Pacific Disability Forum SDG-CRPD Monitoring Report 2018

Pacific Disability Forum

FULL REPORT

From Recognition to Realisation of Rights: Furthering Effective Partnership for an Inclusive Pacific 2030

WITH THE FINANCIAL SUPPORT OF

PACIFIC DISABILITY FORUM

Ground Floor - Kadavu House, Victoria Parade, Suva, Fiji Islands.

P O Box 18458, Suva, Fiji Islands. Phone: (679) 331 2008/ 330 7530 Fax: (679) 331 0469 Email: pdfsec@unwired.com.fj Website: www.pacificdisability.org

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Furthering Effective Partnership for an Inclusive Pacific 2030

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In the last five years, *Pacific Island countries' leaders have strengthened their commitments to tackle barriers faced by persons with disabilities,* with most countries now having ratified the Convention on the Rights of Persons with Disabilities (CRPD). The adoption of the 2016-2025 Pacific Framework for the Rights of Persons with Disabilities (PFRPD) represents another important step forward. PIC governments have also prioritised the empowerment of persons with disabilities as one of the issues that require collective attention in the 2017 Roadmap for Sustainable Development.

These *commitments have begun to translate into greater efforts and progress* in terms of awareness raising, legal harmonisation, data collection, inclusive education, vocational training, and access to assistive devices, social protection, disaster risk reduction and humanitarian response. Engagement *between governments and Organisations of People with Disabilities (or Disabled People's Organisations – DPOs) has significantly increased* in many countries.

A *key factor in this progress has been the unique and fruitful regional and multi-stakeholder collaboration* between governments, DPOs, regional bodies, UN agencies, and development and donor partners, including the sustained support of the Australian aid program for disability-inclusive development in the Pacific.

However, overall domestic resource allocation for the inclusion of persons with disabilities is *still below 0.15% of the GDP for most countries.* There remains a strong reliance on official development assistance to invest in developing required disability-specific and disability-inclusive services. *Countries often prioritise few issues and have not yet adopted a whole-of-government approach to inclusion. There is also a need for more effective regulatory changes across sectors and development of support services* to enable significant improvement in the life of persons with disabilities and their families. While more can be done to make the most of existing resources, the *intrinsic geographic, economic and institutional constraints faced by many countries are curtailing investments* that would be needed to further decisive progress.

The Pacific Disability Forum and its members call *on all countries to strengthen their efforts to implement the CRPD and inclusive SDGs in close cooperation with DPOs.*

Considering the inherent constraints of many countries and competing priorities imposed by climate change, PDF calls also for *deepening partnership towards an Inclusive Pacific 2030 notably through the formalisation of an efficient and innovative regional and multi-stakeholder mechanism* in support of the PFRPD that would allow for *mutualisation of investments, further coordination of technical assistance and gain in economy of scale in relation to procurement, development of human resources and access to services.*

Table of Contents

Overview

Women and men with disabilities are over-represented among the poor and have significantly less economic opportunities than persons without disabilities. Women with disabilities are more likely to experience violence and children with disabilities are less likely to benefit from education, while most countries do not yet have adequate support services and regulations in place to create barrier free environments.

Acknowledging the existing barriers and the expected cumulative impact of ageing populations and the non-communicable diseases crisis, in the last five years the leaders of Pacific Island countries (PICs) have demonstrated strong commitment towards inclusion of persons with disabilities. Building on the momentum created by the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the Pacific Regional Strategy on Disability (2010-2015) and the Incheon Strategy to Make the Right Real for Persons with Disabilities in Asia and the Pacific (2013-2022) have clarified what is needed to realise disability inclusion at the national level. Most PICs have ratified the CRPD, and have jointly adopted the 2016-2025 Pacific Framework for the Rights of Persons with Disabilities (PFRPD). They have also prioritised empowering persons with disabilities as a key issue requiring collective attention in the 2017 Roadmap for Sustainable Development.

These commitments have begun to translate into tangible action in different countries on a range of issues, such as awareness raising, legal harmonisation, data collection, inclusive education, vocational training, access to assistive devices, and inclusive disaster risk reduction and humanitarian response.

