



LEAVE **NO** **ONE** BEHIND



MOBILISING FOR INCLUSION: COLLABORATION BETWEEN
GOVERNMENTS, ORGANISATIONS, COMMUNITIES AND INDIVIDUALS
TO REALISE THE RIGHTS OF PEOPLE WITH DISABILITIES

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Who we are

CBM Australia is a Christian international development organisation committed to empowering people with disabilities in the poorest places on earth.

Together with our partners, we enable concrete and sustainable change for and with people with disabilities, providing essential services and modelling effective disability inclusion to achieve wider, systemic change at regional, national and international levels.

CBM Australia works in Africa, Asia and the Pacific.

We acknowledge the Traditional Owners of country throughout Australia and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.

MOBILISING FOR INCLUSION

In 2015, world leaders united behind an inspiring and ambitious plan to eradicate global poverty and achieve sustainable development in all its dimensions - economic, social and environmental - by 2030. Most importantly, they committed us all to an inclusive agenda which would **leave no one behind** in the transformative journey towards a better future.

Yet there are undeniably some who continue to be left behind. How people experience and benefit from development processes can be profoundly different depending on their gender identity, age, ethnicity, sexual orientation, socioeconomic circumstances or other characteristics.

People with disabilities comprise around 15% of the global population. They are women and men, boys and girls, they are young and old, they are all ethnicities, in all circumstances, all orientations and all characteristics. And they are disproportionately represented in every under-served and vulnerable group.

Our commitment to ending global poverty and achieving a sustainable, peaceful and prosperous future for all requires that we **mobilise for greater inclusion** from grassroots to global levels.



As we move towards 2030, we hold the tools to guide us on our collective journey.

The 2030 Agenda for Sustainable Development and Sustainable Development Goals (SDGs) provide a roadmap and the United Nations' Convention on the Rights of Persons with Disabilities (CRPD) provides an instruction manual to ensure that the world we create along the way is inclusive for all people with disabilities. Used together, these frameworks grant us the means to ensure that those at risk or experiencing existing disadvantage – such as people with disabilities – are no longer left behind.

Sustainable Development Goals

The 17 SDGs adopted in 2015 are a universal call to action that span a wide range of issues of human development. The goals are interconnected and together point to coordinated action in the spirit of partnership and pragmatism: making right choices to improve life, in a sustainable way, for future generations.

Agenda 2030 is an inclusive agenda that specifically includes people with disabilities. To achieve SDG targets people with disabilities must be actively included in development efforts, contributing to and benefitting equally from progress made. This requires proactive initiatives that reach people with disabilities in their local communities, ensuring barriers are removed alongside widespread attitudinal and systemic change.

United Nations' Convention on the Rights of Persons with Disabilities (UN CRPD)

The UN CRPD, adopted in 2006, is a disability-specific human rights treaty, clarifying how established civil, political, social, economic and cultural rights apply equally to persons with disabilities.

