

Australia's new International Disability Equity and Rights Strategy

CBM Australia, 15 December 2023

Introduction

CBM Australia welcomes the opportunity to make a submission to the development of the new international disability equity and rights strategy (the Strategy). Australia has been a global leader in disability inclusive development for a decade and a half. Our leadership has directly supported people with disabilities to be included in society and development efforts. It has also resulted in many other countries and development actors improving their own approach to disability inclusive development. Without doubt, people have been enabled to find pathways out of poverty, and lives have been improved and saved through the disability inclusion focus of Australia's official development assistance (ODA) program.

However, our leadership has been hollowing out over recent years, with gaps in implementation from strategy to program level, and stagnant funding. CBM Australia welcomes the Government's renewed commitment to disability as a core area for action in the development program, and the shift to using terminology of disability equity and rights over that of social inclusion. This language indicates a strong human rights-based approach, which is essential to achieving equitable development outcomes.

We further welcome that the new Strategy will have broad scope across Australia's development cooperation, humanitarian action and multilateral human rights engagement, extending across DFAT's remit, and including performance measures.ⁱ

This submission includes detailed recommendations that collectively address the questions posed in the call for submissions. The recommendations offer specific ways in which Australia can step up its delivery on our commitments to disability equity and rights, and meaningful partnerships, in support of a peaceful, stable and prosperous Indo-Pacific region. Almost without exception, the recommendations could be realised within the existing and forecast future ODA budget.

CBM Australia is an active member of the Australian Disability and Development Consortium (ADDC). We endorse the ADDC submission as complementary to our own. Further, as members of the Australian Council for International Development (ACFID), we have engaged with ACFID on its submission, and promote that submission for DFAT's attention.

Key outcomes and dial shifting investments

The Strategy must outline extensive approaches that are both broad - being applied across the development program and DFAT's overall portfolio - and deep; substantially prioritising engagement with and supporting people with disabilities, their families and representative organisations.

Outlined below are a range of opportunities and approaches where DFAT's investment, largely from within the existing ODA envelope, would have significant and measurable positive outcomes toward disability equity and rights in the Indo-Pacific region.

- ✓ **Organisations of People with Disabilities (OPDs) are stronger**, more able to pursue their priorities and have greater influence in Australia's ODA program. Achieved through prioritised engagement with and support to OPDs throughout the ODA program, via the central allocation, in bilateral portfolios and through individual investments. (Recs 6, 7, 11, 12, 21)
- ✓ The **next generation of Indo-Pacific disability movement leaders** have been supported to develop their skills, knowledge and capacity, and to connect with each other. Achieved through

a comprehensive approach to leadership development, spearheaded by the Indo-Pacific Disability Equity Leadership Program. (Rec. 13)

- ✓ **Disability equity is systematically addressed across the development program.** Achieved through ensuring investments in social infrastructure and services and humanitarian sectors, include funding allocation for both mainstreamed disability equity activity and activity that specifically addresses the empowerment and preconditions for inclusion of people with disabilities. (Rec. 8)
- ✓ **People with cognitive and psychosocial disabilities are more represented** and have a more prominent voice in the disability movement and decision-making fora, and are better able to elevate their priorities, including deinstitutionalisation. Achieved through a focus on supporting these cohorts in the central allocation and throughout Australia's ODA program. (Rec. 13)
- ✓ **Accelerate progress toward innovative social service systems** that take a human rights approach and advance disability equity. Achieved through establishing an international Centre of Excellence bringing together disability and social protection expertise to produce rapid and practical solutions. (Rec. 15)
- ✓ **People with disabilities are supported to participate in society** through greater access to appropriate, accessible and affordable assistive products and technology (AT). Achieved through establishing a regional procurement facility for AT and support services in the Pacific. (Rec. 43)
- ✓ **Australia's commitment to climate justice emphasises disability equity and rights.** Achieved through intersectional analysis of climate change and disability in national policies and investments, and strong international advocacy. (Recs. 50-55)
- ✓ **Australia is an international champion for disability equity and rights**, harnessing our national strengths and working in authentic and flexible partnership with the disability movement. Achieved through implementation of recommendations outlined throughout this submission.

"One way we'll know that the new strategy has been successful in 2030 is that all people with disabilities in the Pacific are able to access assistive technology that is affordable and appropriate. This means more opportunities for education, training and employment."

Setareki Macanawai, Chief Executive Officer, Pacific Disability Forum

PRINCIPLES TO SUPPORT DISABILITY EQUITY AND RIGHTS

Australia making a meaningful and dial shifting contribution toward disability equity and rights in our region will greatly support and enable our wider international development objective of advancing 'an Indo-Pacific that is peaceful, stable, and prosperous'.ⁱⁱ

The commitment to equity and human rights indicated in the name for the new Strategy is very welcome. It signals that Australia is listening to our key partners in the disability movement in the region and beyond, with strong leadership from the Pacific, clearly highlighting the need for a focus on equity; saying that a seat at the table for people with disabilities isn't enough - the shape of the table needs to change and be transformed to enable full and meaningful participation, and people with disabilities need to be involved and play a leading role.

Fundamental to achieving this will be a systematic approach throughout all DFAT's work that recognises and explicitly addresses the particular and wide-ranging barriers that people with disabilities face in participating in society and development efforts. Action to overcome these barriers - often referred to as the '**preconditions to inclusion**' and sometimes as the 'enablers to equity' - should be

undertaken with proactive intention in both disability focused activity and in all mainstream activity. Different organisations, including the United Nations Partnership on the Rights of Persons with Disabilities (UN PRPD) and Pacific Disability Forum (PDF), express the preconditions to inclusion slightly differently depending on their context and organisational focus. In this submission, CBM Australia orients itself with the core preconditions identified by the UN Special Rapporteur on the rights of persons with disabilities in their 2016 thematic report on disability inclusive policiesⁱⁱⁱ These are:

1. **non-discrimination** – ensuring that legal and policy frameworks do not discriminate on the basis of disability, therefore guaranteeing that all people with disabilities are able to access and benefit from them on an equal basis with others,
2. **accessibility** – the requirement to build barrier-free, inclusive societies where people can live independently and participate fully in all aspects of life and their community, and
3. **assistive technology and support services** – the availability of affordable and appropriate assistive technology and support services that are required for people with disabilities to be able to fully access and benefit from policies and programs and on an equal basis with others.^{iv}

It is crucial, both for the achievement of Australia’s development objectives, and the fulfillment of the commitment to authentic and flexible partnership that exists within the International Development Policy, that the Strategy delivers substantively in support of disability equity and rights. To enable this, the Strategy and DFAT’s broader approach to disability equity and rights must be grounded in a strong set of guiding principles.

Recommendation 1: The Strategy is grounded in the following principles:

- a. The achievement of equity and rights requires **transformative approaches** to the way DFAT works. These approaches must extend to all aspects of the delivery of the International Development Policy, and to other areas of DFAT’s responsibility.
- b. **Disability equity is both the ultimate objective and the starting point** for all DFAT’s work. The inclusion and meaningful participation of people with disabilities are essential elements toward achieving equity.
- c. DFAT **explicitly seeks to address the preconditions for inclusion** throughout the development program and as a specific outcome in and of itself.
- d. In line with the Convention on the Rights of Persons with Disabilities (CRPD), **DFAT’s conception, analysis and understanding of disability includes:**
 - i. forms of psychosocial, sensory and cognitive disability, and
 - ii. the differing experiences, needs and priorities of people with disabilities depending on the intersection of their disabilities with other life conditions, such as gender, age, location, First Nations identity or religious beliefs.
- e. In line with the International Development policy, the Strategy must be **delivered hand-in-hand with civil society and other partners**, particularly those representing people with disabilities themselves.
- f. **DFAT and delivery partners are accountable to people with disabilities and their representative organisations** for delivery against the principles, commitments and approaches outlined in the Strategy and the International Development Policy.
- g. **Investment in the capacity of key stakeholders is an essential requirement** to support locally led development and solutions by people with disabilities and their representative organisations.
- h. DFAT **commits to contributing to the evidence base around disability equity programs**, in line with commitments to enhance evaluation and learning in the International Development Policy.
- i. DFAT **seeks to strengthen its role as a champion of disability equity and rights in international fora**, modelling, supporting and advocating for advancement on disability equity and rights at all levels and by all development actors.