However, most countries have prioritised only a few issues and to date there have been only small steps taken towards the comprehensive regulatory changes, service development and public resource allocations required to ensure full and effective participation and inclusion of persons with disabilities.

Since its establishment in 2002, the Pacific Disability Forum (PDF) has been working to improve the situation of persons with disabilities across the Pacific, by engaging with national DPOs, stakeholders from civil society and governments in 19 Pacific countries and Timor-Leste, in order to understand the challenges that they are facing and identify practical actions towards an inclusive Pacific society.

The present report is part of a PDF initiative for joint monitoring of the CRPD, the Incheon Strategy, the Sustainable Development Goals (SDGs) and the PFRPD from the perspective of persons with disabilities themselves. PDF has prepared this report in cooperation with PDF members and CBM Australia, and with support from the Australian aid program, the European Union, the UK Department for International Development and the International Disability Alliance. The report has been refined based on consultation during two multi-stakeholder technical meetings.

This 2018 report focuses on the policy efforts made by governments and stakeholders towards inclusive implementation of the SDGs and CRPD. As several PICs have begun to include questions to enable disaggregation of census and other national survey data by disability to compare the situations of persons with and without disability, the 2020 report will be able to establish a baseline against key SDG indicators thanks to disaggregation of national data sets that will be available by then.

Using the "Comprehensive mapping of the disability policy and programs" carried out in 2012 by PDF and the Pacific Islands Forum Secretariat (PIFS), the 2014 "Pacific Regional Strategy on Disability Tracking Report" from PIFS, and the 2012 "Disability Service and Human Resource Mapping" by the CBM–Nossal Institute Partnership for Disability-Inclusive Development as a broad baseline, the current report provides an overview of progress and challenges with regards to legal and policy frameworks, data, and public resource allocation. It also assesses to what extent policy efforts undertaken to date will allow for inclusive achievement of selected SDGs and successful implementation of the CRPD.

Acknowledging fully the critical importance of partnerships and cooperation at regional level in the progress made so far, PDF also provides specific recommendations on steps that could be taken for more effective and efficient regional cooperation in line with the PFRPD, the Framework for Pacific Regionalism and the Pacific Roadmap for Sustainable Development.

Significant steps towards CRPD compliant legal frameworks (SDG 10-16; CRPD 4-5; IS goal 9)

As of 2018, 13 PICs have ratified the CRPD (Australia, Cook Islands, Fiji, Federated States of Micronesia, Kiribati, Nauru, New Zealand, Palau, Papua New Guinea, Republic of Marshall Islands, Samoa, Tuvalu, Vanuatu) **compared to only two in 2012** (Cook Islands and Vanuatu), which is a great development. A 2016 study carried out on the process of CRPD ratification[2] in the region has highlighted **that the strong progress has been encouraged by DPO awareness raising, advocacy and mobilisation, as well as the critical role of support from development partners.**

However, for the CRPD to be most effective, its provisions have to be adequately translated into domestic policies, legislations and regulations. Action towards this domestic translation has been limited to date.

Several countries have conducted legislative reviews during the process of CRPD ratification, including Marshall Islands, Nauru, Samoa, and Vanuatu. Such processes have highlighted the scope and diversity of laws that needs to be amended or adopted to progressively achieve legal harmonisation between existing domestic laws and CRPD obligations.

In 2012, most countries in the region had an approved national Disability Policy and Action Plan – Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Nauru, Niue, Palau, PNG, Samoa, Solomon Islands, Tonga and Vanuatu. As of today, while some countries have renewed their disability policies, others have

focussed their efforts instead on CRPD ratification. DPOs have an overall mixed assessment of often very partial implementation of those polices and action plans.

In 2012, no country had comprehensive legislation related to rights of persons with disabilities. Few countries had disability-specific legislation with limited scope – such as a disability discrimination act focusing on employment and access to public buildings (Cook Islands and Palau), or the example of the Fiji National Council for Disabled Persons Act. Several countries had legal provisions for education of children with disabilities, and some countries focused their legislation efforts on inclusive social welfare and employment.

In the last five years, Marshall Islands (2015) and Fiji (2017) have adopted comprehensive disability rights acts translating most CRPD provisions into national legislation. Other countries of the region should consider similar cross-cutting legislations.

