mobility services***
- 19. Supply of relevant equipment and mobility devices substantially increased so that those at the top of the waiting list, including people in outer islands, receive services***

4.6.1 Evidence and discussion

Activity: Upgrade of Te Meeria Ward female facility (\$200,000)

Activity: Upgrade of the Te Meeria Ward male facility (\$132,361)

Activity: Renovation and establishment of the Community Wellness Centre and procurement of a vehicle (\$105,000)

In 2013 WHO reported that mental illness in Kiribati was a major concern¹⁸. It was noted that there was likely to be large treatment gap, the workforce was small and with minimal health training and no separate budget allocation for mental health had resulted in inadequate funding. In particular, the KDIDP design document noted that the Psychiatric Ward (Te Meeria Ward) facilities required immediate improvements for the safety and human rights of patients and staff as people with psychiatric conditions, particularly women, were living in unacceptable and unsafe conditions. Funds were therefore allocated in 2014/15 for upgrading the women's quarters at Te Meeria Ward. KDIDP was the first donor to support mental health in Kiribati and its support which raised the profile of mental health has encouraged other donors to support his area¹⁹. The funding was timely with the

¹⁸ WHO proMIND Profiles in Mental Health in Development: Republic of Kiribati; 2013 WHO

¹⁹ Including ANZ Bank and Rotary Clubs.

appointment of a new doctor to oversee Te Meeria Ward with mental health qualifications. The new facilities include upgraded dormitory, a seclusion block, new ablution facilities, kitchen and laundry and recreation area. An upgrade to the male facilities is also planned; the design is in the process of being finalised and the building is expected to start in July 2017 and be completed in early 2018.

In 2016 Te Meeria Ward was allocated a facility within the old hospital centre to use as a 'Community Wellness Centre'—an outpatient mental health clinic. This building was in urgent need of renovations and KDIDP provided funds for this.

KDIDP has also funded a new vehicle to be shared between Te Meeria Ward and the Tungaru Rehabilitation Centre, though there have been delays in its delivery due to issues outside the control of KDIDP. This will increase both efficiency and effectiveness by allowing both to schedule regular home visits and facilitate patient transport as necessary. A formal agreement between Te Meeria Ward and TRC for the shared use of the vehicle is currently being drawn up by MHMS to cover issues such as its availability for each partner, how operating costs including fuel and maintenance will be shared, where the vehicle will be housed and other practical details for its use.

The building upgrades were undertaken by the MPWU with construction advice and oversight by Alexander and Lloyd and the completion reports confirm that the facilities have appropriate facilities for people with a physical disability, for instance showers are accessible.

The Officer in Charge of Te Meeria Ward confirmed that patient safety had improved with the construction of the new facilities that separated women and men, and that patient outcomes were likely to be improved as there is good evidence that safe and pleasant spaces contributed to patient recovery, particularly women. In common with many cultures, there is considerable stigma around mental illness in Kiribati; the very poor facilities previously at Te Meeria Ward had reinforced this attitude. The new facilities provide dignity to patients, encouragement to staff and also support changing attitudes around mental health. Respondents report that attitudes are changing with stigma reducing and increasing Government commitment to mental health. The MHMS Health Strategic Plan 2016-19 includes a strategic objective (1.8) to improve mental health services and, for the first time, a list of strategic actions and indicative activities to achieve this objective. The first Kiribati Mental Health Policy covering the period 2016 – 2020, which was developed with support from WHO, was recently published which recognised the human rights of people living with mental disorders and psychosocial difficulties and noted increasing interest from Government, development partners and the community in improving mental health services. There is also a specific budget allocation for mental health services but the data is not disaggregated and is likely to be less than 2% of the health budget. As evidence of changing attitudes, staff reported that families and patients were now more willing to be treated at Te Meeria Ward and families were visiting patients more often, thus providing support to both staff and patients and increasing the likelihood of a successful reintegration once treatment was complete; this was reported to be due in a large part to the improved facilities which were now seen to be a place for treatment, not shame.

The new Community Wellness Centre, refurbished with DFAT support, is helping to create better patient outcomes. With the facility located away from the in-patient wards, community members are now more willing to attend their outpatient appointments regularly. It is also facilitating a move to more primary care in the community for those not needing in-patient treatment which will be aided by the shared vehicle. There are plans to further develop the mental health service including a "step down bed" which would act as a halfway house for patients leaving inpatient care and re-entering the wider community, many of whom continue to occupy beds in Te Meeria Ward when they are ready to move on or are waiting for transport to outer islands There are also plans for a

“maneaba program” for culturally appropriate mental health care modelled on the Maori program in New Zealand.

Both Te Meeria Ward staff and TTM expressed a wish to increase TTM’s involvement in this area.

Activity: Construction of the Tungaru Rehabilitation Centre (\$400,000)

Activity: Equipment and Tools for the Tungaru Rehabilitation Centre (\$100,000)

The Tungaru Rehabilitation Centre (TRC) provides services for people with mobility problems including prosthetics, orthotics, physiotherapy and assistive devices. The service was the first to provide an integrated mobility service in the Pacific with technical support from a range of sources such as Motivation Australia. There is a large and growing demand for these services with a rising rate of NCDs in Kiribati²⁰.

The TRC has been supported by DFAT for several years, but in 2012 the building and equipment were destroyed in a fire. Given the ongoing need for its services, KDIDP supported the rebuilding and re-equipping of the facility. The building’s construction was managed by MPWU, undertaken by a local company and supported by the technical expertise of A&L. The building is now complete although there were delays in construction mainly due to the availability of specialist materials such as electrical components in country which had to be procured from overseas. It includes 3 consultation rooms a toilet and shower, 3 workshops for prosthetics and orthotics, a storeroom, office and hall and all facilities are accessible including for instance extra wide doors for wheelchairs. There was around \$69k unspent from the original allocation for building costs and DFAT have agreed that this can be used to build a waiting area for patients and an additional storeroom; the extension work is still underway.

TRC worked closely with the International Society of Prosthetics and Orthotics (ISPO) to procure key equipment and an ISPO volunteer provided support in the installation of the equipment.

KDIDP has also funded the development of TRC’s capacity and services as described below.

Activity: Strengthening of the Tungaru Rehabilitation Services (\$231,000)

In 2014/15 KDIDP provided additional support to strengthen the new Centre through the provision of additional key equipment and tools, support for a technical assistant to support the installation of the new equipment and training in its use, support to enable the expansion of the Centre’s outreach program to the outer islands from two a year to four, and support for three students to study prosthetics and orthotics in Cambodia to support the full operation of the Centre.

Activity: Capacity Building Support – Tungaru Rehabilitation Centre (\$145,630)

A further grant was made to TRC in 2015 for the purchase of materials and components for prostheses and to support a second year of study for the students in Cambodia. One student completed study in 2016 and returned to work at the Centre in 2017 and the remaining two are due to complete studies at the end of 2017. All three are bound to work in the Centre for at least three years as a condition of their support for study.

²⁰ As noted in the Kiribati Development Plan 2016-2019, almost three quarters of the population have personal risk factors for diabetes and one quarter of adults over 25 are pre-diabetic or already on treatment for diabetes. Lower limb amputation as a result of diabetes and smoking is the most rapidly increasing reason for surgical admission at the national hospital and contributes significantly to the burden of disability with amputations growing from 14 in 2002 to 136 in 2014. Leprosy is also still a significant health problem contributing to disability with over 100 new cases diagnosed each year, often at a later stage despite the availability of treatment in Kiribati that is both safe and easy.

As a result of the Program's support TRC is now one of the best, if not the best, facility of its kind in the Pacific. The building itself is well designed and built and accessible for its users. It has all equipment, tools and materials required for a functional prosthetic and orthotics workshop and is now able to provide an artificial limb of a similar quality to Australia and that is less expensive than the old Centre could provide. Local staff, including the prosthetic technician and biomedical technician, have been trained to use and maintain the machines. GoK have allocated an annual budget for materials for orthotics and prosthetics, which are accessed through ISPO.

The continued availability of qualified staff and workforce planning is an ongoing concern and one that could threaten the sustainability of the service. However, there are a number of factors that mitigate this risk. By the end of 2017 it will have three qualified prosthetic and orthotic staff who are contracted to work at the Centre for the medium term, thus ensuring their skills remain in Kiribati at least in the medium term and their skills are available to train others. Additionally, having good quality facilities is more likely to attract qualified staff (and volunteers) from around the Pacific to work at the Centre and also to attract further funding from other sources. This is demonstrated by Motivation Australia becoming involved in the delivery of an Amputation Prevention Program with TRC which focuses on the establishment of a diabetic foot clinic to prevent future amputations due to diabetes. The project is being co-funded by DFAT and the Church of Latter Day Saints.

Motivation Australia is also working with TRC to develop its data systems; at present its records are in paper form and therefore it is difficult to extract information – for instance disaggregated data on the types of impairments addressed. It is hoped that the development of new systems will provide good quality data to monitor and plan services in the future. A further reason to be optimistic about sustainability is the Government of Kiribati's increasing commitment to disability generally as evidenced by the Centre receiving increasing funding from Government to cover prosthetics and mobility devices and its perceived willingness to consider funding for posts for the newly qualified staff together with increased funding for trips to the outer islands once DFAT funding is finished.

In common with other services in Kiribati, there are challenges associated with providing ongoing support to the approximately 50% of the population living outside South Tarawa. KDIDP has contributed to increasing services to the outer islands through funding an increased number of visits from TRC each year. These visits are able to provide wheelchairs and other assistive devices (provided by Motivation Australia) to residents and provide the opportunity for referrals to the TRC for prosthetics. TRC staff are sometimes accompanied by TTM members. The TRC Director also has plans to establish a permanent service on Kritimati island which is the second largest island in population terms: this will be cost-effective compared with transporting patients or staff to and from Tarawa.

There nevertheless remains a concern about the lack of disability services in the remote outer islands which means that early identification and assessment combined with appropriate interventions frequently do not happen. Potential difficulties may not be identified early enough to limit the consequences of impairment. Services for people with disabilities in the outer islands are based on a system of Community Based Rehabilitation (CBR)²¹. In Kiribati this program was originally managed by the MHMS, but is now under MWYSA and coordinated by the Assistant Social Welfare Officer (ASW) on each island who leads the integrated community support. WHO provides technical

²¹ While initially a strategy to increase access to rehabilitation services in resource-constrained settings, CBR is now a multisectoral approach working to improve the equalization of opportunities and social inclusion of people with disabilities while combating the perpetual cycle of poverty and disability. It covers five areas: health, education, livelihood, social and empowerment See <http://www.who.int/disabilities/cbr/en>

and training support to MWYSA for CBR. In the light of WHO's support for this area, and reflecting the turnover and priorities in the SDIDO post, CBR has not been a focus of KDIDP.