DISABILITY EQUITY AND RIGHTS ACROSS DFAT'S REMIT

The call for submissions to the development of the Strategy identified that, among other things, the Strategy will 'identify priority areas where Australia can advance disability equity and rights, including through foreign policy, trade, and broader multilateral engagement (where appropriate and relevant)'.

CBM Australia welcomes this explicit intention that the Strategy will extend beyond Australia's ODA program. It will be critical to employ all the tools of statecraft at Australia's disposal to achieve our stated objectives on disability equity and rights. This is particularly important considering existing regional commitments related to disability equity and inclusion that Australia has signed up to, along with partner governments in the region.

The Indo-Pacific region has made strong strides in establishing commitments and frameworks to ensure people with disabilities are not left behind. There has been almost universal ratification of the CRPD, with Tonga the only Pacific state yet to ratify the treaty. The Incheon Strategy to 'Make the Right Deal' for Persons with Disabilities in Asia and the Pacific – the world's first set of regionally agreed disability-inclusive goals to support Agenda 2030 – demonstrates a region committed to being accountable to people with disabilities and taking a holistic approach to disability inclusive development.^v

Pacific states have established solid foundations for disability inclusive development in the region. The Pacific Island Forum's (PIF) Pacific Framework for the Rights of Persons with Disabilities 2016-2025 provides a regional framework to strengthen the coordination of national initiatives for disability rights and amplify support for Pacific governments to fulfil the rights of people with disabilities.

Following the endorsement of the 2050 Strategy for the Blue Pacific Continent (the 2050 Strategy) in 2022, the first Implementation Plan for the 2050 Strategy was introduced at the 52nd PIF Leaders Meeting in Rarotonga, Cook Islands. Taking a twin track approach to disability inclusion is a central pillar of the Implementation Plan and forms one of the cross-cutting regional collective actions.^{vi} The Implementation Plan also calls for a regional procurement facility for assistive technology for people with disabilities, meeting preconditions for disability inclusion, and investing in national statistical and monitoring systems to ensure the collection of high quality disability disaggregated data.^{vii} PIF leaders also endorsed the Framework for Resilient Development in the Pacific which takes an inclusive approach to disaster risk reduction, calling for the inclusion of people with disabilities in disaster preparedness initiatives.^{viii} These frameworks demonstrate our region's leadership in aiming for disability equity in development by taking world first steps to prioritise the meaningful inclusion of people with disabilities in development mechanisms.

As an Australian international development organisation, CBM Australia's primary focus is within Australia's ODA program. Reflective of this, the bulk of recommendations are relevant to that program, with a number touching on broader multilateral engagement. Notwithstanding that, we identify several core developments that are required both to ensure that Australia's contribution to international disability equity is meaningful and that progress supported in one area of DFAT's work is not inadvertently undone in another.

Recommendation 2: Ensure the **application of 'Do No Harm' as a minimum standard** for people with disabilities in their interaction with Australia's development program, by:

- a. Establishing disability as a separate safeguard area within the Environmental and Social Safeguard policy and related documents, standards and processes, and
- b. Adapting safeguarding processes and procedures to be more inclusive.

Recommendation 3: Set a timeline for the **update to the Procurement Policy** so that:

- a. The policy prioritises and promotes the procurement of accessible goods and services, ensuring that procurement does not create new barriers for people with disabilities.
- b. Procurement processes are accessible to everyone, including people with disabilities, with explicit reference to the right to request reasonable accommodations.
- c. A target is set for accessible procurements, and
- d. The policy promotes purchasing from disability inclusive suppliers.

Guidelines should be updated or established to support the adoption of and compliance with the updated policy.

Recommendation 4: Extend application of the highest standards of practice and approach on disability equity outlined in the new Strategy across the breadth of DFAT's remit, and to any other Government departments and agencies involved in promoting and protecting Australia's international interests.

DISABILITY EQUITY AND RIGHTS ACROSS THE DEVELOPMENT PROGRAM

Australia's first Development for All strategy (DfA1) commenced in 2009 – just one year after the Convention on the Rights of Persons with Disabilities came into force. The second Development for All strategy (DfA2) landed in 2015 within the context of a growing disability movement and international normative frameworks moving from establishment to operation.

Over the almost 10 years since the DfA2 was written, there have been significant global shifts, including:

- A rapidly escalating climate crisis, that is having the most impact on those who've done least to cause it and have least resilience to it.
- The COVID-19 pandemic which had a significant impact on all lives, but which has been described as a 'catastrophic global failure to protect the rights of persons with disabilities'.^{ix}
- Ongoing security and economic upheaval.

Combined, these effects have led to the first increases in extreme poverty in more than two decades.^x

In addition, there is both the risk and reality of states refocusing efforts and public spending on disaster damage repair^{xi}, security and defence and away from implementation of the CRPD.

At the same time, much has been learned over the past decade and more about what effective development support looks like. This includes support that is targeted at the most marginalised populations, that supports the establishment and realisation of rights and is sustainable by helping local actors shift and transform systems.^{xii}

One in six people around the world lives with a disability and 80 per cent of those people live in developing countries.^{xiii} In almost every context, people with disabilities are among the poorest and most marginalised. Regardless of the program and where it's being delivered, people with disabilities are a key constituency of participants and recipients of those programs.

Despite this, we are aware of too many instances where children with disabilities are not able to access education because the school building is not accessible^{xiv}, appropriate assistive technology and support services are not available or teachers do not have adequate training, and where people with disabilities are locked out of health programs due to a lack of support services in place to enable their access^{xv}.

Too often we have heard of OPDs needing to cover the cost of engaging with development programs, or of OPDs and their members not being able to participate.^{xvi}

With this context, along with growing strength and clear calls for participation and the space to lead from the disability movement, the Strategy provides a timely opportunity to shift gears on disability equity and the development program. Turning it from a headline commitment with pockets of impactful delivery, to a deeply embedded and fundamental aspect of all of Australia's development assistance.

Case study: Technical assistance for UNICEF and government in Papua New Guinea

CBM has supported UNICEF and the PNG Government to improve disability inclusivity in education. An analysis by CBM in 2018 estimated that only 5 per cent of the 413,000 children under 15 with disabilities in PNG attended school. CBM provided technical input to UNICEF to make their early childhood centres in PNG disability inclusive, leading to the engagement of children with disabilities in early childhood programs, which in turn leads to the greater likelihood that they will attend secondary school. Advocacy to the PNG Government by CBM on inclusive education resulted in children with disabilities being given the legal right to be included in mainstream schools, with assistance from Inclusive Education Resource Centres run by PNG NGOs.

Recommendation 5: Establish a **requirement that all new investments over \$3m will have a disability equity objective**, in line with existing requirements for climate change and gender equality.