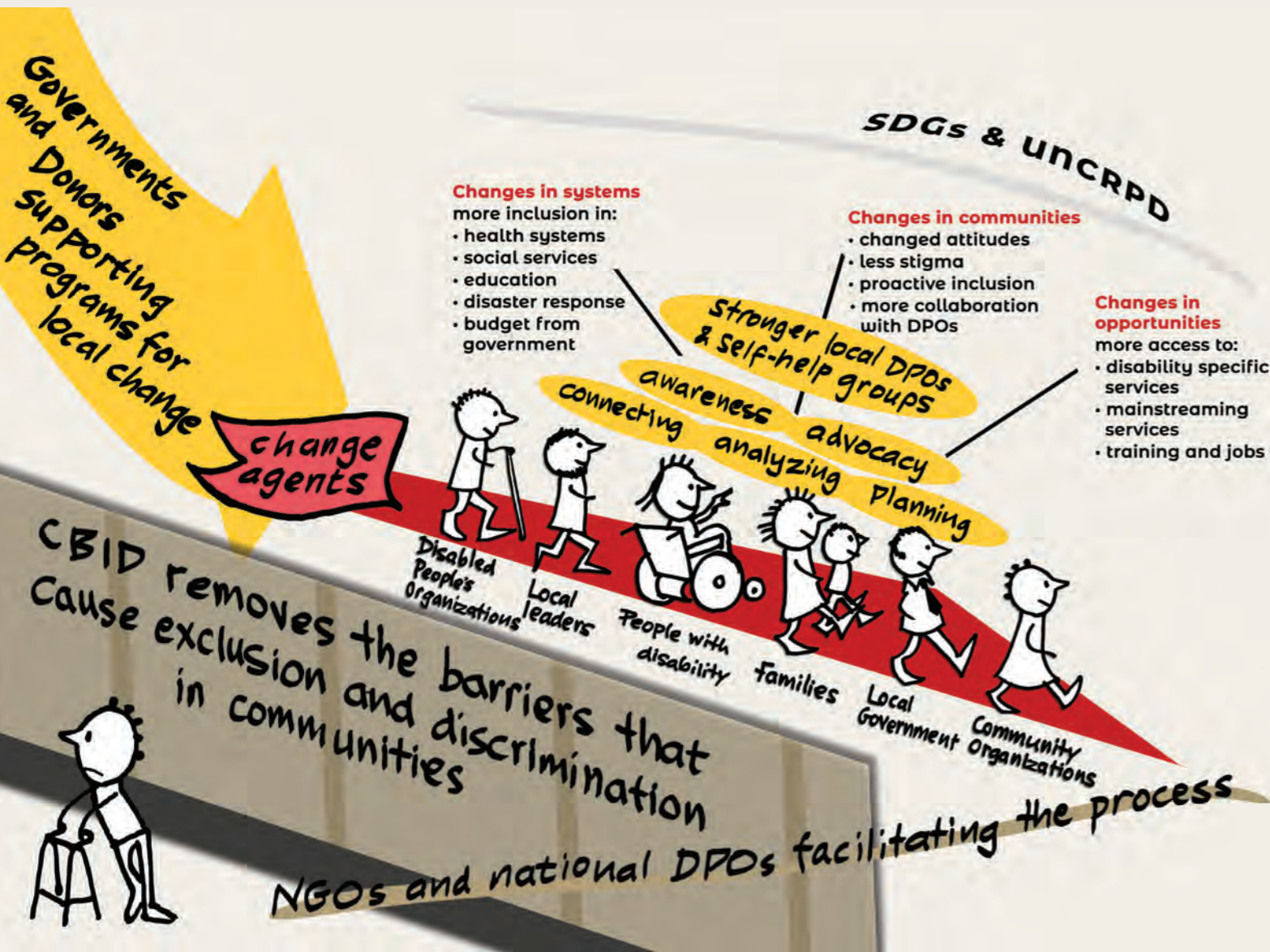
The central tenet of the Convention is non-discrimination; its vision is that of an inclusive society. It illustrates the necessary shift in attitudes and approaches toward people with disabilities who are recognised as participating, contributing members of society, with the same rights as others in the community.

As a legally binding document ratified by 177 States, the CRPD is a powerful tool to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”.³

The widespread recognition of rights now needs to be followed with action to ensure their realisation.



COMMUNITY BASED INCLUSIVE DEVELOPMENT (CBID)



While the CRPD and SDGs provide the legal and policy frameworks at international and national levels, implementation most importantly happens at a grassroots level. Without community support and uptake of these programs and ideas, the structures and systems which implement these policies become ineffective.

Community Based Inclusive Development (CBID) is one approach adopted by CBM and other partners to enable practical implementation of disability-inclusive development on the ground.

CBID begins in people’s everyday lives and aims to achieve sustainable and systemic change. The rationale is that no one should be excluded from development for any reason, and that the inclusion of marginalised people in development processes reduces poverty, builds community resilience and benefits the whole of society. Together people analyse and address the issues that contribute to exclusion in their community, providing the basis of collective action to build resilient, equitable and inclusive communities. This local action also aims to mobilise governments at local, sub-national and/or national levels for systemic support.

CBID is acknowledged internationally as an effective way in which communities can be activated, and the essential health, education, labour and other community services are made accessible to meet the needs of people with disabilities and their families throughout all stages of life. CBID also allows disability specific supports such as peer support, rehabilitation and personal assistance to occur at the local level. This is truly disability-inclusive development and why CBM champions CBID as the way forward.

CBM and partners have successfully adopted a CBID approach in a range of contexts. The localisation of CBID ensures that programming is contextualised to meet community needs and sees unique applications of CBID in each community. The case studies that follow show how this approach can be used to mobilise stakeholders for disability inclusion.





MOBILISING FOR **DISABILITY- INCLUSIVE** DEVELOPMENT

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Effective disability-inclusive development requires that necessary steps be taken to support people with disabilities to realise their rights at every stage and in every facet of their lives.