While new mental health legislation has been adopted or is under consideration in some countries, these efforts are largely aimed at updating colonial era laws, and none are yet compliant with CRPD standards and jurisprudence.

In almost all countries across the Pacific there remain significant issues with regards to lack of adequate regulatory changes and clear allocation of responsibilities across government, which are required for effective enforcement of legislation.

With regards to non-discrimination and reasonable accommodation, to date only Marshall Islands, Cook Islands and Fiji have established legal definitions and obligations of these issues. However, it is either restricted to employment (Cook Islands) or too recent to assess any actual enforcement.
With regards to accessibility regulations, several countries (such as Samoa) have revised their building codes, but there are few consistent technical standards and little enforcement on accessibility around the region .
No country yet has a comprehensive set of regulations that would cover public infrastructure, transportation, private services open to the public, information and communication services in line with the CRPD.

Recommendations:

- Continue provision of technical assistance for legal harmonisation by UN agencies, PIFS and SPC-Regional Rights Resource Team (RRRT) in partnership, with PDF supporting. This should cover:

  - o   adoption of comprehensive disability rights acts translating CRPD provisions in national legislation;
  - o   CRPD compliant amendment of sector specific legislations and regulations;
  - o   mental health policies in line with CRPD standards and jurisprudence.

- Mainstream CRPD compliance in other regional programs providing technical assistance on legal and regulatory frameworks.
- Invest further in training of government officials including government and ministries disability focal points with a focus on CRPD compliant and inclusive public policies and programs
- Invest further in training of government officials, Disability focal points judges, lawyers and legislative drafters on CRPD standards and jurisprudence.

The need for more and better allocation of public resources (CRPD Art 4)

The "Comprehensive mapping of the disability policy and programs" carried out in 2012 by PDF and PIFS noted *the very low, and in most cases, non-existent commitment of government funds to support delivery of disability strategies and implementation of programs.* PICs have historically had an overreliance on civil

society organisations, faith based organisations and international assistance to support and finance services. It is therefore no surprise that resource requirements associated with ratification and compliance with the CRPD have been one of the main barriers slowing PIC governments in their processes of ratification. While there may have been misunderstanding about the extent of compliance required prior to ratification, it is clear that the more awareness policy makers gained about the scope of services and changes required to ensure inclusion of persons with disabilities, the more they realised that the current very minimal expenditures would have to be significantly increased.

Using the 2012 PDF-PIFS mapping and the 2014 review of the Pacific Disability Strategy as an overall baseline, PDF has been able to assess the level of government expenditure dedicated to persons with disabilities over time for selected countries based on publically available budget estimates. This mapping shows that there has been uneven progress. ***Microstates such as Tuvalu are comparatively making proportionally greater efforts, with total expenditures for inclusion of persons with disabilities above 0.5% of GDP, while others dedicated less than 0.2% of GDP.***
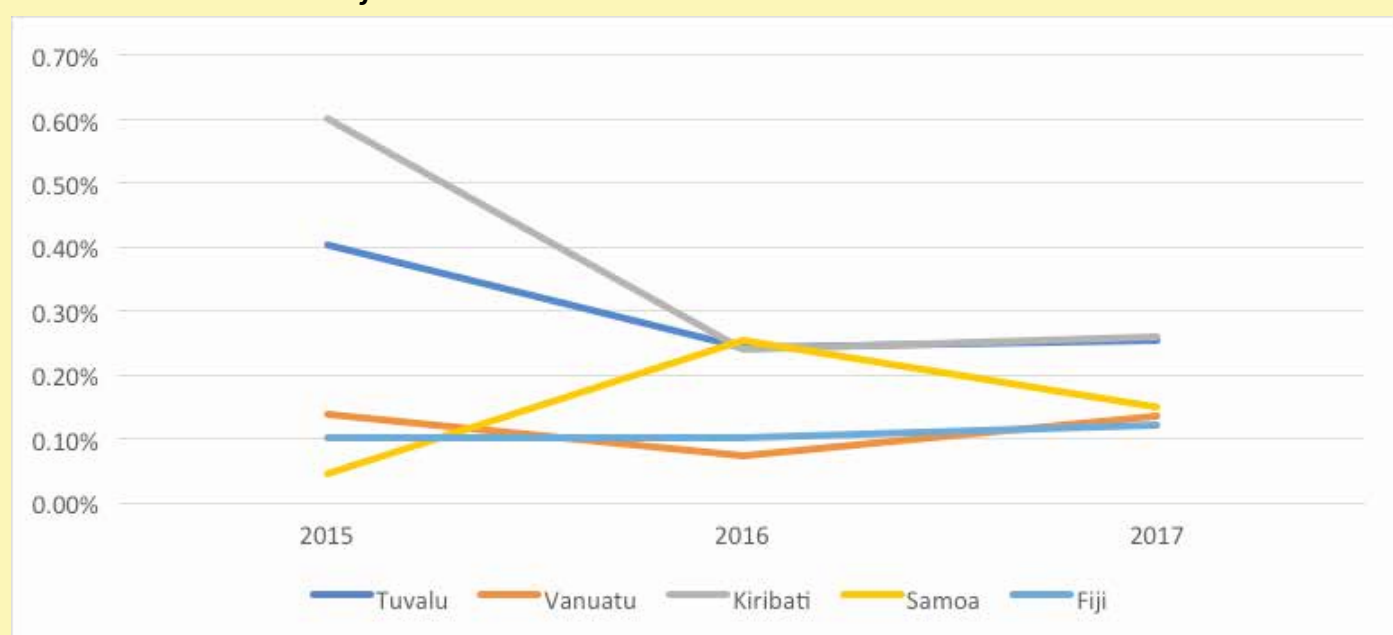