Recommendation 6: Set a **2030 target of 10 per cent of ODA being allocated to initiatives with disability equity as a principal objective**, according to the OECD-DAC Disability policy marker.

Recommendation 7: Establish an ambitious **target of 80 per cent of investments effectively addressing disability equity**.

Recommendation 8: Ensure that **funding in social infrastructure and services and humanitarian** sectors includes **both**:

- a. **Mainstreamed** disability equity investment, and
- b. Allocation for **specific contribution** to addressing the empowerment and preconditions for inclusion of people with disabilities.

Recommendation 9: Ensure that **accessibility and reasonable accommodations are resourced in all investments** so that people with disabilities and their representative organisations can fully participate and lead in design, delivery, monitoring and evaluation. Specifically:

- a. Ensure that **accessibility provision** – such as ensuring venues are accessible and information is available in accessible formats – **is factored into core program budgets**.
- b. **All investments allocate a minimum of 5 per cent of the total budget** to support reasonable accommodations for consultation and design processes.
- c. Consultation and design outcomes include specific **reporting on accessibility and reasonable accommodation requirements for implementation and monitoring and evaluation**, with associated delivery budget provision.
- d. **Recognise that for** disability specific programs and where there is a larger cohort **of people with disabilities as participants, the reasonable accommodation costs may increase significantly** from this minimum level, potentially to 50 per cent of the project budget.

e. **Track and report** information on budget expenditure on reasonable accommodation **in order to contribute to continuous improvement.**

DISABILITY EQUITY AT THE POLICY LEVEL

The substantive shift required in Australia’s development approach to realise the ambition of the new Strategy must be embedded at the policy level, across country, regional and multilateral programs. This will help translate the Strategy into practice while also ensuring coherence. It is also an important element of leveraging the other tools of statecraft in support of the commitment towards disability equity and rights.

To that end, Development Partnership Plans (DPPs) and Strategic Partnership Frameworks (SPFs) must be informed by contextual analysis of disability equity and the preconditions to inclusion, taking a life-cycle approach – considering the particular barriers, experiences and needs of people with disabilities at different stages of life – and identify priorities in relation to the preconditions to inclusion to assist in focusing investments and achieving tangible outcomes.

Recommendation 10: In DPPs and SPFs, include contextualised analysis of disability equity and the barriers to inclusion across the life-cycle, and identify particular preconditions and life stages as areas for focused investment.

Recommendation 11: Establish and fund a disability advisory group, or consultation mechanism, to allow strategic engagement between Post and OPDs in country/region at a consistent strategic level. This would support connection between OPDs in the country or region and the programs being delivered including through agreed mechanisms for how OPDs are consulted across the programming portfolio.

CENTRAL DISABILITY ALLOCATION

DFAT’s central disability allocation is a modest provision in the overall development budget that has carried outsized weight and import in delivering on Australia’s commitment to disability inclusive development over the past decade and a half. The support, partnerships, technical expertise and global leadership this central allocation leverages are foundational to enabling DFAT to implement adequate disability inclusion in its programming.

However, the allocation has been frozen at \$12.9m for at least a decade, prior to being cut in 2020-21 and then restored to \$12.9m in the 2022-23 budget. As a result, the modest allocation is worth almost 20 per cent less in 2023-24 than it was in 2014-15, when adjusted for inflation.

Table 1: DFAT Central Disability Allocation – historic budget levels

2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
\$12.9m	\$12.9m	\$12.9m	\$12.9m	\$12.9m	\$12.9m	\$12.1m	\$9.6m	\$12.9m	\$12.9m

This does not represent an adequate level of resourcing, in the face of both the urgent and growing needs of people with disabilities and their representative organisations, and Australia’s very welcome commitment to disability equity and rights.

Australia is extremely well placed to make strategic, catalytic investments in the Indo-Pacific region that will unlock capacity and capability across the disability movement and support both development programs and social systems throughout the region to progress toward disability equity.

Social protection systems are one of the key public systems through which the precondition to inclusion can be met. Australia has a long-standing focus on social protection within our ODA program, providing essential advice and assistance to countries in our region. Within the Indo-Pacific, there is

increasing interest in and moves towards inclusive social protection by states, multilateral actors and civil society. More broadly, at the start of 2023, the UN Special Rapporteur on the rights of persons with disabilities presented a study on the need to reimagine services to give effect to the rights of people with disabilities.^{xvii} However, there are significant gaps in the resourcing and particularly the technical expertise to adapt systems and mechanisms to enable more people to be included and adequately supported in social systems.

Australia is particularly well placed to support rapid innovation and advancement in this area given our longstanding engagement on social protection in ODA, and our ability to leverage knowledge, skills and expertise from the domestic setting. The Strategy represents a crucial opportunity to enable bespoke catalytic investments such as this and others outlined in the recommendations below, through increased resourcing to the central disability allocation.

Case study: Supporting capacity development for OPDs in Timor-Leste

Investing in the long-term commitment to, and development of, local OPDs is a crucial step for disability equity. Alongside Leprosy Mission Australia, CBM has supported the capacity development of Ra'es Hadomi Timor Oan (RHTO) - Timor's main OPD. CBM has assisted in the development of public engagement, research, and facilitation skills for RHTO staff, and provided support in engaging with international donors and governments to bolster RHTO's advocacy efforts. Strengthening the advocacy capacity of RHTO has seen it become a robust OPD that is active in policy development and a key advisor on disability inclusion.

RHTO received A\$330,000 a year from 2016 to 2020 through DFAT's DID fund, which, in conjunction with CBM's support, enabled it to expand its reach across the country, having a substantial impact on the lives of people with disabilities and improving their access to education, assistive devices, and disability pensions.

Recommendation 12: Increase the central disability allocation to **\$20m** per annum and increase annually thereafter in line with overall budget increases. This increased funding would enable bespoke catalytic investments into disability movement building and strengthening and boost DFAT's capability to deliver on the strategy, including as outlined in recommendations 13-16 and 18-20, below.

Recommendation 13: Establish an **OPD Movement Building Initiative that brings together numerous existing and new areas** of investment from the central disability allocation. The initiative should have clear strategic intent; include significantly expanded resources to increase areas of existing investment and enable new areas; and include a mechanism for coordination and complementarity between delivery partners. Inter alia, this framing would support increased provision of auxiliary support to enable brokering with and between OPDs and development programs.

The Initiative should include:

- a. Increased **investment in providing predictable multi-year core budget support** and capacity development for OPDs in the region, including increasing investment support to OPDs in South East Asia and the ASEAN Disability Forum.
- b. A significant **investment to scope and support the establishment of representation** where none currently exists – including across geographies, types of disability and the aspect of inclusion and equity being focused on.
- c. **Systematically invest in leadership and capacity development** across the Indo-Pacific disability movement, including through:
 - i. Establishing the Indo-Pacific Disability Equity Leadership Program - a **substantial annual leadership development program** for emerging disability leaders that includes specific streams for women with disabilities and marginalised groups such as people with psychosocial and intellectual disabilities and those who are deafblind.

- ii. An intentional focus on OPD strengthening initiatives, at a. above, to identify and nurture future leaders.
- iii. Support to develop technical policy knowledge and advocacy skills on thematic issues, based on priorities identified by OPDs.

All leadership and capacity development programs should include strong OPD-led and peer-to-peer learning elements, recognising participants' existing lived and learned expertise. A significant number of programs should be developed and run from locations other than Australia, to better contextualise and respond to regional priorities and agendas, for example, the 2050 Strategy for the Blue Pacific Continent.