People with disabilities must be able to access specific services and supports – such as empowerment activities, assistive devices, treatment and rehabilitation – that are necessary to enable full participation and capacity to engage effectively. At the same time, people with disabilities, communities, governments and development stakeholders must work together to support meaningful participation and inclusion by ensuring, for instance, accessible transport, communications and infrastructure, inclusive education and employment, trained health and education staff. It is the combination of these two components – disability specific and mainstream support - that enables inclusion. This is a “twin-track approach” to disability and development.

At an individual level, people with disabilities must know and understand their rights and have the power to demand accountability from others. Development programs can facilitate this process by raising awareness, providing information, building capacity, and encouraging participation, which can lead to greater control and decision-making.⁸ This shift in thinking is important for overcoming the attitudinal, institutional and physical barriers that may be present in the community.

Families and communities must have the necessary understanding and attitudes to

respect, protect and promote the rights of people with disabilities. Empowerment is a cross-cutting theme for most community based activities and this can be directed to supporting people with disabilities, their family members and communities to facilitate the mainstreaming of disability across every sector and to ensure that everybody is able to access their rights and entitlements.⁹

Governments and their development partners must take necessary steps to ensure the rights of people with disabilities are realised through laws, structures, institutions and systems that support this. Non-discrimination and accessibility should be mandated and enforced. Sufficient attention and resourcing for disability inclusion, including disability specific support services and social protection is a challenge for every government - but it is also a challenge that the 177 State signatories to the CRPD have committed to address. Without essential conditions of accessibility, non-discrimination and disability specific supports, (such as assistive products, rehabilitation support services and social protection) being in place, inclusion in the mainstream is more difficult to achieve

When all of these stakeholders work together, disability-inclusive development can be a reality.

✓ Yesmin has trained women across the district and opened her own sewing coaching school in her home.



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▼ Physical Therapist demonstrating mobility exercises alongside the NORFIL community health worker.



To ensure equal access to education for children and youth with disabilities, NORFIL works with mainstream and special education schools/ classes and day care centres in their targeted areas. Through this work, hundreds of children with disabilities have now been enrolled in schools and teachers have greater awareness and acceptance of children with disabilities, with some adopting the idea of inclusive education.

Another key component of the CBID project is a home based rehabilitation program, where a team of qualified staff including physical therapists, social workers, occupational therapists and special education teachers equip parents, siblings and community volunteers with skills to support children and youth with disabilities in home based rehabilitation. The expectation is that this will contribute to improved outcomes for children and youth with disabilities, leading to their greater inclusion within their community.

Sweet Honey, a young girl with cerebral palsy, is one of the many children who has been involved in NORFIL's home based rehabilitation program. Sweet Honey's parents received training from

a physical therapist so they can provide daily rehabilitation in their home. The therapist visits Sweet Honey and her family monthly to monitor the progress she is making with daily rehabilitation and what impact this is having on her day-to-day living. Community health workers from local government also join each home visit so they too can develop new skills and continue the work NORFIL have started.

Sweet Honey's mother says that before her daughter began the home program she could not sit up by herself. Now there are big changes to her mobility. She is able to hold a spoon to feed herself, she is able to sit up by herself and she is learning how to walk. Sweet Honey's mother has also learnt a lot about disability through NORFIL's training for parents. In the past, she believed she was to blame for her daughter's disability due to cultural beliefs and stigma about disability, but after participating in the training with other parents she no longer blames herself.

▼ Sweet Honey and her therapist using toys for mobility and strength exercises



Case Study: Supporting children with disabilities and their families

The NORFIL Foundation, in the Philippines, works with children with disabilities and their families. The CBM-supported CBID project uses a multi-sectoral approach to enable the inclusion of people with disabilities in all aspects of community life and development, including health, education, livelihoods, social engagement and empowerment.

The project also aims to enhance the quality of life of children with disabilities by implementing or promoting services and programs that meet their basic needs. To support this, NORFIL have successfully worked with local government to establish Municipal Councils for Disability Affairs (MCDAs) to provide a platform for different government departments and work together with parents to address barriers for children with disabilities in accessing mainstream services.