This review heard that the CBR program is not always working as well as hoped. The ASWs who are intended to coordinate the CBR response have received training in Stage 1 and Stage 2 of the CBR program, but Stage 3 and 4 training has not yet been rolled out. In addition, ASWs already have many responsibilities and CBR is regarded as additional role with few or no additional resources. ASWs are not trained health workers, so whilst able to refer a person to the TRC or other appropriate health service, they are still reliant on the outreach visits from TRC or other health officials (or transport to Tarawa.) CBR is still a relatively new system in Kiribati and with further training and support it could improve, but at this stage there seem to be many challenges—though it should be noted that most Pacific countries face similar challenges. Even if CBR were working ideally, the geographical and resource constraints mean that there will be less than optimal services for people with disabilities in the outer islands.

4.6.2 Conclusion

1. Improved physical buildings, facilities and safety mechanisms in the psychiatric ward (intermediate outcome 16)

This outcome has been effective and the intermediate outcome has been achieved. The facilities and standards in the mental health units now meet basic human rights standards. This has significantly contributed to reducing the stigma associated with mental illness and increasing the willingness of patients and their families to receive treatment.

The outcome was implemented efficiently and was achieved on budget.

This investment is likely to be sustainable. The building has been well designed and built for the Kiribati context. The involvement of MPWU in the design and construction has built capacity. The investment in these facilities has contributed to a change in perception about the human rights of people with mental health issues and a reduction in stigma which seems to be leading to an increased willingness to be treated. In the future, this may encourage earlier interventions and potentially better mental health outcomes.

2. Tugaru Rehabilitation Centre (intermediate outcomes 18 and 19)

This outcome has been effective and the intermediate outcomes have been achieved. The new facilities and equipment are some of the best in the Pacific. Staff have been trained and supported to use the new equipment and they are effectively providing a range of services, including integrated mobility services. Supply of equipment and mobility devices has been increased, and there have been an increasing number of outreach visits to outer islands,

Implementation was also efficient. The assistance of ISPO volunteers meant that TRC was able to purchase the right equipment at a good price and have assistance with installation and training on its use. The use of A&L to oversee the building process ensured good quality and cost control. There was an underspend in the cost of the building which has been able to be used to build an extension to further improve the facilities.

This outcome is likely to be sustainable: The main risk is around ensuring ongoing qualified staff. However, the new state of the art building and equipment will encourage the retention of staff, attracting new staff and new donors (such as the new Amputation Prevention Clinic with funding from Motivation Australia.) Local staff have been trained to use and maintain the machines and there are plans to train TTM representatives in wheelchair maintenance. Staff have received further training and are contracted to continue to work at the Centre where their skills are available to train

others. There is increasing funding from Government of Kiribati for prosthetic materials indicating the Government of Kiribati is committed to continue to provide the service.

3. Establishment of a national CBR program, coordinated by MWYSA, with ongoing systems in place and trained workers in all outer islands (intermediate outcome 17)

This has been only been partly effective and the intermediate outcome has only been partly achieved. ASWs have been given responsibility for CBR in the outer islands but it is not clear that they have all been fully trained or resourced to be able to provide an adequate service – though recognizing that in the context of the geographic and resource constraints of Kiribati, the provision of services to outer islands will be an ongoing issue.

The sustainability is uncertain. The CBR service is not yet fully implemented and needs further commitment, training and support to be fully operationalised. Without this, in its current form and in the Kiribati resource and geographic context it is unlikely to be sustained.

4.7. [Disability inclusion and diversity](#)

Were DPOs consulted and included in each stage of the Program?

Is a diversity of experience of disability reflected within the Program?

Key Findings

DPOs were consulted and included at all stages of the Program.

The Program includes a diversity of experience of disability including both children and adults, and those, with physical, mental and intellectual impairments.

TTM, the national DPO have been involved in all stages of the Program. They were consulted in the Program design process and were included as an integral part of the program activities. TTM has been actively involved in all parts of the program implementation as described in more detail in the sections above, particularly Section 4.3.

The Program has included a diversity of experience of disability. TTM affiliates include groups representing people who use wheelchairs, people who are blind or have vision impairments and a group of deaf people, is currently seeking affiliation. Its Board includes representatives from these different groups, together with representatives from the women’s and youth groups. The Program has also supported improved facilities for people with a mental illness (the Te Meeria Ward) and those with mobility issues through the TRC. It has also supported the SCCSN which provides education for children with a range of disabilities, including intellectual disabilities. The program has also supported the inclusive education policy and its implementation, which includes children with all types of disability.

4.8 [Gender Inclusion](#)

How has gender equality and women's empowerment been included in Program policy and delivery?

Key Findings

The Program has worked with the Gender Program to ensure that all activities have included both women and men, girls and boys, and different interests have been taken into account and included in its program activities. Some Program activities have explicitly targeted the specific priorities of women.

KDIDP's cooperation with the Gender Program has assisted in increasing coherence across the programs and ensuring that the Gender Program is taking a disability-inclusive approach.

Women and girls with a disability are subject to multiple discrimination. The Program has worked with the DFAT Kiribati Gender program to ensure that a gender analysis has been included in considering program activities and a gendered approach has been used in implementation to ensure that the priorities of women and girls with disabilities are responded to appropriately. The Senior Program Manager responsible for KDIDP also has responsibility for the Gender Program, assisting in ensuring coherence across the programs and also ensuring that the Gender Program is taking a disability-inclusive approach in its activities. Some examples of how gender equality and women's empowerment have been included in Program activities and outcomes include:

- TTM has a women's group and this group is represented on its Board;
- The inclusion of women in TTM's advocacy and awareness raising has contributed to women with disabilities being increasingly recognised and included in the community;
- Separate facilities for women patients were built at the Te Meeria Ward;
- Building designs have included consideration of the needs of women, for instance in the location of toilet facilities to ensure women's safety;
- Lighting along the road has increased safety for women;
- The planned TTM Centre building will make space available for income-generation activities for the TTM women's group;
- The needs of women and girls with disabilities have been included in Gender Program activities; for instance, the design of the refurbishment of the 'Women's Comfort Centre' at the Kiribati Police Service compound and the Healthy Family Clinic which provide safe spaces for women victims of gender based violence ensured that both buildings are accessible for women with disabilities.
- Girls and boys with disabilities are the focus of the inclusive education policy.

4.9 [Monitoring, Evaluation and data](#)

Monitoring and evaluation within KDIDP has been mixed. The KDIDP design included a MEL Framework (see Annex 7) and there was provision for specialist technical assistance to support MEL in relation to progress on disability inclusion and progress of the program towards outcomes. This technical assistance support was not funded during program implementation. In addition, the MEL Framework relied to a considerable extent on reporting from KNCPWD (which has not been functioning during the program implementation), MWYSA and other Ministries. The SDIDO reported difficulties in obtaining monitoring information from other Ministries, including for CRPD reporting.

For instance, although KEMIS, the Kiribati Education Management Information System, does collect data on students with a disability, TRC only has patient data in paper form so cannot easily provide disaggregated data by type of disability, gender etc. It currently has support from Motivation Australia to update its systems and it is hoped that this situation will improve soon. However, taken together, this means that monitoring in these areas has been a weakness within the Program.

However, in relation to the contracts for provision of infrastructure, which accounts for the bulk of KDIDP expenditure, monitoring has been good. There were regular site meetings to monitor progress. The contracts from DFAT also included requirements for regular reporting but not all reports were received. Some reports were submitted (such as quarterly reports from TRC on progress on re-building and re-equipping the Centre) but these were the exception and could have been improved, for instance by including data on the number of patients. Contracting A&L to oversee building contracts and submit completion reports was a sensible solution to some of these problems and ensured that monitoring in this area was good.

In the future MWYSA is increasingly likely to need information for monitoring purposes as it oversees and coordinates implementation of KNDPAP. The type and level of data that MWYSA will need to collect needs to be thought through carefully, and the SDIDO may need support to develop a suitable MEL framework.

As Deborah Rhodes points out²², there are diverse types of data on disability including:

- Prevalence data about people with disabilities and the nature and extent of impairments;
- Data and information about an existing situation and any changes in the extent of inclusion of people with disabilities as a result of CRPD, Government policies and services, advocacy efforts over time;
- Data and information about the effectiveness of strategies used by aid agencies with a particular emphasis on the contribution or attribution elements.

Which of these data types (or combination of data types) is required will depend on the context and the use to which the data will be put. MWYSA will therefore need to consider its data needs carefully to ensure it collects relevant and useful information for its purpose(s) when designing its M&E systems, Future M&E disability-related systems should also take account of information already being collected by other systems or Ministries to avoid duplication or excessive burden.

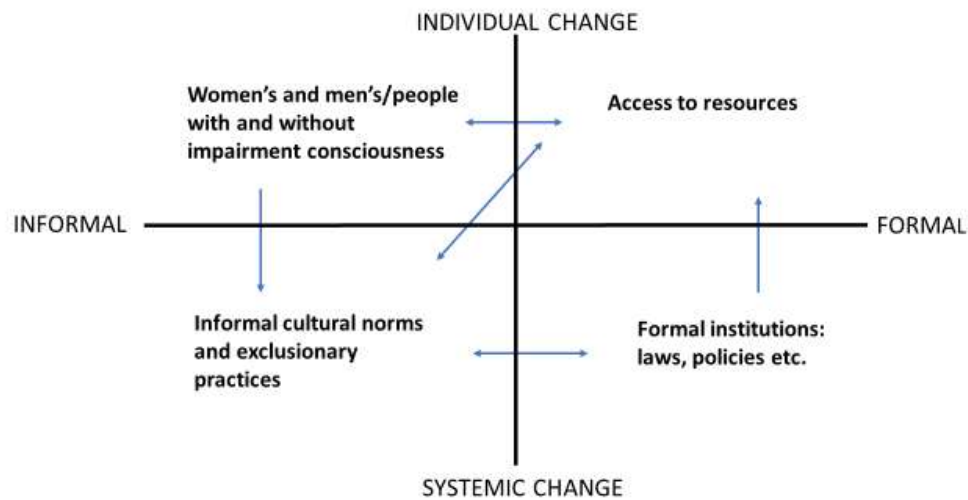
It is recommended that the SDIDO receives support to help develop a MEL Framework that is both useful and feasible to support the National Disability Policy's objectives and processes

5. Discussion of future possibilities for support

In considering future possible support for disability inclusive development DFAT Post may want to place possibilities in the context of the framework developed by Rao and Kelleher²³ and shown below. The framework was developed in the context of gender, but arguably serves as a useful framework for disability inclusion too.