Recommendation 14: Further support leadership development across the Indo-Pacific disability movement by **increasing the focus on people with disabilities within the Australian Awards Fellowship**, with scholarships offered at all levels, including Diploma, Master's Degree, and PhD.

Recommendation 15: Accelerate progress toward **innovative social system design to support disability equity and a human rights approach** by establishing a Centre of Excellence to bring together disability and social protection expertise to produce rapid and practical solutions.

Recommendation 16: Increase staffing to **establish a new Disability Equity Effectiveness and Performance team** tasked with monitoring implementation of the Strategy, elevating outcomes and learning, and sharing development and domestic best practice across DFAT, delivery partners and international stakeholders.

Recommendation 17: Commit **ongoing support to the Pacific Regional Mechanism** beyond the co-design phase, to accelerate the implementation of the Pacific Framework for the Rights of Persons with Disabilities 2016-2025, including:

- a. Committing \$40 million over four years to the Pacific Regional Mechanism commencing 2024-2025
- b. Actively engaging with like-minded donors to provide support through the Mechanism.

Recommendation 18: Establish an **external Disability Board to offer ongoing technical advice to the new strategy and its implementation**, comprised of external experts from academia, civil society, the private sector, and including regional representatives from OPDs with deep localised technical expertise.

Recommendation 19: Engage with and **support organisations of people with disabilities and other partners in Asia to explore effective and representative regional coordinating mechanisms**. This process and its outcomes must be led by OPDs but may look like a small number of sub-regional bodies, organised around geography or economic status.

Recommendation 20: **Invest in a program of research and evidence building** regarding disability equity and development, funding critical new research, and exploring and systematically sharing what is working well and not. This would sit well within the remit of the proposed new Disability Equity Effectiveness and Performance team (rec. 16) and complement the targeted inquiries outlined below (rec. 22).

MONITORING IMPACT AND ACCOUNTABILITY

CBM Australia welcomes the focus on deepening Australia's accountability and enhancing transparency, evaluation and learning across the development program, as outlined in the new Performance and Delivery Framework.^{xviii} This focus was echoed recently in the final report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, which highlighted the dangers of a lack of accountability and evaluation mechanisms, and identified the need for enhanced accountability and transparency in reporting.^{xix}

The addition of a Tier 2 and a Tier 3 indicator in the Performance and Delivery Framework is welcome. However, these additions fall short of the level of analysis, data and accountability mechanisms

required to deliver on Australia's commitments to disability equity and rights, and authentic partnership.

The 2018 evaluation of progress made in strengthening disability inclusion in the Australian development program found that measures other than Aid Quality Checks (now Investment Monitoring Reports) were needed to assess outcomes for people with disabilities and broader impacts delivered by disability inclusive programs. It found that there needed to be specific measures of outcomes at program level for people with disabilities that could be reported and synthesised with reference to local needs and opportunities.^{xx}

DFAT has a long history as a leader in monitoring and reporting on ODA spending for disability inclusive development. The new Strategy must include measures that build on this strong track record and reputation and advance monitoring, reporting and accountability mechanisms so that they support Australia's ambition toward international disability equity and rights. More than this, Australia has the opportunity to build on our strengths and explore innovative approaches to tracking investments across the disability equity and rights space.^{xxi}

In particular, given Australia's commitment to Agenda 2030 and the recent update to a number of inclusion strategies across DFAT, an opportunity exists to explore ways to improve the tracking of investment at the intersection of disability and a wide diversity of other identities and characteristics.

Recommendation 21: Strengthen the focus on disability equity in and through the new **Performance and Delivery Framework** by:

- a. **Adding a new Tier 2 indicator on ODA funding channelled to OPDs**, identifying a timeline for establishing a baseline against the indicator and the development of an ambitious target based on that.
- b. Developing **robust definitions to accompany the Tier 2 and Tier 3 indicators** relating to disability equity.
- c. Developing a **menu of suggested indicators** for utilisation in the M&E Framework at the programs and investment levels

Recommendation 22: Invest in a series of **robust and independent targeted inquiries on disability equity and inclusion**, covering areas of past focus and where there is an intention to grow, including: the preconditions to inclusion, OPD strengthening, inclusive data, inclusive climate adaptation and disaster risk reduction (DRR), and effective intersectional approaches, to be completed within one year of the launch of the new Strategy.

Recommendation 23: Include a **report on core issues for action as part of the reinstated annual Performance of Australian Development Cooperation Report that includes the performance, quantity and quality of disability equity and inclusion delivery** across the development program. This report should include data on:

- a. Funding dedicated to:
 - i. disability-specific programming across all investments, disaggregated by sector, region and country
 - ii. mainstreamed disability inclusion across the development program, disaggregated by sector, region and country
- b. The performance of all disability-specific and mainstreamed disability inclusion investments across the development program, disaggregated by sector, region and country.
- c. The number of OPDs receiving:
 - i. ODA funding
 - ii. capacity building support.
- d. The quantity and performance of:
 - i. all investments and partnerships included in DFAT's central disability allocation.
 - ii. disability inclusive programming provided to multilateral investments.
 - iii. disability inclusive humanitarian investments.

Recommendation 24: In line with the intent in the Performance and Design Framework to seek to 'foster...a strong, performance-based culture that generates robust data on performance, drives improvement in the quality and effectiveness of investments, and promotes accountability', **increase transparency of Australia's performance against the OECD-DAC marker** by:

- a. Incorporating the OECD-DAC disability marker into all core reporting processes, including the new online data portal.
- b. Making project documentation publicly available to help outside stakeholders understand the rationale for given OECD-DAC disability marker scores.

Recommendation 25: In the **new biennial Perceptions survey**:

- a. Include questions on disability equity and rights.
- b. Ensure a majority percentage of the same survey recipients year on year to ensure perceptions and progress are being accurately reflected over time.

Recommendation 26: Ensure **consistency in monitoring and reporting delivery against disability equity requirements and standards across all delivery partners** – including multilateral partners and other government departments.

Recommendation 27: In line with both the commitment to disability equity and rights, and to a strong performance-based culture that drives effectiveness, **explore and invest in innovative approaches** to more granular tracking of program investments and performance towards disability equity and rights, including by:

- a. Selectively using tools that assess whether spending seeks to be transformative for people with disabilities, as a complement to other simpler tools.
- b. Trialling expenditure tagging as an approach in a small sample of projects to develop more precise estimates of spending that contributes directly to disability equity and rights, and publish the results.

Recommendation 28: Explore ways to **improve the tracking of spending on the intersection of disability and a wide diversity of other identities** and characteristics, including:

- a. Introducing additional markers for DFAT's internal use.
- b. Introducing additional criteria to the Investment Monitoring Report process.

Recommendation 29: The new **Development Committee to have a priority outcome around monitoring delivery and performance against the Disability Equity and Rights strategy** with Disability Equity and Rights team reporting directly into the Committee for this purpose.

CAPABILITY TO SUPPORT SUCCESS

Through engagement with stakeholders throughout the region, CBM Australia has heard it said that, while DFAT's commitments and DfA strategies have been very good, there has not been the resourcing required to realise those commitments through program delivery in country. In part, this must be due to the lack of adequate financial resources and entrenched systems, as discussed in the Central Disability Allocation section above. However, to a significant degree, it is also about the knowledge, understanding of and supporting resources for DFAT and delivery partners at all levels of program delivery to lift commitments off the page and into action.

For Australia's development efforts to meaningfully engage people with disabilities and support disability equity and rights, DFAT must have long-term expertise in-house and on-going partnerships with a broad range of OPDs from local to international levels. Such expertise and partnerships are core to Australia delivering development support through a human rights-based approach in line with obligations under the CRPD.