Parents groups have been established for parents of children and youth with disabilities. These groups provide valuable peer support and also serve as a platform for joint advocacy and influencing of local government to ensure inclusive decision and policy making to benefit children with disabilities. The knowledge acquired by parents in the groups has significantly contributed to improving the quality of life for their children. Parents also report a greater awareness of the rights of people with disabilities since attending training "...now as I am more aware, I am now advocating for children and youth with disabilities' rights together with some other parents. People with disability should not be bullied and discriminated. They have the right to participate."

The multi-sectoral approach taken in this project across mainstream and disability specific services has meant that children with disabilities can access rehabilitation and other key services which improve their lives and enable their participation in their communities, while at the same time working with parents, communities and government to break down physical and attitudinal barriers to their full inclusion.

It is important that children receive early identification, assessment and treatment of health conditions and their resulting impairments, with the aim of resolving or limiting their impacts and preventing further health conditions. Many young children in low and middle income countries have impairment that could be 'remedied or alleviated with early screening, intervention and treatment and neglect of many common, treatable health problems causing serious disability are often not addressed leading to lifelong disability.¹⁰

Families are a fundamental channel to a child's empowerment. The importance of growing up in a supportive family environment for the full and harmonious development of a child's personality is recognised throughout the Convention on the Rights of the Child and the CRPD. Article 23 of the CRPD guarantees the equal rights of children with disabilities with respect to family life, and sets out the State's obligation to provide early and comprehensive information, services

and support to children with disabilities and their families in order to prevent concealment, abandonment, neglect and segregation of children with disabilities.

Being actively included in the social life of one's family and community is important for personal development. In the early stages of a child's life, it is important that children with disability are well supported by their families, that they are accepted in the community, and that they build connections with children of their own age. Parents, who may feel negative about their child's situation, benefit from being supported to have positive expectations for their futures. Connecting them with peers, understanding the need for playtime, sports and friends is important. Without these expectations, families can be the first barrier children with disabilities experience in their life.



The NORFIL case study demonstrates how action and resources can be mobilised to meet the needs of children with disabilities, and their families, within the communities in which they live and grow. In this case, CBID has supported the development of locally driven and targeted approaches to connect families with practical support from local government health professionals, community development officers and early childhood educators. With support, families can be strong advocates for the inclusion and wellbeing of children with disability and a catalyst for inclusive change within their community.



Case Study: A comprehensive approach supporting inclusive education

In the Northwest Region of Cameroon the Cameroon Baptist Convention (CBC), together with a range of stakeholders, is working for increased inclusion of people with disabilities in all aspects of community life.

CBC is facilitating a CBID approach to achieve improved access and participation for people with disability in health services, education, livelihoods, community and political life. This work engages people with disability and their organisations; local government; schools and education authorities; health services and mainstream development agencies in working together for inclusion. Local community workers also have an important role to play in identifying and connecting people with disability with these opportunities.

Since 2009, the program Socio-Economic Empowerment of People with Disability (SEEPD) has worked in 314 villages funded by CBM Australia and the Australian Government aid program.

One of the biggest successes has been getting local municipal councils to think about disability. Mayors are now strong advocates for inclusion, and the large number of councils in the North-West region now have policies, focal people and budget to ensure that disability is considered in areas like building regulations and community functions. A number have even allocated stipends to pay community workers or to support teacher aides or children with disability in school.

Importantly, the program has supported children with disabilities to be enrolled in school since the very beginning. This has required them to convince hesitating parents, encouraging Parent Teacher Associations to waive fees (where appropriate), fund structural changes to classrooms, and train teaching staff in practical ways to support all children. One of the schools involved is the Government Bilingual High School (GBHS) in Bamenda, where teacher and education advisor Bridgette Fambuzie leads the inclusive education department. Bridgette's passion and commitment to education for all students is clear to see with her transferring the knowledge she has learned to other teachers to build support for inclusive education.

"Fantastic knowledge has been shared with my colleagues...we are now thinking about diversity in our classrooms...not just the typical learner, but how to engage everybody" and that, "if people with a disability are included in the process then everyone benefits".

Within the school community there is also talk about the important social changes that have taken place as a result of the project. There is greater acceptance of students with disability.

Particularly impressive is the way students with a disability are now being included in the playground. Many students have taken an interest in learning sign language and are often seen having conversations in sign language in the classroom. Most importantly, students with a disability have stated they are happier at school, and feel included and accepted by other students. The messaging of inclusion is spreading to parents and the wider community that school should be a place where all children can learn.