²² Discussion Paper: Monitoring and Evaluation in Disability-Inclusive Development: Ensuring data ABOUT disability-inclusive development contributes TO inclusion; D Rhodes 2016 available at http://www.addc.org.au/documents/resources/rhodes-disability-and-data-august-2016-final_1659.pdf

²³ Rao and Kelleher 'Is there life after gender mainstreaming?' 2010



(adapted from Rao and Kelleher 2010 – arrows indicate interrelationships)

It suggests that in order to change we need to change inequitable social systems and institutions. This means changing the stated and unstated ‘rules of the game’ that determine who gets what, who does what and who decides. It suggests that change must occur at both the personal level and at the social level, and it must occur in formal and informal relations. This gives us the four clusters shown above. As Rao and Kelleher point out, the figure above helps in several ways:

- It shows, in an abbreviated way, the whole universe of changes that might be contemplated to enhance disability inclusion (gender equality in their framing);
- It can be used to make strategic choices for where and how to intervene
- And it reminds us that changes in resources, capacity and knowledge are necessary, but not sufficient, for sustainable change. Changes are also required in norms – both formal – such as laws, policies and institutional norms and informal – such as cultural norms²⁴.

Mapping the activities and outcomes of the KDIDP onto the framework above, suggests that—whilst not every program has to intervene in all areas—the Program has done well in having activities in all four quadrants. Although the overall goal of the program is to improve access to services (upper right quadrant), it has also supported MWYSA to finalise and implement the KNDPAP and other policies and move towards legislative change (lower right quadrant); it has supported the continued capacity building of TTM (upper left quadrant); and the work of both TTM, MWYSA and others such as MoE and KEIP have begun changing cultural norms and exclusionary practices – for instance in

²⁴ See also Tankard and Paluck (2015) on ‘Norm Perception as a Vehicle for Social Change’: in Social Issues and Policy Review which discusses how we can change social norms by understanding the three sources of information that people use to understand norms –individual behavior, summary information about a group, and institutional signals. Again, it is suggested that underlying cultural norms (such as attitudes and practices concerning disability) can be changed by paying attention to each of these areas and focusing activities to influence perceived norms and behaviours on changing the signals that are strongest influence on an individual’s normative behaviour.

challenging assumptions of teachers, parents and the wider community about the rights of children with a disability to access education (lower left quadrant).

DFAT may wish to use this framework to consider where it could strategically intervene to promote change depending on the priorities expressed by the Government of Kiribati and the disability community in Kiribati, particularly TTM, and also taking into account where other donors are directing their funding. This would be responsive and flexible programming, responding to growing strengths by funding activities in parts of the Framework that complement and support the activities of other donors or that give a 'nudge' in areas where progress has stalled.

DFAT should consider support in the following areas:

1. Mainstreaming disability inclusion

In the longer-term disability inclusion needs to be included in the responsibilities of all Ministries, including those who do not have 'front line' responsibilities for disability services. Finalisation of KNDPAP, legislative review and updating laws will mandate and encourage this mainstreaming process, both within Government and outside, including the private sector, but it should be a priority for MWYSA and the SDIDO to facilitate this alongside these other processes. This might include continuing the work described above with the SDIDO and TTM building Ministries' awareness and understanding of CRPD and supporting them to develop and implement policies and procedures around disability relevant to their responsibilities. The revival of KNCPWD discussed above will also raise the profile of disability-inclusion and facilitate coordination between Ministries. KNCPWD may also want to consider how to involve Ministries without front-line responsibilities for disability services in order to build their capacity and understanding of disability inclusion through involvement with KNCPWD, but without letting core KNCPWD membership become too large and unwieldy to be able to act effectively and efficiently. One possibility might be the formation of sub-committees to focus on specific areas (for instance transport) which could include a wide-range of stakeholders including engaging the private sector, church organisations and other influential stakeholders as appropriate; another might be to develop the 'showcase' concept for other sectors, building on the successful MoE National Inclusive Practice Showcase conferences described above which were effective in providing leadership and setting the agenda, together with developing, sharing and normalising inclusive education practices and creating networks to support implementation.

In line with this mainstreaming process within Government, mainstreaming should be encouraged and facilitated within other Australian Aid Program projects in Kiribati and in cooperation with other donor programs within Kiribati, including for instance UN Agency programs.

It is recommended that DFAT should encourage and facilitate the mainstreaming of disability inclusion in Kiribati, including within Government of Kiribati Ministries, the Australian Aid Program and other donor programs.

2. Continuing support for SCCSN

Despite moving towards integration with the wider education system in Kiribati and becoming eligible for increased funding from Government of Kiribati as it achieves full registration, it is likely to continue to need ongoing DFAT support for its core costs in the medium term. As the only institution in Kiribati with the experience of supporting the education of children with significant special needs, this support will remain a crucial element of support for the education of children with special needs in Kiribati.

It is therefore recommended that DFAT continues to support SCCSN, negotiating the level of funding to respond to other sources of funding from the Government of Kiribati and other donors.

In addition, several respondents noted that it would be important to continue to develop the capacity of the education sector in Kiribati to support children with special educational needs and there is currently no-one in Kiribati with formal qualifications in this area.

It is therefore recommended that DFAT support a suitably qualified candidate to find funding to achieve a higher qualification in this area.

3. Technical education and employment

This is an area which is aligned with both the current DFAT support to the Kiribati Facility at KIT for the Skills for Employment Program and on the longer-term outcomes of the inclusive education policy implementation both of which are increasing the educational opportunities for children and adults with a disability and preparing them for further education (technical and other) and employment. As noted above, TTM are strongly supportive of finding employment opportunities for people with disabilities, including work experience opportunities that may lead to employment. They noted however, that people with disabilities may need their expenses, such as travel expenses to work, covered in order to be able to undertake work experience. Giving people with disabilities the education and skills for employment is a path for sustainably improving their life, though it should be noted that it is not a panacea given the realities of the economic and employment opportunities in Kiribati.

4. Engage other influential sectors including the private sector and churches

Supporting the suggestions above about mainstreaming disability-inclusion and education and employment, it will be important to consider how to engage other influential sectors that have not been strongly involved in KDIDP so far. Two sectors are suggested for engagement: the private sector and churches.

Both the Government of Kiribati and TTM are working to engage the private sector in offering inclusive employment opportunities and training. It is suggested that DFAT should support these efforts as well as engaging the private sector as appropriate in policy development and implementation to support mainstreaming as discussed in the section above. This is consistent with Government of Kiribati policy which, as noted above, has recently ratified all eight fundamental conventions of ILO and these are reflected in the recent Employment and Industrial Relations Act.

Consideration should also be given about how to involve other influential organisations and sectors such as church organisations. The latter have had relatively little involvement in KDIDP (although the Church of Latter Day Saints has funded part of the TTM site's seawall and some equipment at TTM.) In common with most countries in the Pacific, most people in Kiribati are regular church-goers and church organisations are widely respected and influential in setting cultural norms; engaging the support of church leaders for mainstreaming disability-inclusion may therefore be an area for development as this has been a successful strategy in other Pacific countries.

5. Continued support for outreach processes:

As noted above, Kiribati covers a very large area. Whilst around half of its population live South Tarawa, the other half occupy 23 other islands, many sparsely populated and a very great distance from South Tarawa. These geographic constraints, taken together with resource constraints presents great barriers to providing adequate services to people –and especially people with disabilities—

living outside South Tarawa. This Program has worked with Government of Kiribati and other agencies to bring services to the outer islands and work with local communities to raise their awareness of the rights of people with disabilities as described in various sections above. However, without a doubt, people with disabilities outside South Tarawa still have very limited access to basic services, and DFAT is encouraged to continue to support and work with Government of Kiribati and other agencies to improve the frequency and quality of these services. This might include: ongoing support to TRC to maintain its current level of outreach visits; support to set up an outstation in Kritimati Island as proposed by the TRC Director; further support for MWYSA to improve levels of CBR training and resources for its implementation.

Annex 1 List of People Interviewed

	Kakiateiti Erikate	Senior Program Manager, Health, Gender and Disability, DFAT Kiribati
	Erimeta Barako	Assistant Program Manager, DFAT Kiribati
	Dr Iobi Batio	Health Coordinator New Zealand High Commission
	James Teaero-	Senior Disability Inclusive Development Officer, Ministry of Women, Youth and Social Affairs,
	Agnether Lemuelu	Statistics Officer, National Statistics Office
	Tabotabo Auatabu	Head of Social Welfare Division Social Welfare and Women Development Division
	Bairee Beniamina	Social Welfare Division Social Welfare and Women Development Division
	Bateteake Taoreta	Officer in Charge, Ministry of Labour and Human Resource Development
	T Kavea	Ministry of Labour and Human Resource Development
	Tekoaua Tamaroa	Head, Tungaru Rehabilitation Centre
	Dr Kathy Torote	Officer in Charge, Te Meeria Department
	Lauren Emmanuel	NZ Volunteer, Te Meeria Department
	Erei Rimon	Leprosy Coordinator, Ministry of Health and Medical Services
	Reetina Katokita	Acting Director for Education, Director of Policy, Planning and Development, Ministry of Education
	Kaokatekai Kaino	ECCE, Ministry of Education
	Kaye Cox	Team Leader Kiribati Education Improvement Program
	Teburantaake Kaei	Kiribati Education Improvement Program
	Sian Halliday Wynes	M&E Kiribati Education Improvement Program
	Temaiti T	Lecturer, Kiribati Teachers College
	Bwautibei Tirikai	Chairperson Te Toa Matoa
	Teetei Tabeibeti	Vice Chairperson Te Toa Matoa
	Karea Tioti	Treasurer, Te Toa Matoa
	Bosco Taniera	Vice Secretary, Te Toa Matoa
	Tevai Tainimak	Blind Representative, Te Toa Matoa
	Riano Kobebe	Women's Representative, Te Toa Matoa
	Teewata Aromata	Member, Te Toa Matoa and PDF Board Member, Kiribati
	Tekamangu Bwuaira	Office Manager, Te Toa Matoa
	Teeteuna Tione	Member, Te Toa Matoa
	Taburimai Tewaki	Sports Officer Ministry of Women, Youth and Social Affairs
	Willy Uan	Assistant Sports Officer Ministry of Women, Youth and Social Affairs
	Helen Cherry	Disability Advisor, Kiribati Institute of Technology
	Debbi Norman	Disability Advisor, Kiribati Institute of Technology
		Domestic Violence Unit, Kiribati Police Service
	Mareta Tiua	Senior Assistant Secretary Ministry of Information, Communication, Transport and Tourism

	Tiia Uriam	Assistant Business Advisor, Ministry of Commerce
	Batiria Kaoma	Assistant Business Advisor, Ministry of Commerce
	Amberoti Nikora	country focal point RRRT
	Tokannata Iuatene	Kiribati National Paralympic Committee
	Linda Uan;	Project Officer, School and Centre for Children with Special Needs
	Chair of the Board	School and Centre for Children with Special Needs
	Cromwell Bacareza	Chief of UNICEF Field Officer and UN Joint Presence Kiribati, UNICEF
	Elaine Bwebwe	UNICEF Education Officer
	Riwata Obetaia	UNICEF Child Protection Officer
	Rikiaua Takeke	Kiribati Local Government Association
	Deborah Rhodes	Leadership Strategies
	Anne Rigby	DFAT Canberra
	Setareki Macanawai	Chief Executive Officer, PDF
	Graham Turner	Alexander and Lloyd