While DFAT has a highly competent disability inclusion team, most resourcing and programming comes from other parts of the department, which have limited expertise and experience in disability inclusion. A foundational understanding of disability equity in development delivery remains critical. The appointment of disability advisors based in the Office of the Pacific and the Office of Southeast Asia

would widen and deepen this expertise, ensuring people with disabilities are meaningfully considered in any regional or country initiatives, and that tailored advice can be provided.

DFAT's capacity at both organisational and programmatic levels to deliver investments that include people with disabilities is critical. The variability of performance against the disability inclusion assessment questions in annual investment quality monitoring^{xxii} signals a need to ensure all country and sectoral programs continue to build their capacity in this area. Achieving organisational capacity will require investment in staff capacity, training and resources.

Case study: CBM's technical assistance in Bangladesh

During Phase III of the AHP Bangladesh program, CBM in conjunction with the Centre for Disability in Development (CDD), provided technical expertise to the Consortium's six partners on the inclusion of people with disabilities. With on-site technical support from CBM and CDD, there was an overall improvement in the living situation of people with disabilities, with 79 per cent of people with disabilities and caregivers interviewed agreeing or strongly agreeing that such improvement had occurred.

In Baharchara union in Cox's Bazar, 22-year-old Salina was considered a burden by her family due to her speech impairment and being hard of hearing, which prevented her from participating in income earning activities. Plan International Bangladesh and Friends in Village Development Bangladesh were aided by the technical support of CBM and CDD in involving people with disabilities in livelihood activities. Salina benefitted from this, using the 20 thousand takas she received for chicken farming at her house. This has enabled Salina to work and provide for herself and her family, promoting inclusion and economic independence.

Recommendation 30: Establish **specialist technical teams** on disability equity and rights in both the Southeast Asia Office and the Office of the Pacific.

Recommendation 31: **Ensure that Disability focal points in Posts** have capacity identified for this role within position descriptions.

Recommendation 32: Establish an **annual cycle of mandatory training** for DFAT and delivery partners to embed disability actions, including but not limited to, core principles of disability equity and rights, accessible complaints mechanisms, engaging with OPDs, and engaging with people with diverse and/or marginalised disabilities.

Recommendation 33: **Develop and promote resources** to support staff and delivery partners to embed the strategy in action, including: how to establish accessible complaints mechanisms, guidance on meaningful engagement with OPDs, and guidance on engaging with people with diverse and/or marginalised identities.

Recommendation 34: **Drive up the quality of program reporting on disability equity and inclusion, and against the OECD-DAC disability marker**, including by:

- a. Ensuring a wide range of staff and delivery partners are trained in use of DFAT's reporting system and the marker.
- b. Refresh training on a regular (annual) basis and provide very detailed training materials, including specific examples.
- c. Ask reporters to give a brief justification for their scores.
- d. Moderate the scores, including both specialist review and peer review.

ADDRESSING THE PRECONDITIONS TO INCLUSION

Resourcing the preconditions

In addition to investment through country, regional and global programs, and the central disability

allocation, a number of other opportunities exist across the development landscape where resourcing can be focused to support progress on the preconditions to inclusion, thus advancing Australia's disability equity and overall development objectives.

Direct budget support

Australia's direct development support to partner governments has been growing over recent years – comprising 8.2 per cent of ODA in 2021-22^{xxiii}, compared to 5.8 per cent in 2019-20.^{xxiv} Despite requirements under the CRPD, the scale of national budget investment^{xxv} to support people with disabilities remains stubbornly low across the region. In this context, Australia's direct support to developing country governments represents an important opportunity for Australia to deliver on its own commitments in line with the CRPD, and support partner governments to do the same.^{xxvi}

Recommendation 35: As part of **direct budget support:**

- a. Identify specific budget provision to support recipient states to implement and report on the CRPD, with a focus on addressing the preconditions to inclusion.
- b. Firmly advocate to recipient states around allocating core budgets from each department to the same end.

Development finance

Development finance is the key to unlocking the resources required to tackle the challenges the world faces today in meeting Agenda 2030. CBM Australia broadly welcomes the recently released report on Australia's Development Finance Review, though disability equity was a notable gap in consideration and conclusion of the review, with the limit of reference being a recommendation that DFAT 'considers options to incorporate a stronger focus on disability, social inclusion, and First Nations peoples, building on experience from the ODA program'.^{xxvii}

Recommendation 36: Add disability equity as a criterion for development financing, along with gender equality.

Anti-discrimination: Access to justice for people with disabilities

For people with disabilities, being equal before the law is far from the reality. Article 12 and 13 of the CRPD detail that states should facilitate accessibility for people with disabilities to access justice and exercise their legal capacity and should provide for safeguards to prevent abuse. Despite this, merely scraping the surface of the interaction between people with disabilities and the justice system reveals that the international community is far from upholding these rights.

People with cognitive and other disabilities are often over-represented in prison systems in all countries – even in Australia.^{xxviii} A Human Rights Watch investigation into Australia's prisons found that despite people with disabilities accounting for 18 per cent of the Australian population, they make up almost 50 per cent of people entering the prison system.^{xxix} The literature on people with disabilities and incarceration has shown that people with multiple disabilities will have more contact with all levels of the criminal justice system throughout their lifetime than people without disabilities.^{xxx} In consultations for the development of this submission, access to justice was repeatedly raised as a priority by CBM Australia's OPD partners. As part of its governance support to partner governments, Australia must prioritise ensuring that people with disabilities have fair and equal access to justice and the right to exercise legal capacity.

Recommendation 37: Support partner governments through justice programs to **ensure people with disabilities can exercise their legal capacity and have equal access to justice**. This includes, but is not limited to:

- a. Assessing current gaps that prevent people with disabilities from meaningful participation in the justice system.
- b. Removal of legal barriers and any discriminatory laws for people with cognitive disabilities to access justice and ability to give witness.
- c. Accessible civil and criminal complaints mechanisms.
- d. Resources for training for individuals who work in the justice system on disability and inclusion and stigma.
- e. Identifying any OPDs working in this space to amplify their voice and support their work.

Accessibility: Inclusive and accessible data

Uncounted too often means unseen and ignored. At the halfway mark, people with disabilities are the group left furthest behind in progress made so far toward Agenda 2030^{xxx}. Data marginalisation of people with disabilities has been well established in literature. There is a significant data gap in the monitoring of the Sustainable Development Goals (SDGs), in which only 2 out of the 10 SDG indicators requiring data disaggregation by disability status are available.^{xxxii} A lack of data to inform policy decision making has dire consequences for people with disabilities.

DFAT has a longstanding reputation as a leading proponent for better disability data across a range of areas. This leadership and the investments have supported important progress towards disability inclusion, as a pathway towards equity and rights. DFAT's investment in partnership with the Washington Group in the Pacific has led to the region being looked to as a model on national level disability inclusive data and has led to important improvements in prevalence data.^{xxxiii} Australia should continue this leadership by advocating for strengthened data at multilateral and global levels. Further, an opportunity exists to keep leading the way in the Pacific by extending a focus on both exploratory forms of data and on inquiry into the causes and drivers of disability in populations.

Recommendation 38: Continue to promote the **adoption of the Washington Group Short Set questions** with partner governments and support inclusion of the questions in national, regional and local data collection.

Recommendation 39: Invest in gap analysis around enablers and barriers to inclusion for countries in relation to **disability data collection**, analysis and utilisation.