Figure 1: Evolution of total domestic and donor (use of country systems) expenditures for persons with disabilities as share of GDP

Considering domestic resource allocation alone, most countries do not allocate more than 0.1% of GDP. This shows there continues to be a significant reliance on official development assistance (ODA), especially from the Australian aid program, for financing of disability inclusion expenditures. It is important to note that ***Fiji will nearly double its domestic budget allocations for persons with disabilities*** in 2018 mainly thanks to the launch of an ambitious disability allowance scheme.

In looking for a benchmark, it is interesting to consider the attempt of Samoa in 2015 to develop a costed implementation plan in view of their ratification of the CRPD. While the experience had many caveats due to data limitation and the normal lack of plans across ministries about required investments for inclusion, the outcome provides an interesting benchmark. ***The plan covered only some key actions prioritised by stakeholders as critical for starting CRPD implementation, and projected that resource allocation ranging from 0.7% to 0.22% of GDP over five years would be required.***

By comparison, OECD countries spend on average around 2.0% of their GDP on disability-specific social expenditures, and upper middle-income countries such as South Africa, Mauritius or Namibia spend at least 0.5% of GDP only for disability social protection benefits.
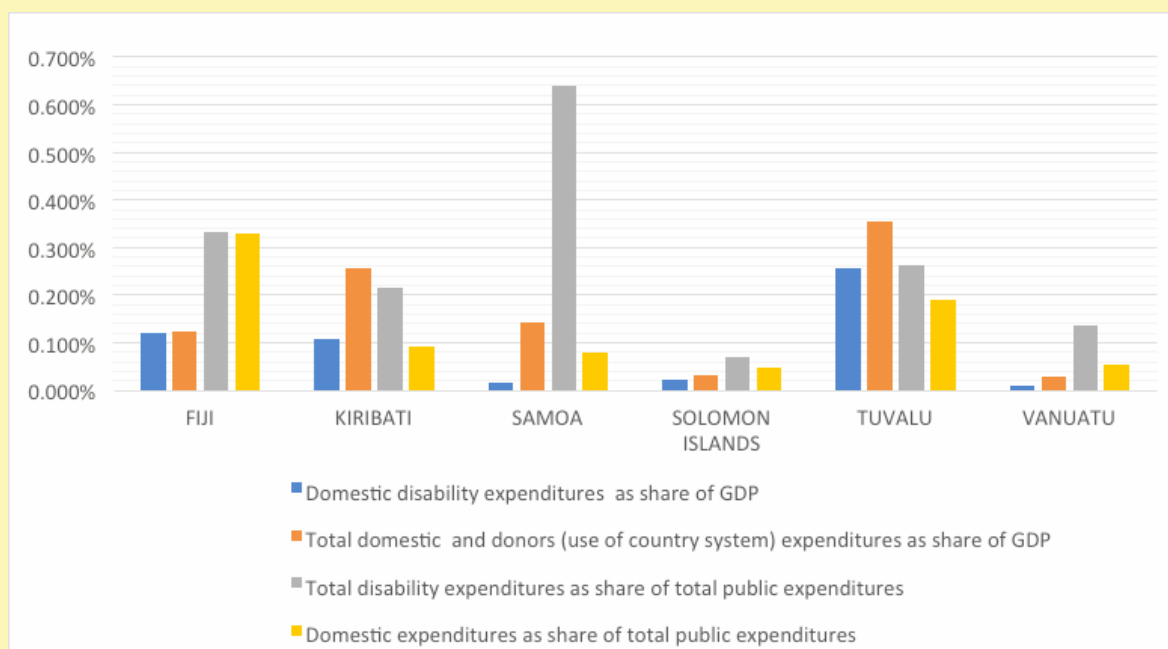
Figure 2: Public expenditure for persons with disabilities as a share of GDP and total public expenditures in 2017