Annex 2 List of documents reviewed

Accessibility Design Guide: Universal design principles for Australia's aid program, AusAID 2013

Cambodia Trust: reports on Kiribati students

CBM Trip Report Disability Inclusive Education Workshop and Consultation 2015 and annexes

Construction Quality Review and Completion Report on the Family Support Facility at Tungaru Central Hospital (Alexander and Lloyd)

Construction Quality Reviews and Completion Report for the Mental Health Facility (Alexander and Lloyd)

Construction Quality Reviews and Completion Report for the Mental Health Facility (Alexander and Lloyd)

Contract between DFAT and Alexander and Lloyd for Construction Quality Reviews (Contract 70866)

Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia's aid program; DFAT, May 2015

DFAT Contract with Nei Tabera Ni Kai Incorporated (Agreement 71205)

DFAT Funding Agreement with CBM for the provision of Inclusive Education Workshop and Consultation (Agreement 71520)

DFAT Funding Agreement with the Government of Kiribati for the Assistance regarding the Provision of Disability Unit Strengthening and its amendment (Agreement 71025)

DFAT Funding Agreement with the Government of Kiribati for the Construction of the Te Toa Matoa Centre (Agreement 72588)

DFAT Funding agreements for the KSCCSN 2014 – 2017 (agreements 72176, 71119, 69560, 51984)

DFAT Funding Agreements with Government of Kiribati for the reconstruction, equipment and tools and other support of the Tungaru Rehabilitation Centre (Agreements 70025, 69948, 71022)

DFAT Funding Agreements with the Government of Kiribati for the Mental Health Facility Improvements at Te Meeria (Agreements 71023, 72452, 72466)

Disability in the Pacific; Pacific Islands Forum Secretariat, July 14

Education Sector Strategic Plan 2016 – 2019, Ministry of Education Kiribati

Agreement of Service for the Senior Disability Inclusive Officer, Ministry of Women, Youth and Social Affairs, Government of Kiribati

Human Development Report 2016, Kiribati, UNDP

Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific, United Nations ESCAP, 2012

Kiribati Development Plan 2016 – 19 Government of Kiribati

Kiribati Disability Inclusive Development Program: Investment Design and annexes draft December 2015;

Kiribati Education Improvement Program (KEIP) Phase III Investment Design Document

Kiribati Education Improvement Program Evaluation Report 16 September 2014

Kiribati Facility - Skills for Employment Program Community Support Strategy 2017 - 2019

Kiribati Facility - Skills for Employment Program Disability Support Plan 2017 - 2018

Kiribati Health Strategic Plan 2012 – 2015, Ministry of Health and Medical Services

Kiribati Health Strategic Plan 2016 – 2019, Ministry of Health and Medical Services

Kiribati Inclusive Education Policy, Ministry of Education, Government of Kiribati

Kiribati National Mental Health Policy 2016 2020, Ministry of Health and Medical Services and WHO

Kiribati School and Centre for Children with Special Needs Strategic Plan 2012- 2016

Kiribati School and Centre for Children with Special Needs: Draft Strategic Plan 2017 – 2019 consolidated comments from DFAT and MoE/KEF

Kiribati School and Centre for Children with Special Needs: Strategic Plan 2017 – 2019: Key initiatives

Mapping of the disability policy and program frameworks in the Pacific: PDF and PIFS 2012

National Disability Policy and Action Plan 2016-2020 Government of Kiribati

Pacific Children with Disabilities: A Report for UNICEF Pacific’s 2010 Mid-Term Review; UNICEF, 2010

Pacific Children with Disabilities: Report for UNICEF Pacific’s 2010 Mid -term review 2010

Pacific Disability Rights Framework 2016 - 2025

Pacific Indicators for Disability-Inclusive Education: The Guidelines Manual 2016

Population and Housing Census Preliminary Report 2015 and census figures for reported people with disability, National Statistics Office ,MFED, Kiribati

Rebuilding and Strengthening the Tungaru Rehabilitation Services: First, Second and Third Quarterly Reports

Report of the Working Group on the Universal Periodic Review Kiribati, UN, Human Rights Council

Te Toa Matoa Strategic Focus Areas 2016 -2020

WHO proMIND: Profiles on Mental Health in Development: Republic of Kiribati

Annex 3: Program main and intermediate outcomes

Outcome	Intermediate outcomes	Number (as used above)
Outcome 1		
GoK policy and programs are coordinated, led and monitored by Ministry of Women Youth Sport and Social Affairs (MWYSA) and increasingly compliant with the CRPD in relation to disability services	MWYSA has sufficient staff to provide coordination of the implementation of its new policy, KNDPAP	1.1
	Government of Kiribati has identified legislative changes required as a result of signing CRPD	1.2
	The Kiribati National Council for People with Disabilities meets regularly to oversee, provide strategic advice and monitor policy and program implementation across multiple stakeholders	1.3
	MWYSA identifies required accountability processes for CRPD, planning and implementing first stages of data collection for reporting	1.4
	Questions to identify prevalence of disability are included in Kiribati Census 2015	1.5
Outcome 2		
Strengthened Disabled Persons Organisations (DPOs) and deeper community awareness of, and support for the rights of women, men, boys and girls with disability to access services	TTM plays an active role in national disability policy coordination and monitoring processes	2.6
	Selected TTM members are trained and supported to play a role in wheelchair maintenance and in raising awareness of teachers about inclusion in the classroom	2.7
	A training centre is completed on TTM land and TTM is in a position to provide awareness raising and training for its members and the broader community on disability issues, including the rights to access services	2.8
Outcome 3		
Increased accessibility and safety of new public infrastructure	The Government of Kiribati, World-Bank, ADB and GoA funded road building project includes measures to address improved accessibility and safety for people with disabilities	3.9
	These include traffic segregated bus-stops/stopping bays, lined pedestrian crossing/s, speed humps either side of the pedestrian crossing and other design features	3.10
	Works are consistent with Accessibility Design Guide: Universal design principles for Australia's aid	3.11

Outcome 4		
Increased provision and quality of disability-inclusive education services	Trained team of TTM and MOE officials piloting classroom disability inclusive practice workshops with schools	4.12
	Review of effectiveness of pilot at the end of KEIP Phase Two with learning fed into KEIP Phase Three	4.13
	SCSN is achieving its objectives, is registered with Government of Kiribati and is eligible to receive other donor contributions	4.14
	Action plans for implementing the inclusive education strategy are included and funded in Phase 3 of KEIP	4.15
Outcome 5		
Increased provision and quality of disability-specific health and rehabilitation services and assistive technologies	Improved physical buildings, facilities and safety mechanisms in the psychiatric ward to meet basic human rights standards	5.16
	Establishment of a national CBR program, coordinated by MWYSA, with ongoing systems in place and trained workers in all outer islands	5.17
	Rehabilitation staff trained and supported to effectively provide range of essential services, including integrated mobility services	5.18
	Supply of relevant equipment and mobility devices substantially increased so that those at the top of the waiting list, including people in outer islands, receive services	5.19
Additional questions		
Disability inclusion	DPOs consulted and included in each stage of the Program	6.1
Inclusion of diversity of experience of disability	Diversity of experience of disability reflected within the Program	6.2
Gender inclusion	Gender equality and women's empowerment included in Program policy and delivery	6.3
Mitigation of negative unintended consequences	Ensured a 'do no harm' approach where negative unintended consequences are mitigated	6.4

Annex 4 Evaluation Questions.

High level evaluation questions

1. Over the period of the program implementation (2013 – 2017) what has changed for people with disabilities in Kiribati, focusing on the areas supported under the DFAT-funded Kiribati Disability Inclusive Development Program (KDPIP), and in particular: accessibility of infrastructure; access to quality education; and access to health (re)habilitation and assistive devices (outcomes 3,4 and 5 of KDIDPP)?
2. How has KDIDP contributed to these changes?
3. What lessons can be learnt from the program and how can these be used to maintain and build upon positive changes, and identify and develop new opportunities for DID in Kiribati?

Detailed Evaluation Questions

Evaluation Question	Detailed questions including for interim outcomes	Intermediate outcome relevance (See Annex 3)	Primary Sources ²⁵
Outcome 1 Government of Kiribati policy and programs are coordinated, led and monitored by Ministry of Women Youth Sport and Social Affairs (MWYSA) and increasingly compliant with the CRPD in relation to disability services			
1.1 What progress has been made towards Government of Kiribati policy and programs being increasingly compliant with CRPD?	1.1.1 What progress has MWYSA made towards: <ul style="list-style-type: none"> • identifying the required legislative changes as a result of signing CRPD? • identifying and implementing required accountability processes for CRPD, including the first stages of data collection for reporting? • Coordinating the finalisation and implementation of KNDPAP? 	1.2 1.4	Document review MWYSA staff RRRT MLHRD UN agencies Social Welfare
	1.1.2 What has MWYSA learned about implementation of the KNDPAP? For instance, what has worked well and why?	6.4	MWYSA staff
	1.1.3 How is MWYSA consulting and including the diverse experience of people with disabilities (for instance issues of gender and diverse impairment types) in all aspects	6.2 6.3	MWYSA staff TTM

²⁵This list is indicative since other sources may be identified as documents are reviewed and analysed, and as a result of interviews with stakeholders

	of its policy development and programming and what more can be done? For instance, does it keep gender and disability disaggregated data?		Document review
	1.1.5 Is the KNCPWD working well: <ul style="list-style-type: none"> to ensure strategic coordination of disability policies nationally and to ensure the voices of people with disability are actively included, including women and diverse impairment types? 	1.3 6.2 6.3	KNCPWD members MWYSA staff TTM DFAT
	1.1.6 Were questions to identify the prevalence of disability included in the Kiribati Census 2015? If so, which questions? How are the results going to be used?	1.5	Census report MWYSA
	1.1.7 What factors helped or hindered progress in all the questions above? (including, for instance, the number and capacity of MWYSA staff)	1.1 6.4	MWYSA TTM DFAT
Outcome 2: Strengthened Disabled Persons Organisations (DPOs) and deeper community awareness of, and support for the rights of women, men, boys and girls with disability to access services			
2.1 What changes is Te Toa Matoa reporting over the period of the program in their self-determined capacity and in the ability of people with a disability to access their rights, including disability-specific services? What difference has this made to their lives? What has contributed to these reported changes?	2.1.1 What has changed for TTM members and other people with a disability over the period 2013 – 17, understanding that not all changes may have been entirely positive? How have these changes made a difference to their lives? What factors have contributed to these changes? Areas of change might include: <ul style="list-style-type: none"> Their capacity to advocate for and support policy development and implementation towards achieving their CRPD rights The policy and legal framework, including for instance as a result of CRPD, KNDPAP and others Their ability to access services including for instance, health services, education (both at schools and other educational opportunities), physical access (transport and buildings) and others The inclusion of people with disability in policy development and implementation by government departments, the private sector and elsewhere in areas such as inclusive education, mental health, rehabilitation, other health services, accessibility issues and others. 	2.6 6.1 6.4	TTM KNCPWD ²⁶ RRRT