Recommendation 40: Build on Australia's prior support as a leader in inclusive data by funding and enabling **exploratory forms of data collection** in the region, including but not limited to citizen-generated data as well as support to the Pacific Group on Disability Statistics.

Recommendation 41: Build on Australia's international leadership and high standards of accountability by **playing an international advocacy role to strengthen the use and content of the OECD-DAC disability marker** by:

- a. Calling for the Disability Marker to be made mandatory, and for UN and multilateral partners to report against the marker.
- b. Ensuring that ODA data accessed through OECD data explorer is available in accessible formats for screen reader users.
- c. Calling for the design of the marker to be more rigorous, aligning more closely to CRPD standards and with the design of the OECD-DAC disability equality policy marker.

Recommendation 42: Sign up to the **Inclusive Data Charter** and develop an inclusive data action plan in accordance with the Charter.

Assistive Technology and support services

Access to AT is a necessary precondition for disability equity and inclusion, and it is preserved as a right in Article 20 of the CRPD. Together with rehabilitation, it improves participation and productivity of people with disabilities, reduces stigma, and is integral to quality and accessible healthcare.^{xxxiv}

Australia has been recognised as a leader in AT in the Pacific for its role in funding the World Health Organization Assistive Technology Procurement Study, and allocating funding allocated for AT in both DfA1 and DfA2.^{xxxv} Australia's support has demonstrated an understanding of the transformative power of assistive technology, however much more action is required. AT must be understood as part of a holistic model of care that includes support services.

In line with the Special Rapporteur's report on reimagining services, support services are essential in directly enabling people with disabilities to engage with the community with equal choices to others. To be appropriate and effective, services must involve the leadership of people with disabilities in their design.^{xxxvi} Particular importance should be placed on service redesign for different cohorts, such as people with psychosocial disabilities and young people. The new Strategy represents a key opportunity for Australia to respond to the call from PDF to increase Australian funding for AT procurement and maintenance, and integrated health and rehabilitation services.^{xxxvii}

Recommendation 43: Play a leadership role in ensuring the provision of appropriate, quality and affordable AT and support services across the Indo-Pacific by:

- a. Working with partners to establish a Pacific regional procurement facility for quality and affordable AT by 2025.
- b. Providing funding for:
 - i. initial training and ongoing professional development of specialist prosthetics and orthotics personnel, and
 - ii. regular training of multi-disciplinary personnel in the maintenance of AT.
- c. Funding pilots and scale ups of effective, contextualised rights-based support services.
- d. Commit to supporting a regional rehabilitation and assistive technology association to facilitate the sharing of resources and building of an evidence-base for future investment.

DELIVERING ACCESSIBLE PROGRAMS AND SERVICES

Women and people with disabilities at the intersections

It is widely recognised that women and girls, and people of diverse sexual orientation, gender identity and expression and sex characteristics (SOGIESC) with disabilities are amongst the most marginalised people in any community. They face human rights abuses including violence, institutionalisation and discrimination at higher rates than women without disabilities or men with disabilities, are less likely to be employed, and are often excluded from leadership roles.^{xxxviii} Yet evidence suggests that mainstream gender programs often still exclude women and girls with disabilities and may also fail to assess the impact of programs for them. Further, women with disabilities often feel excluded from mainstream feminist and women's rights movements. Involving women with disabilities in gender programs is vital to the ultimate success of those programs, and to the achievement of Australia's commitments on both gender equality and disability equity and rights.^{xxxix}

The CRPD asserts the right to work for persons with disabilities (article 27) and the right to an adequate standard of living and social protection (article 28). Studies show that women with disabilities are at greater risk of poverty than men with disabilities, and this is linked to limited educational and skills development opportunities. Women with disabilities have lower employment rates than both women without disabilities and men with disabilities, and they earn less than men with disabilities, yet

many can work, often with very minor accessibility adjustments or reasonable accommodations, or indeed none at all.

The issue of disability is also intrinsically bound in the matter of household care duties and labour distribution, with women overwhelmingly taking on responsibilities for the care and support of children with disabilities. In countries with limited social protection or services available to families, this can see women caregivers become even more time-poor with significant constraints on their capacity to work or represent their and their families' interests in their communities. Whether a woman caring for a person with disability, or a woman with disability herself, women's disproportionate share of unpaid care work limits the ability to participate in and benefit from the development priorities outlined in not only Goal 5, but all the SDGs. Many women with multiple or complex impairments often lack access to adequate social protection.

Social protection programs such as pensions, unemployment benefits and disability support and concessions are critically important for people with disabilities, who have additional pressures on their incomes. Living with an impairment or mental health condition entails costs such as treatment and rehabilitation, personal assistance, assistive technologies such as wheelchairs or screen-reading technology, or specialised transport. Some calculations suggest that on average the additional living costs of an adult with disability is equivalent to almost half of their income.^{xl}

CBM Australia conducted a meta-evaluation of 26 recent projects it supported in relation to gender equality. It found that livelihoods options need to be carefully considered and a realistic review taken of the time individuals have available to engage with different livelihood options, particularly small business development.^{xli} A caregiver's schedule can already be full, with household and caring responsibilities, making some forms of livelihood development unrealistic. Many households experience marriage breakups when there is a child with a disability, meaning a single parent must then take on the full caring responsibilities, placing even further limits on time available.

Globally, social protection coverage is lower for women than for men^{xlii}, yet universally, women do most of the unpaid care work, including caring for family members with disabilities^{xliii}. The provision of comprehensive social protection systems is a critical step in addressing the preconditions to inclusion and progress toward gender equality, and dramatically improving women's economic participation.^{xliiv}

To be successful, these systems must be built with the inclusion of people with disabilities in the design, delivery, and evaluation of social protection systems. For example, in Fiji the Disability Allowance Scheme (DAS) was designed and implemented in consultation and collaboration with national OPDs. This has resulted in a scheme that is targeted at providing 'disability extra costs' which enable people with disabilities to participate in education and employment opportunities.^{xliiv}

Women and girls with disabilities, and other people with disabilities with diverse SOGIESC, face higher encounters of violence than women and SOGIESC people without disabilities.^{xliiv} Globally, women with disabilities are two to three times more likely to experience physical or sexual violence than women without disabilities and are less likely to disclose incidents of sexual violence and domestic abuse.^{xliiv}

In Vanuatu, one in six women have experienced physical or sexual violence by their partners in their lifetime. Of these, one in five acquired a permanent disability due to physical or sexual violence perpetrated by their partner.^{xliiii} In some conflict-affected contexts, the proportion of women with disabilities reporting experiencing physical or sexual intimate partner violence is even higher. A recent CBM inquiry into violence against women with disabilities found that one of the key barriers identified was women and girls not having the knowledge of what constituted sexual violence and abuse.^{xlix}

Countries around the world are increasingly adopting national policies focused on the elimination of violence against women. In the Pacific, where rates of violence against women are among the world's highest, states such as Kiribati and the Solomon Islands have introduced such policies. But they fail to recognise the disproportionate occurrence and specific nature of violence against women and girls with

disabilities.ⁱ Similarly, the relevant indicators provided under SDG 5 make no mention of women and girls with disabilities.

It is essential that Australian development programs focused on addressing and eliminating gender-based violence have a particular focus on women and people of diverse identities with disabilities.