The program supports genuine, quality inclusion in education and demonstrates that inclusive education is feasible. Government primary and secondary schools have been set up as pilot schools to model inclusive education. Resource centres have been established with staffing and resources to support inclusion of students with disability in each school, and the project works with teacher training institutes to build inclusive education skills of teachers. Over time, this approach has gained strong support from the Ministry of Education and the Exam Board and Parent Teacher Associations have also been engaged with working for inclusion.

The participatory approach taken throughout the planning, implementation and evaluation of the SEEPD program has ensured that people with disabilities are informing the program based on their needs and experiences. Key stakeholders and government institutions are taking active responsibility to promote disability inclusion and breaking down the stigma around disability. This approach is important for the sustainability of changes achieved and shows what is possible with CBID when it is fully embraced and implemented by all stakeholders.

For children with or without disabilities, education is vital in itself but is also instrumental for participating in employment and social activity. Social relations and productive work can change the status of people with disabilities in society and affirm their rights. For children who

do not have a disability, interaction with children with a disability in an inclusive setting can increase familiarity and reduce prejudice. Inclusive education is therefore central in promoting inclusive and equitable societies.

UN CRPD, Article 24, charges States with ensuring the provision of an inclusive, quality, and free primary and secondary education to people with disability on an equal basis with others in the communities in which they live (United Nations, 2006).¹²

Goal 4 of the SDGs aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all with the specific target that countries will '... eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.'

Disability-inclusive education is the means by which the rights of children and youth with

disabilities to education are upheld at all levels within the general education system. It involves identifying and overcoming barriers to quality education in the general education system; reasonable accommodation of the individual's requirements; and provision of disability support measures to facilitate access to and participation in effective quality education.¹³ Although the concept of inclusive education has been promoted internationally for more than two decades, multiple barriers remain.¹⁴

Lack of adequate education remains a key risk factor for poverty and exclusion for all children. For children with disabilities, however, the risk may be even higher. Children with disabilities who are excluded from education will almost certainly be part of the long-term, lifelong poor. To achieve disability-inclusive education

challenges' have to be addressed beyond the boundaries of the school and classroom. Using the school environment as safe space to reduce the social stigma around

disability provides a building block for inclusion in the broader community.

Involving parents and the community is an important principle in education, particularly inclusive education. The first step for families to become involved in a collaborative way with schools is to promote a social and educational atmosphere where parents feel welcomed, respected, trusted, heard and needed.¹⁵ In many places throughout the globe, schools are the centre of community life and are used to encourage and achieve social participation. Such cultural environments will ease the process: parents, schools and community leaders know how to work together and find creative solutions for improving learning, responding to economic crisis and disease outbreaks, or assisting populations affected by disasters.¹⁶





Case Study: Improving health care and enabling broader opportunities

While progress has been made in Bangladesh to strengthen health systems over recent decades, significant challenges remain in ensuring all people who need health services have access to them. People with disabilities in particular continue to experience stigmatisation, discrimination and inequalities in accessing health and rehabilitation services.

In Bangladesh, CBM partner organisation, Disabled Rehabilitation & Research Association (DRRA) has implemented an inclusive health and rehabilitation project that aims to increase access for people with disabilities to health care services, resulting in improved health outcomes, greater opportunity for participation in the community and better quality of life.

The project takes a comprehensive CBID approach to improving outcomes for people with disabilities. In terms of mainstream services, this includes establishing rehabilitation units in health centres, strengthening referral pathways for people with disabilities to health and rehabilitation services and training for health workers. The project also acknowledges the importance of overcoming financial barriers to accessing health services and links people with disabilities to social protection mechanisms so they can afford the health care they need.

The project has also provided access to education and training opportunities for people with disabilities, established and strengthened organisations of people with disabilities (DPOs), and provided opportunities for people with disabilities to have a voice and to contribute to decision making within health systems. CBM Bangladesh and DRRA are using the lessons learned from the project to advocate to government at a national level for inclusive health and rehabilitation systems.

Through the project, Yesmin was able to access rehabilitation services for a physical impairment that limited her ability to use one of her hands. Previously, she had limited mobility and physical function of her hand, which limited her opportunities to work. She didn't know how to access health and rehabilitation services. After a number of sessions with a physiotherapist at the health centre and some home based exercises, Yesmin's hand strength improved.

"After taking therapy surprisingly I noticed that I can move my hand. I started feeling that I can do something. Now I can work just like a person without a disability."