²⁶ If KNCPWD is currently active

	<ul style="list-style-type: none"> The attitudes of the wider Kiribati society to disability, including about their rights to access services? 		
	<p>2.1.2 How has TTM worked to advocate for and support awareness raising, policy development and implementation for disability rights and inclusion? For instance:</p> <ul style="list-style-type: none"> what role has TTM played in the national disability policy coordination and monitoring processes? What role has it played in KNCPWD? Have TTM members been involved in providing advice or support on disability issues to other national, local government or other bodies, such as the private sector? What training and awareness raising activities has it undertaken including on outer islands, around disability inclusion in the classroom, or other issues? Anything else not covered above? 	1.3 2.6 2.7 4.12 6.1	TTM MWYSA KNCPWD KEIP Document review MLHRD UN agencies
	2.1.3 What factors have supported and strengthened the capacity of TTM members to actively engage in these areas?	2.6 2.8	TTM MWYSA RRRT
	2.1.4 What progress has been made in completing the training centre on TTM land and the proposal to set up a wheelchair repair and maintenance service? What factors have contributed to this?	2.7 2.8	TTM DFAT MWYSA TRC
	2.1.5 Do TTM organisational structures, processes, and culture support diversity and the representation of differing needs – for instance those of women and girls compared to men and boys, or diverse impairment types?	6.2 6.3	TTM DFAT MWYSA
2.2 Are there greater levels of awareness/ understanding about the rights of people with disabilities, and support for their rights to access appropriate services within the Kiribati community?	2.2.1 What evidence is there of increasing community awareness of the rights of people with a disability, including their right to access services, such as education, health, judicial protection (for instance inclusion in VAW support), DRR etc.	Outcome 2 general 6.3	TTM Document review DFAT KNCPWD KPC UN agencies

Outcome 3: Increased accessibility and safety of new public infrastructure			
3.1 Does the Government of Kiribati, World Bank, ADB and GoA funded road building project include measures to address improved accessibility and safety for people with disabilities?	3.1.1 What accessibility and safety design features are incorporated in the new road?	3.9 3.10 6.3	Document review Observation
	3.1.2 Are the works consistent with the <i>Accessibility Design Guide: Universal design principles for Australia's aid program</i> ?	6.3 3.11	Supervising consultants DFAT Document review Observation
	3.1.3 Are people with a disability are using the road more and feeling safer?	3.9	TTM GoK records
	3.1.4 Is there any evidence of increased safety, particularly for people with disabilities, for instance in accident statistics, hospital records etc.?	3.9 3.10	GoK and hospital records
Outcome 4: Increased provision and quality of disability-inclusive education services			
4.1 What progress has been made towards the goal of providing appropriate education services for all children and youth with a disability?	4.1.1 What contribution has KDIDP made towards raising awareness of disability inclusion in the classroom and progress in implementing disability inclusive practices in educational facilities? <ul style="list-style-type: none"> Are teachers increasingly aware of disability inclusiveness in the classroom, including through formal teacher training, and how has this been achieved? Are more children and youth with disabilities attending educational institutions than in 2014? What plans does KEIP have to reach children with disabilities not currently attending school? What lessons have been learned about disability inclusion in KEIP Phase 2 and how are these reflected in KEIP Phase 3? How is disability inclusive education included in KEIP Phase 3 and KESSP? What are the next steps?	4.12 4.13 4.15 6.1 6.2 6.3	KEIP MoE KTC USP TTM KTIT MLHRD Catholic Education
	4.2 What progress has SCCSN made towards achieving its objectives?	4.1.2 What progress has SCCSN made in achieving its objectives? <ul style="list-style-type: none"> Is it registered with GoK and eligible to receive other donor contributions? 	4.14

	<ul style="list-style-type: none"> Does the School have a strategy for longer term funding including attracting other donor contributions and is it proving successful? Are teachers receiving training and is an increasing number formally qualified? Are children attending the school achieving their educational potential – for instance moving on to higher education or employment? <p>What are the next steps?</p>		<p>Parents of children at SCCSN MoE Government statistics KTC Private sector employers MLHRD</p>
Outcome 5: Increased provision and quality of disability-specific health and rehabilitation services and assistive technologies			
5.1 What progress has been made towards the goal of increasing the provision and quality of disability-specific health and rehabilitation services and assistive technologies?	5.1.1 What progress has been made in providing improved psychiatric care services including changes to the psychiatric ward facilities and processes? What are the next steps?	5.16	Te Meeria Ward staff Patients? TTM MHMS DFAT
	5.1.2 What progress has been made in increasing the provision and quality of rehabilitation and assistive technologies services including an integrated mobility service at the Tungaru Rehabilitation Centre? This might include evidence on: <ul style="list-style-type: none"> Supply and maintenance of appropriate equipment and mobility devices and buildings Staff training and support Workforce planning Number of people assisted, including disaggregated data on gender and type of disability where available Provision of services outside Tarawa to outer islands? <p>How do these services link with the provision of other health services, including for instance health awareness around NCDs? What progress has been made in mainstreaming disability in the provision of health services more widely?</p>	5.18 5.19 6.2 6.3	TRC TRC clients MHMS DFAT records Leprosy Dept.

	What are the next steps?		
	5..1.3 What progress has been made in the establishment of a national CBR program with trained workers in all outer islands? What are the gaps in CBR provision and how could they be filled in the future?	5.17	MWYSA MHMS TTM
5.2 How are people with disabilities benefitting from these changes?	5.2.1 How are people with disabilities benefitting from access to rehabilitation services and what difference has it made to their lives?	6.1 6.2	TTM TRC clients
Cross cutting themes: DPO involvement, gender, diversity of experience of disability and 'do no harm' principle			
	These cross cutting themes will be explored as part of the broad questions outlined above. Where a cross-cutting issues is particularly relevant it has been indicated above.	6.1 6.2 6.3 6.4	All

Annex 5 Detailed funding allocation for activities

Activities	Funding allocation \$				Total \$
	2013/14	2014/15	2015/16	2016/17	
OUTCOME 1					
1 Strengthening of the Disability Division within MWYSA		50,000			50,000
2 Contribution to the Kiribati National Census		41,748			41,748
3 Kiribati Program Design Development	64,625				64,625
Total Outcome 1	64,625	91,748	-	-	156,373
OUTCOME 2					
4 Establishment of the TTM Centre			331,249		331,249
5 NTKN DVD		16,875			16,875
Total Outcome 2	-	16,875	331,249	-	348,124
OUTCOME 3					
6 Contribution to the Kiribati Rehabilitation Road Program		400,000			400,000
7 Construction and building quality oversight		35,917	19,666		55,583
Total Outcome 3	-	435,917	19,666	-	455,583
OUTCOME 4					
8 KEIP	400,000	91,400			491,400
9 Inclusive Education workshop and Consultation		32,626			32,626
10 School and Centre for Children with Special Needs	435,000	400,000	331,390	270,000	1,436,390
Total Outcome 4	835,000	524,026	331,390	270,000	1,960,416

OUTCOME 5

11	Construction of the Tungaru Rehabilitation Centre	400,000		23,862	423,862
12	Equipment and Tools for the Tungaru Rehabilitation Centre	100,000			100,000
13	Strengthening of the Tungaru Rehabilitation Services		231,000		231,000
14	Capacity Building Support – Tungaru Rehabilitation Centre			100,000	145,630
15	Upgrade of Te Meeria Ward female facility		200,000	45,630	200,000
16	Renovation and establishment of the Community Wellness Centre and procurement of a vehicle			105,000	105,000
16	Activity: Upgrade of the Te Meeria Ward male facility			132,361	272,900
	Total Outcome 5	500,000	431,000	337,361	1,478,392
	GRAND TOTAL	1,399,625	1,499,566	1,019,666	4,398,888

Annex 6: Terms of Reference

Terms of Reference - Independent mid-term review

Kiribati Disability Inclusive Development Program 2014 – 17

Project Dates: 1 July 2013 – 30 June 2017

Budget: \$4.4million (AUD)

Proposed review start and end date: 1 March – 30 June 2017

Context

There are approximately 13% (14,317) of a total population of 110,136 in Kiribati who lived with some form of disability²⁷. The major types of disabilities found in Kiribati include physical disability, visual impairment, intellectual impairment, epilepsy and mental illness.²⁸

The Government of Kiribati (GoK) ratified the Convention on the Rights of Persons with Disabilities (CRPD) on 20th September 2013, demonstrating its commitment to the rights of people with disabilities. The GoK agrees that a lot of work (immediate and long term) is required to deliver on its commitments under the CRPD, including to ensure a disability inclusive workforce, inclusive education program, inclusive health care service and accessible and inclusive sports environment in a sustainable fashion.

It is also acknowledged however that GoK does not have the expertise and lacks the resources to fully embark on disability inclusive development. Therefore GoK seeks support (technical and financial) from its development partner's including in its initial steps in establishing the key foundations to be able to serve people with disabilities such is in the areas of:

- undertaking review of legislation, policies and plans to comply with the CRPD;
- strengthening the GoK's Disability Department to be able to perform its role efficiently;
- improving the basic disability services existing within the health and education sector; and
- strengthening disability networks nationally and abroad.

Australia's support

Australia's support to disability inclusion in Kiribati has been mainly provided through the Kiribati School and Centre for Children with Special Needs (Special School) – the only institution that supports special education for children with special needs. Since 2008, Australia has been providing core-funding support to the Special School to ensure availability of staff salaries, teaching resources, return transport for children and support for the school facility upgrade.

Following GoK ratification of the CRPD in 2013, Australia decided to support GoK commitment and developed a Kiribati Disability Inclusive Development Program (Program) in 2014 that aligns with the GoK disability priorities to help guide its disability investment over the next 3 – 4 years. The Program commenced in June 2014.

Issue

The Government of Australia (GoA) is now seeking to engage an Independent Evaluation Specialist (the Reviewer) to undertake an evaluation of the Kiribati Disability Inclusive

²⁷ Kiribati National Census 2015

²⁸ Kiribati National Disability Survey 2005

Development Program – KDIDP (the Program), through which it provides support in disability inclusive development to the GoK.