In the Pacific region, Fiji has one of the highest levels of domestic spending and little disability-related donor support. Fiji's budget allocation for persons with disabilities nearly doubled in the 2018 budget following strong DPO advocacy, CRPD ratification, and adoption of the new domestic disability rights law. However, it is to be noted that not all of this budget allocation is CRPD compliant, with significant amounts invested in psychiatric institutions or special schools.

Concentrated spending reflecting the lack of disability mainstreaming

While there has been progress in most countries, expenditure for disability inclusion are still largely concentrated in the education, social protection and health sectors, as well as disability-specific funding concentrated on support to DPOs. Very little to nothing is dedicated to disability inclusion in the sectors of economic development, infrastructure or transport, among others.
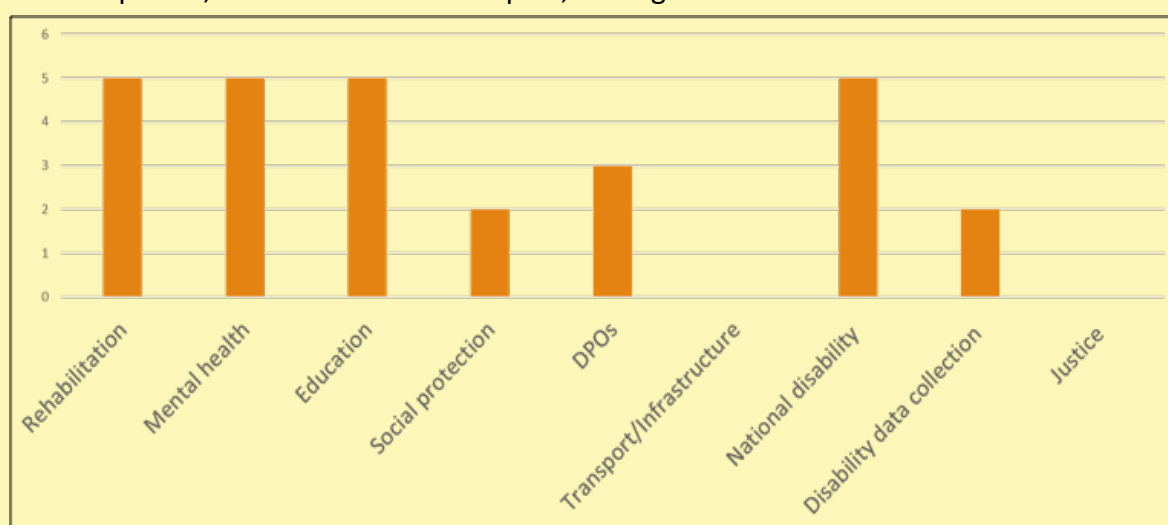

Figure 3: Number of countries with disability-related budget allocation in specific sectors in 2017