The project also referred Yesmin to the district's Women's Affairs Office where she took a sewing course. At the end of the training, she was employed as a trainer to train other women. Yesmin has now established her own small business running trainings from her home, and has taught many people how to sew. This has improved Yesmin's livelihood, and has helped to change community attitudes towards her and other people with disabilities.

"I have become a teacher, that's a big achievement for me. All the community people respect me, that's a change. Now I have become a role model."

DRRA works across the health system to improve physical access to health services but recognises that attitudinal barriers are often the biggest barriers for people with disabilities. The project therefore, focuses on changing attitudes and raising awareness among health professionals. Yesmin observed a positive shift in the way she was treated at the health centre.

"Earlier they didn't value us. Now due to this project we are not facing any problems in getting the necessary services. Earlier they didn't even count the persons with disabilities."

The case study from Bangladesh demonstrates necessary linkages between efforts to promote and facilitate access to health care and rehabilitation with livelihood supports, education services and social opportunities. A person with a disability who is working gains self-confidence, is empowered and better able to obtain the necessities of life, maintain a family and participate actively in the social, cultural and political life of his/her community.¹⁸

Barriers to access across the government health system are being addressed through the project, including shifting attitudes and increasing awareness of the rights of people with disabilities amongst health workers and the community. This is then matched with community advocacy and programs to support the individual.

The UN CRPD Article 25 requires States to "recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination of disability".¹⁹ Article 23 requires countries to provide family planning and education to all individuals with disabilities on an equal basis with those without disabilities, including education regarding sexual health, relationships and reproductive health.

Goal 3 of the SDGs recognises that an essential aspect of sustainable development is ensuring healthy lives and promoting the wellbeing at all ages. When it comes to maintaining a healthy life and accessing the supports that people with disability need, health services remain consistently important through each stage of life. This is achieved, in part, through health-care providers having positive attitudes towards people with disabilities and health services being accessible to people with different impairments.²⁰

Strong CBID practices in the health sector work with the individual and their family, health providers and government policy to ensure an inclusive health sector that meets the needs of people with disabilities through a dignified and affordable approach. In addition, CBID ensures there is improved collaboration across all development sectors, including education,

livelihood and social sectors, to achieve good health for people with disabilities.²¹

People with disabilities face the same issues and concerns as those without disabilities, but societal prejudices, barriers, and ignorance can complicate and intensify these concerns. Access to information regarding reproductive health, HIV/AIDS, and human sexuality is often not available to people with disabilities or may be disseminated through inaccessible means. This lack of information can have significant negative consequences as it deprives them of the tools needed to navigate sex and relationships safely and confidently. Additionally people with disabilities, especially young women, are much more likely than the population at large to experience sexual, physical and emotional violence.²²

Governments need to ensure that health systems are inclusive for all. That health, rehabilitation and essential assistive products are provided through Universal Health Care packages. Ensuring that the needs of people with disabilities are met through an inclusive health system ensures that all people, no matter their age, social status or impairment are provided with this basic human right.


People with disabilities are

2x

as likely to find health-care providers' skills inadequate.

3x

more likely to be denied health care.



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Case Study: Fulfilling potential and building a purposeful life within an inclusive community

In India, CBID is often initiated by local non-government organisations, like Margdarshak Seva Sansthan (MSS), which works in Chhattisgarh state. Often, one of the first steps in CBID programming is to set up small locally based organisations of people with disabilities (DPO).

Chandermani is a young leader of a DPO. Contracting polio at 8 months old left her with a physical impairment. She faced significant challenges because of her disability, including the attitudes of her parents. Despite completing year 10 of high school, Chandermani's parents didn't believe she was capable of contributing to her family or community. When approached about joining the newly formed DPO, her parents were hesitant. But MSS staff persisted: "don't just have dreams" they said, "dreams have to be fulfilled". Finally her parents let Chandermani attend some training sessions, and she joined the DPO.

In a CBID approach, local DPOs play a crucial role in achieving important changes for people with disabilities. They can advocate for budget allocations from the local government for disability issues, make modifications to public buildings and schools so that they are accessible, and support people to navigate often complex administrative processes to apply for government pensions and schemes.

CBID programs help people with disabilities like Chandermani to access loans, and access training to set up small businesses. "In the space of two years my life has totally changed", says Chandermani. "I've now established a small shop, and am doing some tailoring to earn money. I'm contributing to the family income alongside my brothers. I've earned their respect."