Program Goal: The Program (\$4.4 million, 1 Jul-13 to 30 Jun-17) focuses on supporting the overarching Program Goal: ‘Kiribati is implementing its disability-inclusive policy including through improved access to and quality of disability-specific services’. This program goal seeks to deliver on the over-arching longer-term development goal for Australia’s partnership with Kiribati in relation to disability-inclusive development: ‘Kiribati is an inclusive and barrier-free society, where persons with disabilities are empowered and seen, where they have equal opportunities, meaningful participation and full enjoyment of their human rights’.²⁹

Program Outcomes and Intermediary Outcomes: To achieve the Program Goal, the following key outcomes were identified in the Program design. A range of Intermediate Outcomes (19 in total) under the five longer term Outcomes have also been established to measure the Program’s success after 3-4 years:

Outcome 1: GoK policy and programs are coordinated, led and monitored by Ministry of Women Youth Sport and Social Affairs (MWYSA) and increasingly compliant with the CRPD in relation to disability services (consistent with the Kiribati National Disability Policy and Action Plan 2014-2018 (KNDPAP) Policy Priorities 1, 2 and 4). Intermediate outcomes include:

- MWYSA has sufficient staff to provide coordination of the implementation of its new policy, KNDPAP
- GoK has identified legislative changes required as a result of signing CRPD
- The Kiribati National Council for People with Disabilities meets regularly to oversee, provide strategic advice and monitor policy and program implementation across multiple stakeholders
- MWYSA identifies required accountability processes for CRPD, planning and implementing first stages of data collection for reporting
- Questions to identify prevalence of disability are included in Kiribati Census 2015
- **Outcome 2:** Strengthened Disabled Persons Organisations (DPOs) and deeper community awareness of, and support for the rights of women, men, boys and girls with disability to access services (consistent with KNDPAP Policy Priorities 3 and 6). Intermediate outcomes include:
 - TTM plays an active role in national disability policy coordination and monitoring processes
 - Selected TTM members are trained and supported to play a role in wheelchair maintenance and in raising awareness of teachers about inclusion in the classroom
 - A training centre is completed on TTM land and TTM is in a position to provide awareness raising and training for its members and the broader community on disability issues, including the rights to access services

Outcome 3: Increased accessibility and safety of new public infrastructure (consistent with KNDPAP Policy Priority 5). Intermediate outcomes include:

- The GoK, World-Bank, ADB and GoA funded road building project includes measures to address improved accessibility and safety for people with disabilities

²⁹ As per KDIDP design document

- These include traffic segregated bus-stops/stopping bays, lineated pedestrian crossing/s, speed humps either side of the pedestrian crossing and other design features
- Works are consistent with Accessibility Design Guide: Universal design principles for Australia's aid program. The GoK, World-Bank, ADB and GoA funded road building project includes measures to address improved accessibility and safety for people with disabilities

Outcome 4: Increased provision and quality of disability-inclusive education services (consistent with KNDPAP Policy Priority 7). Intermediate outcomes include:

- Trained team of TTM and MOE officials piloting classroom disability inclusive practice workshops with schools
- Review of effectiveness of pilot at the end of KEIP Phase Two with learning fed into KEIP Phase Three.
- SCCSN is achieving its objectives, is registered with GoK and is eligible to receive other donor contributions
- Action plans for implementing the inclusive education strategy are included and funded in Phase 3 of KEIP

Outcome 5: Increased provision and quality of disability-specific health and rehabilitation services and assistive technologies (consistent with KNDPAP Policy Priority 9). Intermediate outcomes include:

- Improved physical buildings, facilities and safety mechanisms in the psychiatric ward to meet basic human rights standards
- Establishment of a national CBR program, coordinated by MWYSA, with ongoing systems in place and trained workers in all outer islands
- Rehabilitation staff trained and supported to effectively provide range of essential services, including integrated mobility services
- Supply of relevant equipment and mobility devices substantially increased so that those at the top of the waiting list, including people in outer islands, receive services

Ranges of activities/inputs were also identified to support the delivery against each of the Objectives (see sections 3.1, 3.1.3 and Annex 4). Five crosscutting issues relate to the nature and quality of Program processes and activities (see section 3.1.2).

Funding: DFAT Post is responsible for the financial management and implementation of the Program and has delivered the Program through a range of stakeholders and agreements. These include:

- Disbursement of accountable cash grants to GoK Ministries - Ministry of Health and Medical Services (MHMS), MWYSA, Ministry of Finance (MoF);
- Entering into grant agreements with the local School and Centre for Children with Special Needs (SCCSN) and Te Toa Matoa (TTM); and
- Entering into a consultancy agreement with CBM Australia (Australian NGO); and
- Entering into a procurement contract with Alexander and Lloyd Pty Ltd (international architectural company).

To date over \$3.9m from the \$4.4m funding has been expensed with the bulk directed towards:

- infrastructural improvements (approx. over \$1.7m) for the Tungaru Rehabilitation Centre, the Meeria Ward upgrade and contribution to the Kiribati Road Rehabilitation Project; and
- inclusive education support to the School and Centre for Children with Disabilities and Ministry of Education inclusive education component of the Kiribati Education Improvement Program (approx. \$1.7m).

The remaining expenditure (approx. \$0.5m) has supported priorities within MWYSA, Ministry of Finance and Economic Development (MFED) – National Statistic Office (NSO), MHMS and services promotion, including:

- establishment of a Disability Development Officer position within MYWSA with additional funding to support the finalisation of the Kiribati National Disability Policy (KNDP) and key line ministries awareness on the Convention on the Rights of People with Disabilities (CRPD);
- support for the inclusion of the 6 Washington Disability Questionnaires in the Kiribati 2015 National Census; and
- the production of a DVD as a community communication tool to promote existing health disability services available within the Mental Health Department and Tungaru Rehabilitation Department.

The initial source of funding for the KDIDP was the global Disability Program Fund managed by Disability Section, Canberra. The KDIDP is now entering its final year of implementation with funding availability of \$480,000 remaining for FY16-17. Post has been advised that there will be no further funding available through this global Disability Program Fund to support future disability activities in Kiribati. The outcomes of this review will therefore inform proposals for support which are to be considered through bilateral or other available sources of funding moving forward.

Purpose of Review

The purpose of the independent review is:

- to measure the effectiveness and efficiency of the Program, including the extent to which the Program Goal and the five Program Outcomes have been achieved, with particular assessment of the extent to which the 19 Intermediary Outcomes have been reached; and
- to provide preliminary recommendations regarding future investment on disability inclusion within Kiribati beyond the term of the Project.

Objectives of the Review include:

The review will:

Explore how effectively and efficiently the five Program Outcomes have been met, including:

- **Outcome 1:** GoK policy and programs are coordinated, led and monitored by Ministry of Women Youth Sport and Social Affairs MWYSA and increasingly compliant with CRPD in relation to disability services (consistent with the Kiribati National Disability Policy and Action Plan 2014-2018 (KNDPAP) Policy Priorities 1, 2 and 4)
- **Outcome 2:** Strengthened DPOs and deeper community awareness of, and support for the rights of women, men, boys and girls with disability to access services (consistent with KNDPAP Policy Priorities 3 and 6)

- **Outcome 3:** Increased accessibility and safety of new public infrastructure (consistent with KNDPAP Policy Priority 5)
- **Outcome 4:** Increased provision and quality of disability-inclusive education services (consistent with KNDPAP Policy Priority 7)
- **Outcome 5:** Increased provision and quality of disability-specific health and rehabilitation services and assistive technologies (consistent with KNDPAP Policy Priority 9).
- Explore the impact of the Program in realising the rights of people with disabilities with particular attention to accessibility of infrastructure, access to quality education, and access to health (re)habilitation and assistive devices (as highlighted by outcome 3,4,5)
- Explore the sustainability of Program activities and approaches to continue progress towards the program outcomes beyond July 2017.
- Identify the challenges revealed and lessons learnt (both successes and failures) through the program from its implementation, monitoring and management processes.

Make recommendations to:

- Reflect those aspects of the Program that will/will not support sustainability measures of Program activities and approaches to continue progress towards the program outcomes; and
- inform future engagement by Australia in support for disability-inclusive development in Kiribati beyond the end of the Program, with particular attention to:
- possible activities to support mainstreaming into other priority sectors moving forward (for example, employment, private sector engagement, access to information, transport and technical education)
- potential partners who are interested in disability developments at the national, regional and international level
- ongoing capacity development of DPOs, including Te Toa Matoa and other relevant NGOs in Kiribati based on experience to date, taking into account other contributions from regional (Pacific Disability Forum, international CBM Australia, Disability Rights Fund and the regional support to Pacific Island Forum) sources
- ongoing strengthening of the GoK's Disability Division within the MWYSA focusing on human resources, strengthening partnerships/ networking at the national and regional level, improving coordination and support to the revival of the Kiribati National Disability Advisory Committee

Methodology

The methodology of the review will comprise a combination of qualitative and quantitative methods, including:

- Desk-based review including documents that will be made available (see list of documents below)
- Submission of independent review work plan
- In-country field work (including in-person interviews) and phone interviews.

Key Outputs

The key outputs of the review, including:

- Independent review work plan
- Draft Review Report

Finalised Review Report

Timeframes

a. **Timeframes** for completion of outputs:

DATES (2017)	ACTIVITIES	LOCATION	MAX DAYS INPUT
	Document Review, Desk Based Research	Australia	Up to 5 working days
	Independent review work-plan	Australia	1 working day
	Field visit and other phone interviews, as required	Kiribati	Up to 9 working days (includes travel)
	Draft report	Australia	Up to 5 working days
	Share draft report for comments within Post and Canberra and local stakeholders	Australia	
	Incorporate comments into draft report	Australia	Up to 2 working days
	Submit Final Independent Review Report	Australia	

Guiding questions/themes

Guiding questions/themes for the Reviewer to consider when conducting the review may include:

- a. the **Intermediate Outcomes** identified in relation to each of the Program Outcomes and included within section 3.1 of the Program design document
- b. the **Evaluation questions** identified in relation to each of the Program Outcomes and included within Annex 6 (MEL Framework)
- c. **Additional questions:**
 - I. disability inclusion (consistent with the core principle of ‘nothing about us without us’), including:
 - a. looking at how DPOs were consulted and included within each stage of the program, including within design, implementation, monitoring and evaluation; and
 - b. looking at how the diversity of experience of disability was reflected within the program, including consulting with persons with disabilities of different genders and diverse impairment types.
 - II. Gender inclusion, including:

- a. looking at how the program design, implementation and monitoring/evaluation has taken gender equality and women's empowerment into consideration and how it has ensured the different needs of women and men, boys and girls with disability have been met. This can be in relation to access, participation, leadership, economic empowerment and ending violence against women;
- b. looking at how the program has delivered: i) on CRPD commitments to women and girls, men and boys; ii) improved collection and use of data in regard to sex-disaggregated disability information; iii) ensured increased awareness and support for women and girls' access to services, including health and education outcomes; iv) ensured infrastructure is responsive to the needs of women and girls, men and boys; and v) ensured a 'do no harm' approach (ie. negative unintended consequences are mitigated)

Key Documents

List of **key documents** to be considered within the desk review, include:

- Kiribati Disability Inclusive Development Program (KDIDP), including reports which have been developed in relation to the Program (e.g. Tungaru Rehabilitation quarterly reports, site meetings minutes etc)
- Draft Kiribati National Disability Policy and Action Plan 2014-18 (KNDPAP)
- Draft Mental Health Policy
- DFAT disability policy: Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia's aid program (2015)
- Funding agreements (including agreements with GoK departments, CBM Australia, Te Toa Matoa, the Kiribati School and Centre for Children with Special Needs, Nei Tabera Ni Kai Video Production Company etc)
- Tungaru Rehabilitation Centre – Quarterly Progress reports
- Site meetings reports
- 2015 National Census Report
- Kiribati Development Plan 2016-19 (KDP 2016-19)
- Ministry of Education National Strategic Plan
- Ministry of Women Youth and Social Affairs National Strategic Plan
- Ministry of Health and Medical Services National Strategic Plan
- The Kiribati School and Centre for Children with Special Needs Strategic Plan
- Te Toa Matoa Strategic Plan
- Terms of Reference of Senior Disability Inclusive Development Officer position (Jan 15 – Dec 16).