At a country level, OPDs and women's organisations have a role to play to advocate on the rights of women and girls with disabilities. However, neither are fully resourced to prioritise either women and girls in broad disability rights advocacy, or the rights of people with disabilities in women's rights advocacy. As of 2014, 0.3 per cent of the \$2.7 billion funding available globally for human rights was allocated to work specifically advancing the rights of women and girls with disabilities. Within funding for women's and girls' rights, 1.5 per cent was awarded to disability rights causes, and within disability rights funding, only 9.5 per cent focused on women and girls.ⁱⁱ

Recommendation 44: Leverage Australia's existing reputation as a leader in gender equality to **transform global and regional gender and feminist movements to be fully inclusive of women with disabilities** through:

- a. Investing in research and analysis on the inclusion of women with disabilities within mainstream gender programming.
- b. Adapting existing mainstream tools used for gender analysis, to ensure they adequately identify and address the needs and rights of women with disabilities.
- c. Fostering the formation and growth of OPDs specifically representing women with disabilities in our region.

Recommendation 45: Ensure that all gender investments in social protection and livelihoods have a **specific focus on women with disabilities and give particular attention to recognition and redistribution of unpaid care work for women with disabilities and carers**, working with partner governments to ensure comprehensive social protection systems that are fully inclusive, and use a rights-based approach to determining social benefits.

Recommendation 46: Scale **up violence prevention and response investments specifically addressing women and girls with disabilities**, including integrated and cross-departmental programming in governance, justice, gender and disability to address wide-ranging systemic gaps and failures in legislation and policy that facilitate conditions that give rise to violence, abuse, oppression and exploitation of women and girls with disabilities.

Recommendation 47: Ensure mandatory earmarked budgets and **increased funding for women with disabilities in all gender-based violence investments**.

Recommendation 48: Continue to **support the nomination and election of women with disabilities to key roles on global committees**, including the Committee on the Rights of Persons with Disabilities and the Committee on the Elimination of Discrimination against Women, and further extend this support to people with disabilities with other intersecting forms of marginalisation, e.g., LGBTQIA+, age and diversity.

Recommendation 49: **Implement identified positions for women and people of diverse SOGIESC with disabilities and intersecting forms of marginalisation on government delegations** to global fora relating to gender and disability, such as the Conference of States Parties to the Convention on the Rights of Persons with Disabilities, and the Commission on the Status of Women.

Climate change

Due to existing marginalisation, people with disabilities are particularly at risk from the adverse effects of climate change.ⁱⁱⁱ People with disabilities are the largest and most complex group at risk of climate change impacts and are up to four times more likely to die or be injured during a disaster event.ⁱⁱⁱⁱ And yet, people with disabilities are almost entirely invisible in local, national and international climate

policy^{iv} and in the negotiation processes of the United Nations Framework Convention on Climate Change (UNFCCC).

Decades of evidence shows that unless people with disabilities are specifically considered and included in the design and delivery of social policy and development efforts, then they are left behind. The truth of this can be seen yet again in DRR efforts, where the continued systematic exclusion of people with disabilities from disaster preparedness activities places them at even greater risk.^{iv}

The CRPD requires countries (177 of whom have currently ratified) to ensure the realisation of all the civil, political, cultural, social and economic rights of all people with disabilities. This means that not only is it the right thing to do to ensure people with disabilities are included in responses to climate change, it is also a legal obligation for the majority of countries.

Case study: Climate change adaptation in Nepal

Developing climate-resilient strategies in disability-inclusive development is increasingly necessary as climate-induced disasters impact the Indo-Pacific region. Since 2021, CBM Australia has been implementing inclusive community-based development activities in Nepal to ensure people with disabilities flourish. CBM has helped to set up self-help and savings groups and assisted people with disabilities to develop vocational skills that will enable them to move out of poverty.

A CBM-supported self-help group assisted Durna – whose arm was damaged in an industrial accident – to find work on a farm. Despite this, climate change puts the future of this job in jeopardy, with increased landslide risks and floods threatening the future of the land, rendering Durna and his family increasingly vulnerable and demonstrating the necessity of creating climate-resilient practices.

Recommendation 50: Ensure that **climate change policies, plans and strategies** include:

- a. Analysis of the impact of climate change on people with disabilities including those with intersecting forms of marginalisation.
- b. Implementation measures that specifically target people with disabilities.
- c. The involvement of people with disabilities in the design, implementation, monitoring and evaluation of climate interventions.
- d. The ability to monitor implementation toward disability-inclusive climate action in performance assessment.

This should include:

- a. An audit of existing policies, plans and strategies to identify gaps and support the strengthening of approaches to disability-inclusive climate action, and
- b. Inclusion of these considerations in the development of DFAT's Climate Change Action Strategy settings beyond 2025.

Recommendation 51: Bring a **focus on disability equity and rights to key multilateral finance mechanisms in which Australia collaborates**, including but not limited to the Green Climate Fund, the Loss and Damage Fund via Australia's role on the UNFCCC Transitional Committee, and the Pacific Resilience Facility, to ensure that disability considerations are embedded into any international climate finance portfolios. This should include ensuring that:

- a. People with disabilities are specifically identified as a priority group.
- b. Disability inclusion and equity analysis is required in funding application, program design and evaluation.
- c. People with disabilities are supported to meaningfully participate across all elements of fund management, decision making, program delivery and evaluation.
- d. Progress is tracked on furthering integration of disability within these and any future funding mechanisms.

Recommendation 52: Ensure that **all Australian climate finance, inclusive of ODA and other forms of finance:**

- a. Adheres to the standards, commitments and requirements contained in the Disability Equity and Rights strategy, including but not limited to allocation for both dedicated and mainstreamed disability equity delivery, requirement for the participation and engagement of people with disabilities, and minimum budget provision to support accessibility and reasonable accommodation.
- b. Consider and respond to the differential impacts of climate change on people with disabilities. One way this could be delivered is through allocating specific funding for loss and damage of people with disabilities as a percentage of relevant climate financing, for example, climate insurance schemes.

Recommendation 53: Allocate funding to **support technical capacity development and program delivery of organisations of people with disabilities on climate change adaptation and disaster risk reduction, where this is identified as a priority by those organisations.** This funding should encompass core funding, funds for training and capacity development, and program delivery.

Recommendation 54: **Invest in research and evidence gathering on disability inclusive climate action, guided by a DFAT climate justice framework.**

Recommendation 55: Play an active role in **empowering the voices of people with disabilities and OPDs to be involved in mainstream climate conversations and negotiations**, for example, through implementing identified positions on government delegations to global fora relating to climate change.

Health systems strengthening

Accessible and well-functioning health systems are the bedrock for any peaceful, stable and prosperous community. The World Health Organization's Global Report on Health Equity for Persons with Disabilities revealed in compelling detail why dramatic effort is needed to strengthen health systems and make them more equal for people with disabilities, and the benefits this would have for populations more broadly.^{lvi}

Australia plays an important role as a development partner in supporting health systems strengthening in our region. It is crucial that this focus continues to support populations to remain healthy and avoid preventable illness and impairment, and has an increased focus on supporting people with disabilities to access quality services appropriate to their needs.

Case study: CRPD-compliant psychosocial disability support services in Indonesia

Like physical disabilities, barriers prevent people with psychosocial disabilities from equal participation in society. Since 2021, CBM Australia has been breaking down these barriers by including people with psychosocial disabilities living in rehabilitation centres in community life in Yogyakarta Province, Indonesia. This involves providing training to the rehabilitation centre staff on WHO's QualityRights, community-based inclusive psychosocial rehabilitation, and the CRPD, facilitating peer group therapy and regular family support group meetings, awareness raising of mental health to families of people with psychosocial disabilities, training village government officials and community leaders on mental health, and providing start-up kits for people with psychosocial disabilities inside and outside institutions to be able to live independently.

Recommendation 56: Implement the recommended actions comprised in the WHO Global Report on Health Equity for Persons with Disabilities across Australia's ODA program and support development partners in doing the same.