> Chandermani is an active member of a DPO, advocating for the rights and needs of other people with disabilities.

Chandermani is now an active member in the DPO, advocating for the rights and needs of other people with disabilities. When it comes to supporting young people with disabilities, she sees that one of the biggest challenges they face is changing the attitude of parents, who often don't see the possibilities for their future and their potential. Her successes and her leadership in the DPO have inspired other parents to let their daughters with disability continue with their education.

DPOs at a local level play an important role in liaising with local government officials, making sure that people with disabilities become more active in their community, and that they are aware of their rights and the government schemes available to them.



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Chandermani's case demonstrates the importance of empowerment and advocacy in disability inclusion and building inclusive communities. Advocacy can be undertaken in different ways and by different people, e.g. self-help groups or DPOs might advocate as a group to influence decision-makers to create change and ensure disability-inclusive policies and programmes.

Successful advocacy depends on important messages being communicated and heard. However many people with disabilities experience barriers to communication. This means that their voices are often not heard and they have few opportunities to advocate for their rights or to influence decisions on the issues, policies and services that affect their lives. DPOs have arisen in response to these societal barriers and as a reaction against the control of people with disabilities by others. People with disabilities are their own best spokespersons and representatives, as they know best their needs and aspirations.²⁴

The UN CRPD Article 21 highlights the importance of communication for people with disabilities. It confirms the right to "... freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others and through all forms of communication of their choice ..."²⁵ Self-advocacy and effective communication are an important part of the empowerment process for people with disabilities.

Goal 16 of the SDGs promotes peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels. It aims to ensure responsive, inclusive, participatory and representative decision-making at all levels.

Promoting social justice and achieving decent work for people with disabilities takes a twin-track approach to disability inclusion. One track allows for disability-specific programmes or initiatives aimed at overcoming particular disadvantages or barriers. The other track seeks to ensure the inclusion of people with disabilities in mainstream services and activities, such as

skills training, employment promotion, social protection schemes and poverty reduction strategies. The right of people with disabilities to decent work is frequently denied. Compared to others, they experience higher rates of unemployment and economic inactivity and are at greater risk of insufficient social protection that is a key to reducing extreme poverty.²⁶

Article 27 of the UN CRPD recognizes "the right of persons with disabilities to work, on an equal basis with others". Furthermore, it prohibits all forms of employment discrimination, promotes access to vocational training, promotes opportunities for self-employment, and calls for reasonable accommodation in the workplace, among other provisions.²⁷ Decent work should be at the heart of global, national and local strategies for economic and social progress. It is central to efforts to reduce poverty, and a means for achieving equitable, inclusive and sustainable development.²⁸

Skills development and livelihood programs that don't address the needs of youth and adults with disabilities in a community are incomplete and limit the sustainability of other efforts. There needs to be good pathways in CBID to enhance access to health care, education services and social opportunities, that then lead to improving people's access to decent ways of making a living. An individual with a disability needs to be healthy and may need an assistive device in order to work. Having access to primary and secondary education, as well as opportunities for skills training all improve work opportunities. And a person with a disability who is earning an income is empowered and better able to obtain the necessities of life, maintain a family and participate actively in the social, cultural and political life of his/her community.²⁹

Community-based approaches to developing the skills of people with disabilities and preparing them for jobs or self-employment are an essential strategy in reducing poverty and addressing social inequality. "It is essential to ensure that both youth and adults with disabilities have access to training and work opportunities at community level".³⁰

MOBILISING FOR **DISABILITY** INCLUSION IN THE PACIFIC

The Asia and the Pacific SDG Progress Report 2019 states that, at the current pace of progress, the Asia-Pacific region will likely miss all SDGs by 2030.³¹ Systemic barriers such as a lack of accessibility, lack of appropriate services, discrimination and a lack of underlying empowerment also means that development gains seen for the overall population are yet to reach disadvantaged groups. Development gaps for more disadvantaged groups, such as people with disabilities, remain large and are even increasing. The report highlights that people with disabilities have experienced the least progress.³²

The Pacific region has long recognised the needs of people with disabilities and has made substantial progress in building government commitment and a supportive policy environment in the form of the Pacific Framework for the Rights of Persons with Disabilities. The Pacific Disability Forum's 2018 SDG-CRPD Monitoring Report, "From Recognition to Realisation of Rights: Furthering Effective Partnership for an Inclusive Pacific 2030" highlighted some areas of strong inclusive action and practice from governments and development partners in the region. **However, it also highlighted significant unmet need for disability services and that people with disabilities continue to be excluded from their communities.**