Assumptions

DFAT Post will support the Reviewer with logistics for the in-country field visit, including with introductions and meeting arrangements with relevant stakeholders for conducting of in-person interviews (as well as for conducting phone interviews).

Skills required

It is expected that the Reviewer will have disability inclusive development experience and strong evaluation and report writing skills.

Involvement of persons with disabilities

Consistent with the core principle of 'nothing about us without us', persons with disabilities and their representative organisations (for example, Te Toa Matoa) will be consulted and included within monitoring and evaluation activities.

Annex 7 MEL Framework

Level of objective	Monitoring question	Evaluation question (at annual review)	Source of information	Analysis and reporting
Goal	How is GoK progressing against its obligations under CRPD?	Are people with disabilities reporting higher levels of inclusion in any aspects of life (e.g. community events, formal and informal education, physical access to infrastructure, decision-making about disability issues, service provision)?	<p>Minutes of KNCPWD meetings (question on the agenda each 6 months)</p> <p>MEL data collected by MWYSA to report to CRPD, using key performance indicators</p> <p>Recorded and collated comments from people with disability included in meetings and events (MWYSA officers to ask people with disability attending at least one event per 6 months)</p> <p>Interviews with members of TTM at end of Years 2 and 3</p>	<p>By KNCPWD at least six monthly</p> <p>By independent reviewer and person with a disability from Pacific or Kiribati once per year</p> <p>Findings included in annual review report</p>
Program goal	<p>Has GoK's policy approved by Cabinet?</p> <p>Are KNDPAP activities being undertaken according to MWYSA plans and objectives?</p>	What practical changes to rights of and services for people with disabilities have been identified as a result of increased GoK engagement in disability policy and programming?	<p>Minutes of KNCPWD meetings (question on the agenda each 6 months)</p> <p>MEL data collected by MWYSA to report to CRPD, using key performance indicators</p>	<p>By KNCPWD</p> <p>By independent reviewer and person with a disability from Pacific or Kiribati once per year</p>

	How well is Australian support contributing to Kiribati capacity to comply with CRPD?		Reports submitted by MWYSA to KNCPWD Reports submitted to DFAT by all contractors and partners undertaking funded activities	Findings included in annual review report
Outcome 1	How is MWYSA progressing in coordinating the implementation of the KNDPAP? Is MWYSA including people with disabilities in all aspects of its decision-making, implementation, monitoring and reporting?	What has MWYSA learned about implementation of the KNDPAP? What efforts are MWYSA taking to include people with disabilities in their work and what more can be done? Is the KNCPWD working well to ensure strategic coordination of disability policies nationally and to ensure the voices of people with disability are actively included?	Self-assessment by MWYSA officials of progress against plans and indicators in KNDPAP Comments from members of KNCPWD about progress Comments from Te Toa Matoa about their participation in policy and program implementation	Reports by MWYSA on progress By independent reviewer and person with a disability from Pacific or Kiribati once per year Findings included in annual review report
Outcome 2	What activities has Te Toa Matoa undertaken towards its own capacity strengthening? What activities have been undertaken by and with Te Toa Matoa to increase communities' awareness about the rights of people with disabilities, so they are more likely to support access to available services?	Is Te Toa Matoa reporting higher levels of self-determined capacity since mid-2014? Is there evidence that Kiribati communities have greater levels of awareness/understanding about the rights of people with disabilities, so they support access to available services?	Interviews with members of Te Toa Matoa Summary of anecdotal stories reported by MoE, MWYSA and MHMS	By independent reviewer and person with a disability from Pacific or Kiribati once per year Findings included in annual review report

Outcome 3	Is the road construction program including universal design elements to maximise accessibility and safety for people with disabilities?	Is there evidence that people with disabilities are using the road and feel safer doing so?	Interviews with members of Te Toa Matao	By independent reviewer and person with a disability from Pacific or Kiribati once per year Findings included in annual review report
Outcome 4	<p>Are teachers more aware of ways to include children with disabilities in the classroom?</p> <p>Are more educational institutions implementing inclusive education policies? How many programs and how many participants?</p> <p>Is the SCCSN achieving its organizational objectives?</p>	<p>Are more children and youth with disabilities attending educational institutions than in 2014?</p> <p>Are boys and girls, young women and young women attending the SCCSN achieving their learning potential?</p>	<p>Reports from MoE and TTM, technical institutions</p> <p>Interviews with children and youth with disabilities (check ethics?) who attend SCCSN and other technical institutions.</p>	<p>By independent reviewer and person with a disability from Pacific or Kiribati once per year</p> <p>Findings included in annual review report</p>
Outcome 5	<p>Are appropriate rehabilitation services being provided by the Tungaru Rehabilitation Centre?</p> <p>Are women and men with disabilities able to access mobility devices?</p> <p>Are women and men with psychiatric illness in safer, more secure and comfortable living conditions?</p>	<p>How are people with disabilities benefiting from access to rehabilitation services?</p> <p>Do people with disabilities report greater levels of mobility? What difference does it make to their lives?</p> <p>Are the rights of people with psychiatric illness understood and met? What lessons have been learned?</p>	<p>Interviews with people who have accessed services at TRC</p> <p>Data on numbers of services provided and numbers of women and men accessing services</p> <p>Data on numbers of people, by location, who have not yet received necessary mobility devices</p> <p>Interviews with staff of Psychiatric Ward</p>	<p>By independent reviewer and person with a disability from Pacific or Kiribati once per year</p> <p>Findings included in annual review report</p>

Independent Review of Kiribati Disability-Inclusive Development Program (KDIDP)
MANAGEMENT RESPONSE

Program Summary

Program Name	Kiribati Disability Inclusive Development Program		
AidWorks details	INK504		
Commencement date	23 April 2012	Completion date	31 January 2019
Total Australian \$	Estimated total initiative value: AUD4.4 million		
Implementing partner(s)	<p><u>Government Partners</u> - Ministry of Women, Youth, Sport and Social Affairs (MWYSA); Ministry of Health and Medical Services (MHMS); Ministry of Education (MOE); and Ministry of Infrastructure and Sustainable Energy (MISE)</p> <p><u>Non- Government Organisations</u> - Te Toa Matoa (TTM); and School and Centre for Children with Special Needs (SCCSN)</p> <p><u>Private Sector</u>: Nei Tabera Ni Kai Inc (local); and CBM Nossal, Alexander and Lloyd Pty Ltd (international)</p>		
Country/Region	Kiribati		
Primary sector	Disability-Inclusive Development		

Program Goal	KDIDP’s goal—‘ <i>Kiribati is implementing its disability-inclusive policy including through improved access to and quality of disability-specific services</i> ’
--------------	---

Review Summary

Review Objective: The purpose of the independent review is:

- to measure the effectiveness and efficiency of the Program, including the extent to which the Program Goal and the five Program Outcomes have been achieved, with particular assessment of the extent to which the 19 Intermediary Outcomes have been reached; and
- to provide preliminary recommendations regarding future investment on disability inclusion within Kiribati beyond the term of the Program.

Review Completion Date: 17 March 2017 (submission of final report)

Independent Reviewer: Ms Anna Roche (M&E specialist and strong understanding of disability-inclusive development in the Pacific and Kiribati in particular)

Overview of the KDIDP

The Program’s goal was “Kiribati to implement its disability-inclusive policy including through improved access to and quality of disability-specific services’ which looks at supporting an increase in the extent of disability inclusion of other joint cooperation programs. The Program includes selected activities across five outcome areas, contributing to the high level goals and based on policy priorities included in Kiribati National Disability Policy and Action Plan (KNDPAP) as well as detailed consultations with key stakeholders.

Outcome 1: Government of Kiribati policy and programs are coordinated, led and monitored by MWYSA and increasingly compliant with CRPD in relation to disability services (consistent with the draft Kiribati National Disability Policy and Action Plan (KNDPAP) Priorities 1, 2 and 4)

Outcome 2: Strengthened Disability Persons Organisation (DPO) and deeper community awareness of, and support for the rights of women, men, boys and girls with disability to access services (consistent with KNDPAP Policy Priorities 3 and 6)

Outcome 3: Increased access to public infrastructure (consistent with KNDPAP Policy Priority 5)

Outcome 4: Increased provision and quality of disability-inclusive education services (consistent with KNDPAP Policy Priority 7)

Outcome 5: Increased provision and quality of disability-specific health and rehabilitation services and assistive technologies (consistent with KNDPAP Policy Priority 9)

The Program Goal and Outcomes described apply to a long-term time-frame (e.g. 8-10 years rather than the three years included in this PDD) because such changes require sustained long-term commitment and effective partnerships. The intermediate outcomes are suggested for a 3-4 year period, reflecting the extent of expected budget availability (3 years) and the GoK's Action Plan period (4 years).

The review was therefore focused on the implementation of sets of activities in the period July 2014 to 31 December 2017 that will contribute to the achievement of the KDIDP's intermediary outcomes (IOs).

Summary of review findings

Overall KDIDP has been very effective and significant outcomes have been achieved that will contribute to a more inclusive society and have an ongoing impact on the lives of people with disabilities and their families and communities in Kiribati.

Outcome 1. Support for Government policy and programs to be increasingly compliant with CRPD in relation to disability services – 3 out of 5 IOs achieved.

- A Senior Disability-Inclusive Development Officer (SDIDO) position was established within MWYSA in August 2015. The post has provided a focal point for disability policy development and implementation within Government, raised awareness of disability issues, increased its profile and importance and supported the GoK in a wide-ranging role including progressing the GoK CRPD reporting.
- MWYSA (through the SDIDO) have trained the key government stakeholders on the types of data required from their departments to support the GoK completion of its CRPD report
- The Kiribati 2015 Census report includes data on people with disabilities as a result of incorporating the 6 UN Washington Disability Questionnaires in the National Census Questionnaires. The data is currently being used to inform intervention plans within the government and non- government departments.