Recommendation 57: Increase support for health systems strengthening across the Indo-Pacific region with a focus on ensuring that health systems:

- a. Are accessible and inclusive including but not limited to the cost of access, physical infrastructure, training and expertise of practitioners and accessibility of information.
- b. Include a focus on deinstitutionalisation and CRPD-compliant psychosocial disability support services and programs – for example multidisciplinary community support services, supported decision making.

Recommendation 58: Commission a scoping study on the state of available support and rehabilitation services across the region and what is needed to improve their accessibility for people with disabilities

Inclusive education

"Education is a game changer - by 2030 we must have at least doubled the enrolment of children and youth with disabilities in early childhood, primary, secondary and tertiary education across the Pacific."

Setareki Macanawai, Chief Executive Officer, Pacific Disability Forum

One in three children with disabilities of primary school age is out of school, compared with one in seven children without disabilities.^{lvii} Having either a moderate or severe disability reduces the likelihood of school attendance for children with disabilities worldwide. The factors contributing to this

are numerous, but include inaccessible schools, stigma and discrimination, inadequate learning materials, and a lack of appropriate teaching methods for children with different abilities.

Targeted measures are needed to address the gaps in access to education for children with disabilities. The most cost-effective, evidence-informed way to ensure children with disabilities access education is inclusive education. This involves children with disabilities being educated within mainstream schools that can meet their needs, as opposed to being placed in segregated or 'special' education programs or excluded from schooling altogether. This requires training teachers on how to engage with and educate children with disabilities, and removing various barriers, including physical barriers, that keep children with disabilities from being able to access education.^{lviii}

Steps have been taken towards realising an inclusive model of education in our region.^{lix} In 2022, 15 Pacific Island countries launched the Pacific Regional Inclusive Education Review with UNICEF to ensure children with disabilities are included in having access to quality education.^{lx} Australia should support these strides to ensure that children with disabilities are targeted in education programming, and empower education practitioners with knowledge of inclusive education practices.

Recommendation 59: Ensure education programs and initiatives include specific targeting of children with disabilities to improve enrolments and educational achievement.

Recommendation 60: Include provision within education programs and initiatives to build the capacity and knowledge of disability inclusion of education practitioners, to ensure children with disabilities are served by education policies and practices.

Disability inclusive humanitarian response

Disasters have a disproportionate impact on people with disabilities, who are up to four times more likely to be injured or to die during a disaster.^{lxi} Despite living with heightened risks, people with disabilities have also historically not been invited to the table to decide policies and programs to prevent and reduce loss of life in the event of an emergency.

Ensuring the inclusion of people with disabilities during emergency response must be considered a core component of principled and effective humanitarian action. It is based not only on the humanitarian principles of humanity and impartiality, but also on the human rights principles of equity and non-discrimination.

For humanitarian action to be effective, it must be informed by comprehensive data. Many crisis settings lack the disaggregated population data necessary to be able to deliver appropriate programming. The IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action outline that programming should be informed by disability-disaggregated data so that it can comprehensively respond to the barriers facing people with disabilities and where they require specific assistance.

A 2022 research report from CBM Global's Inclusion Advisory Group, found that although people with disabilities are more likely to prepare for disasters independently than those without a disability, they are still routinely excluded from conversations and activities about DRR in the Asia-Pacific region.^{lxii} The most prevalent responses given by people with disabilities in this report as to why they did not participate in DRR activities was that they were not invited, could not access information, and did not receive adequate communication support.

In the Pacific and Timor-Leste, the Australian Humanitarian Partnership (AHP) was formed between the Australian Government and Australian NGOs, focusing on disaster preparedness and response. This innovative program uses local Pacific-based partners to deliver the \$50 million program with specific emphasis on the inclusion of women, people with disabilities and faith-based organisations in disaster preparedness. In 2020, a mid-term evaluation, together with an independent evaluation of Disaster

Ready, found that although there were some good initiatives for people with disabilities within the AHP, overall they were still being excluded from disaster risk reduction activities. The mid-term evaluation recommended that a target be put into place to increase the number of beneficiaries reached by the program to 15 per cent. Putting in place an ambitious target such as this would require a strategy to enable benchmarking with the collection of disaggregated data across all countries.

Recommendation 61: Establish a mandatory requirement across all forms of Humanitarian assistance that all data collected in protracted crises settings is disaggregated, including through use of the *Washington Group Short Set on Functioning - Enhanced* questions where possible, to identify beneficiaries with disabilities throughout the humanitarian program cycle.

Recommendation 62: Develop a **civil society approach** for humanitarian action that clearly articulates the value and role of OPDs and focuses on **meaningful participation, representation and leadership**, and on bringing voice and empowerment for people who are most marginalised. This should prioritise additional capacity building and funding mechanisms for partnering with OPDs, such as:

- a. Targeting civil society organisation capacity-building programming
- b. Increasing funding to INGOs or peak bodies to mentor and build organisational capacity in disaster risk reduction
- c. Supporting OPD core costs with stable and predictable funding to enable consistent training and available resources in disaster risk reduction
- d. Shifting the narrative around who has expertise by inviting more frequent dialogue between DFAT Posts and OPDs on disaster risk reduction, and ensuring inclusion of OPDs in all DRR programming.

Recommendation 63: Establish a benchmark and then **annual target increases** for the number of beneficiaries with disabilities reached through the Australian Humanitarian Partnership program, with a **plan to reach 15 per cent by 2030**.

About CBM Australia

CBM Australia is a Christian international development agency, committed to improving the quality of life of people with disabilities in the poorest places in the world. In 2021, CBM Australia worked across 42 countries in the Pacific, Asia and Africa. It worked with 27 OPDs and influenced 21 organisations to be more disability inclusive.

CBM Australia is proud to have a partnership with DFAT as part of the Australian NGO Cooperation Program (ANCP) and is a member of the Australian Council for International Development. CBM Global's Inclusion Advisory Group has also been DFAT's technical partner on disability inclusion since 2010 under successive partnership agreements.

ⁱ DFAT (Department of Foreign Affairs and Trade) (2023), *Call for Submissions: new International Disability Equity and Rights Strategy*, <https://www.dfat.gov.au/international-relations/global-themes/international-relations/disability-equity-and-rights/call-submissions-new-international-disability-equity-and-rights-strategy>.

ⁱⁱ DFAT (2023), *Australia's International Development Policy: For a peaceful, stable and prosperous Indo-Pacific*, <https://www.dfat.gov.au/sites/default/files/international-development-policy.pdf>

ⁱⁱⁱ OHCHR (Office of the United Nations High Commissioner for Human Rights) (2016), *A/71/314: Report on Disability-Inclusive Policies*, <https://www.ohchr.org/en/documents/thematic-reports/a71314-report-disability-inclusive-policies>.

^{iv} Ibid.

^v UNESCAP (United Nations Economic and Social Commission for Asia and the Pacific) (2016), *Disability in Asia and the Pacific: The Facts*, <https://www.unescap.org/sites/default/files/Disability%20The%20Facts.pdf>.

^{vi} PIF (Pacific Islands Forum) (2023), *Annex A: 2050 Strategy Implementation Plan*, <https://www.forumsec.org/wp-content/uploads/2023/11/Annex-A-2050-Strategy-Implementation-Plan-2023-20230.pdf>.

^{vii} Ibid.

^{viii} Pacific Resilience Partnership (2016), *Framework for Resilient Development in the Pacific*, <https://www.resilientpacific.org/en/framework-resilient-development-pacific>.

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