People with disabilities in the region continue to have little or no access to education, health services (including rehabilitation and assistive devices), employment, justice and political participation. Their rights are often not realised due to barriers and discrimination and their families are often poor, making it more difficult

to provide support. Access to services is often limited to urban areas, leaving those in rural areas even more marginalised. Investment in disability in the Pacific remains low, at 0.15% of GDP for most countries.³³

The full diversity of people with disabilities is not yet well represented in national and regional disability movements in the Pacific, particularly people with intellectual or psychosocial disabilities, and people who are deaf or deafblind. The barriers to accessing fundamental support services, strong prejudice and lack of knowledge within communities and inaccessible environments have limited opportunities for these groups to have their voices heard. In the Pacific, there have also been challenges to reach and involve people with disabilities who live in rural areas and outer islands in countries that are geographically scattered.³⁴

These findings **reinforce the need to mobilise investment in the realisation of rights of people with disabilities in the Pacific.** They also demonstrate the value of strategies, like CBID, that both drive demand for rights and services and strengthen the implementation of and accountability for the implementation of national laws and policies.

This report echoes the call in the SDG-CRPD Monitoring Report³⁵ for donors and development actors to support the formation of an innovative regional, multi-donor funding mechanism for disability inclusion in the Pacific. Such a mechanism is needed to achieve greater collaboration between stakeholders and to enable the scale of investment required for effective disability inclusion.

Leave No One Behind: Principles for Inclusion

“As we embark on this great collective journey, we pledge that no one will be left behind and we will endeavour to reach the furthest behind first.”³⁶

Too little has been done to effectively realise the Leave No One Behind principle in Agenda 2030. Whilst we see progress and an increased understanding of the value of rights-based disability inclusion by development actors there is a long way to go to more systemically address disability across the programs, policy and research they undertake.

As the international community reaches a third of the timeframe for the 2030 Agenda, all stakeholders need to pay more attention to those who are still being left behind. Action is required now to ensure that there is enough time to increase inclusion efforts and ensure the SDGs makes a difference for the most marginalised, for people with disabilities.

Although the CBID approach outlined in this report starts at the community level, it

doesn't stop there, and it doesn't release other stakeholders from their obligations. What all of the case studies demonstrate is that people with disabilities can achieve the realisation of their rights when there is a comprehensive approach to making this happen.

When governments implement the CRPD, when development partners address specific barriers to inclusion in their programs, when communities change their attitudes and perceptions towards marginalised people, when people with disabilities and their families, are empowered, everyone benefits.

When we all mobilise for inclusion, that's when people with disabilities will realise their rights on an equal basis with others and can achieve their full potential.

CBM Australia recommends the following actions be taken to bolster implementation of and adherence to the CRPD and action towards achieving the Sustainable Development Goals for all people with disabilities.

The Australian Government:

- > Support Pacific stakeholders to develop and implement an innovative regional, multi-donor funding mechanism to support comprehensive disability inclusion in the Pacific.
- > Mobilise donors and governments to contribute resources to the needs identified under the Pacific Framework for the Rights of Persons with Disabilities through a mutualisation of investments.

All international development actors:

- > Earmark adequate budgets for disability inclusion investments, particularly those in education, health and livelihood programs. Prioritise the accessibility of investments, including through ensuring physical accessibility, communication options and adequate training in social approaches to disability inclusion.
- > Take targeted actions to support people with significant impairments to access basic and inclusive services including water, sanitation, health, education, rehabilitation, community services and social protection.
- > Consider multi-sectoral CBID approaches to mobilise support for inclusion at individual, community and government levels.
- > Apply a 'Leave No One Behind' lens to the implementation of the SDGs by consulting with people with disabilities, including in high-level reporting.
- > Continually monitor and evaluate engagement with people with disabilities and their representative organisations in order to ensure that this engagement is effective and inclusive, and that all people with disabilities are represented by the 'us' in 'nothing about us without us'.
- > Advocate for, support and implement data collection on disability in relation to all SDGs.

It is our collective responsibility to ensure the voices of people with disability are heard, their participation is expected, and their rights are realised in all stages of their life and in every aspect of society. We must mobilise much stronger commitment and considerably more resources at the individual, community and government level if we are to achieve the inclusive and prosperous 2030 to which we are committed.



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