Under this outcome, the program has not been able to progress the legislative reform to review GoK's compliance to the Convention on the Rights of Persons with Disabilities. The legislative review remains a priority for GoK, however this is a big undertaking for the SDIDO alone who was already overwhelmed with disability affairs. The SDIDO would require sufficient funding and TA support to progress this work

The re-activation of the Kiribati National Council for People with Disabilities did not also progress. The GoK is considering the recent established Human Rights National Committee (HRNC) to become the main national committee to monitor progress and achievements of all Human Rights (HR) Conventions that GoK has signed including the Convention on the Rights of People with Disabilities (CRPD). Currently, there is existing separate advisory committees for

CEDAW, CRC and HR of which have all the same representatives from key stakeholders. The expansion of HRNC to cover all other HR conventions will not only save costs and time for stakeholder's meetings but will also ensure good coordination and level of awareness and progress on these conventions. However, note that this amalgamation is still under discussion.

Outcome 2. Support for Deeper awareness of and support for the rights of women, men, boys and girls with disability to access services – *partially achieved.* Under the 3 OIs established under this outcome:

- There is greater national community awareness of TTM's role. TTM is now actively involved in national disability policy discussions, coordination and monitoring processes. This is mostly evident in the education, health, climate change – disaster risk reduction and infrastructural sectors.
- The construction of TTM's Centre is delayed due to limited capacity within the MISE to finalise designs and undertake a tender construction. The tender construction was completed in mid -February 2018 and construction will commence in late March 2018 and to be completed by May 2019.
- The wheelchair training of TTM is no longer taking place due to the Government's decision to have MHMS delivering the services. TTM is keen to have a role to play in the wheelchair maintenance and will be discussing with MHMS on the possibilities.

Outcome 3. Increased accessibility and safety to public infrastructure – *achieved.*

- The Kiribati Road Rehabilitation provides for the basic accessibility needs including accessible pathways, speed humps and bus stops.
- Australian supported infrastructure projects over the past 4 years, including 3 construction works at the Ministry of Health and Medical Services (MHMS), 1 project with the Kiribati Head Quarters, accessibility works within the Road Rehabilitation project have ensured the basic accessibility features are incorporated. The support has resulted in MISE's gaining more experience in this area and increasing interest in building accessibility
- The accessibility appraisal training to TTM (with MISE involved) has provided technical experience on how to conduct building accessibility appraisals. MISE and TTM are working together to conduct a national accessibility appraisal of government and public buildings including private sector buildings. The outcome of the appraisal will inform the MISE's review of the national building code that would inform the requirements of the new buildings. However, MISE/TTM will encourage those existing buildings which has been reviewed to address the appraisal findings if possible.

Outcome 4. Increased provision of quality of disability-inclusive education services – *achieved.*

- The stakeholder's consultation on the inclusive education (I/E) best teaching practices provided recommendations that were incorporated and currently implemented under Kiribati Education Improvement Program (KEIP) Phase 3 I/E component. Stakeholder's include: MOE, KEIP, reps from a few primary schools, the SCCSN, the Kiribati Teacher's College (KTC), pre-school teachers and TTM.

- Support to SCCSN continues to provide quality special education to children with special needs and has also allowed for a gradual integration process with the MOE KEIP. In partnership with KTC, MOE through KEIP 3 has taken on capacity building costs of the SCCSN to ensure teachers have teaching qualifications to meet one of three MOE's registration requirement.

Outcome 5. Increased provision and quality of disability-specific health services – 3 out of 4 IOs achieved.

- The Rehabilitation Centre has been rebuilt with qualified staff operating the Centre providing prosthetics, orthotic and physio-therapy services. The Centre also provides outreach services including the provision of mobility devices such as wheelchairs and crutches.
- The Mental Ward female patients are now secured within their own dormitory quarters. The secured space includes sleeping quarters, laundry, recreation space, ablution and seclusion blocks.
- A Community Wellness Centre was also opened in October 2016. The Centre operated in a different location not far from the Mental Ward and provides services to the community including: an outpatient clinic, counselling and rehabilitation activities.

The establishment of the national CBR program did not proceed. WHO was taking the lead in this sector but it was only able to progress CBR training for stage 1 and 2 with the final 2 more stages to go. Stage 1 and 2 involved the CBR awareness and capacity building of health workers including Nurse Practitioners, Assistant Social Welfare Officers, and island councils on the improve their understanding on community rehabilitation and have the basic skills to support people with disabilities in the process.

DFAT's response to the review report

DFAT and the disability stakeholders are happy with the evaluation assessment. We agree with most of its findings, conclusions and recommendations and see it as a useful basis for reflection to help inform future disability-inclusive development planning.

DFAT's response to the recommendations made in the review report

The evaluation made eight recommendations in the body of the report however, it only highlighted five recommendations in the executive summary. The table below covers all eight recommendations as outlined in the report.

DFAT's response to each recommendation is listed below.

Recommendation	Response	Explanation	Action plan	Responsible areas/ and timeframe
----------------	----------	-------------	-------------	----------------------------------

<p>DFAT should work with MWYSA to support KNCPWD as the body with responsibility for national disability policy coordination, oversight and implementation (and the Informal Disability Working Group in its absence.)</p>	<p>Agree – in partial</p>	<p>There are already existing National Advisory Committee for CEDAW, CRC and HR. Stakeholders representatives are the same across the three committees. It is envisaged the CRPD Advisory Committee will also have representatives as those other existing committees.</p>	<p>DFAT will await GoK’s endorsement of the Kiribati National Disability Policy (KNDP) and GoK’s decision on whether to revive the KNCPWD or utilise the recently established Human Right National Committee (HRNC) to monitor CRPD implementation.</p> <p>DFAT will continue discussions (monthly basis) with MWYSA to maintain the presence of the informal committee to act as a working committee where detailed discussions on disability issues are made to inform discussions at the HRNC - should MWYSA opt for the HRNC becoming the overarching committee to oversee implementation progress on related Human Rights Conventions.</p>	<p>Post/MWYSA – Ongoing until the Policy is endorsed and the right committee to monitor CRPD progress and achievements is agreed upon.</p>
<p>DFAT should support MWYSA and the SDIDO so they can finalize the National Disability Policy and seek official approval for the Policy as soon as possible. Similarly, support for Kiribati to complete CRPD reporting should also be considered.</p>	<p>Agree</p>	<p>DFAT currently has an arrangement in place to support GoK to finalise the KNDP and its CRPD report.</p> <p>Regional Rights Resource Team (RRRT) is already providing TA to MWYSA in the compilation of the CRPD report.</p>	<p>DFAT will work with MWYSA to ensure an Australian Volunteer is available to support the SDIDO to finalise the National Disability Policy.</p> <p>DFAT will monitor progress on the completion of the CRPD report and provide support where it can. This could include discussion with the DFAT Suva to seek through the existing Regional Programs in particular with RRRT.</p>	<p>Post/MWYSA – Ongoing. Completion of this activity is dependent on Cabinet’s endorsement of the Policy and the report</p>

<p>DFAT should provide short-term funding to cover any gap in funding until the Government of Kiribati take over funding for this post.</p>	<p>NA</p>	<p>This position has been fully absorbed as a government permanent position in January 2018.</p>	<p>NA</p>	<p>NA</p>
<p>DFAT should support the SDIDO to develop a MEL Framework that is both useful and feasible to support the National Disability Policy's objectives and processes</p>	<p>Agree – in partial</p>	<p>The GoK National Disability Policy is envisaged to be endorsed in June 2018. Having a MEL framework in place will provide GoK and partners a tool to monitor the policy's implementation and achievement of outcomes. However, progress is dependent on the capacity of the one SDIDO who currently looks after all disability affairs.</p>	<p>Following the GoK endorsement of the Kiribati National Disability Policy, DFAT will work initiate discussions with MWYSA and interested partners such as RRRT to develop an MEL framework to monitor the progress and achievements of the Policy's objectives. If and when required, DFAT can look into accessing the services of CBM Australia - through the DFAT technical partnership arrangement – to provide a disability inclusion technical review of the MEL framework.</p>	<p>Post/MWYSA/RRRT/National Advisory Committee (when established) – Ongoing – this could take more than two years depending on MWYSA capacity, and technical support availability.</p>
<p>It is recommended that DFAT should encourage and facilitate the mainstreaming of disability inclusion in Kiribati, including within Government of</p>	<p>Agree</p>	<p>The KDIDP program has focussed on improving existing disability services within the health and education sector and strengthening of the GoK's disability division.</p>	<p>DFAT will work with MWYSA and RRRT to progress the legislative review and updating of laws to comply with CRPD to support efforts towards mainstreaming. DFAT will continue to strengthen disability mainstreaming through the</p>	<p>Post Program Managers - Ongoing</p>

<p>Kiribati Ministries, the Australian Aid Program and other donor programs.</p>		<p>DFAT has already commenced disability mainstreaming within its major aid programs (Kiribati Education Improvement Program and the Skills for Employment Program (SfEP) and will continue to strengthen these initiatives including through its regional programs implemented through multilateral agencies.</p>	<p>KEIP, SfEP, Climate Change and Infrastructure, Health and Gender programs including Post's Direct Aid Program – community grant support.</p> <p>DFAT will also encourage Australian volunteers working in Kiribati to support mainstreaming within their sectors.</p> <p>If and when required, DFAT can look into accessing the services of CBM Australia - through the DFAT technical partnership arrangement – to provide a disability inclusion technical review of the any programs in any stage of implementation – TORs, design, implementation, reviews and other disability inclusion technical support required.</p>	
<p>DFAT to continue supporting the SCCSN, negotiating the level of funding to respond to other sources of funding from the Government of Kiribati and other donors.</p>	<p>Agree</p>	<p>Since 2008, the SCCSN has been operating as an NGO and depending on DFAT annual funding support to operate.</p> <p>DFAT's implementation of the KDIDP program took over funding of SCCSN from 2014 – 17. Through KDIDP, DFAT was able to strengthen the</p>	<p>DFAT will continue to provide core funding support the SCCSN over the next few years.</p> <p>At the same time, DFAT will work with the MOE through the Kiribati Education Improvement Program (KEIP) to support the SCCSN full registration under the MOE.</p>	<p>Post - ongoing</p>

		relationship between the SCCSN and MOE resulting in the SCCSN's recognition of the benefits of working with MOE.		
DFAT to support a suitably qualified candidate to find funding to achieve a higher qualification in this area.	Agree – in partial	<p>Inclusive Education is a priority under the MOE/KEIP. MOE agreed that: i)they lacked a solid understanding and shared vision of disability inclusive education and in some instances also required a greater understanding of disability and a human rights based approach; and ii) they need to increase their pool of teachers with inclusive education qualifications.</p> <p>DFAT does not have a specific funding mechanism to address the recommendation however, it would be able to promote interest and provide capacity building through the KEIP Program.</p>	<p>DFAT will encourage the MOE to add inclusive education study among their list of priority training needs submission to the Public Service Office.</p> <p>DFAT will also work with MOE through KEIP to encourage/increase teacher's interest in inclusive education through Kiribati Teacher's College and encourage teacher's undertaking their Education undergrad study to take inclusive education as part of their course.</p>	Post/KEIP/MOE - Ongoing