Accordingly, only a third of the countries reviewed have expenditure in more than five sectors.
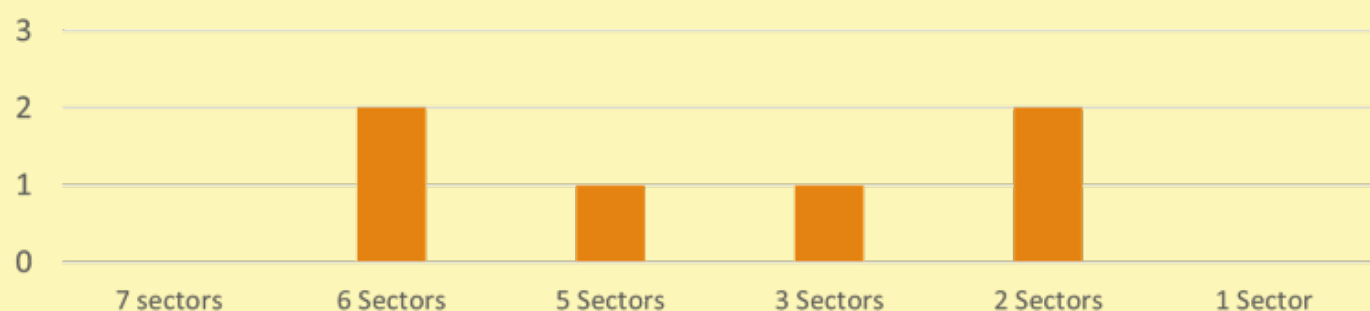
Figure 4: Number of countries by number of sectors with disability-related budget allocation in 2017

Fiscal space for inclusion of persons with disabilities

While the level of disability-related expenditure in most PICs is not yet adequate to allow significant progress towards inclusion of persons with disabilities, it is critical to acknowledge the constraints faced by those countries in generating the fiscal space required for new and increased expenditure.

PICs have low economic growth partly explained by the region's unusual geographic and demographic characteristics, leading to diseconomy of scale and high cost of production and service delivery to cover extreme geographic dispersion. PICs are also more exposed to shocks due to climate-related disasters, with natural disasters costing PICs on average 2.0% of GDP annually . PICs are also exposed to strong variation in revenue, especially for countries highly dependent on commodity exports, and are confronted with a significant problem of illicit financial flows. Most PICs are highly reliant on ODA and remittances. In addition, the World Bank estimates that without further preventive measures, a non-communicable disease crisis could generate losses of 3.0% to 10% of GDP among PICs . Therefore, ***most countries have to constantly balance the need to create and preserve a fiscal buffer to compensate for unforeseen shocks, with required expenditures for infrastructure, economic and social development.***

However, in recent years, ***many countries have made significant progress in poverty reduction, mobilising more domestic resources*** through different sources, including the extractives sectors (Solomon Island, PNG, Timor-Leste), tourism (Fiji, Samoa, Cook Island), and fisheries (Kiribati and the rest of the Northern Pacific)[7] . ***Increasing public spending to further the inclusion of persons with disabilities will be challenging in many PICs and will require incremental and progressive increase of domestic resource allocation together with significant development assistance contributions.***

Making the most of maximum available resources

While there is room for progressive increase of expenditures, ***it is also essential to ensure that all domestic and development assistance expenditures are inclusive in order to improve efficiency of spending.*** The inclusive technical and vocational education and training (TVET) program in Vanuatu, supported by the Australian aid program, is a great example of disability inclusion within a mainstream economic empowerment program.

It is also critical to note that some resources are still used to fund services in education and mental health that do not aim at inclusion and participation. These resources should be reallocated towards CRPD compliant programs.

Moreover, review of existing policies and programs show there is a ***lack of effective regulations ensuring non-discrimination, provision of reasonable accommodation and accessibility across mainstream sector investments.*** Current investments in infrastructure, services and programmes are likely to inadvertently create more barriers for persons with disabilities, which ultimately produce unnecessary costs to overcome them further down the line, limiting the effectiveness of domestic and international resource allocation.

Inclusion of non-discrimination and accessibility requirements in public procurement for all infrastructure, goods and services at a national level, including for ODA-funded programs, would make significant impact.

As an example, the recent World Bank Environmental and Social Framework tackles issues of non-discrimination of persons with disabilities in employment and accessibility in infrastructure, and the European Union's 11th European Development Fund for the Pacific includes clear commitments to ensure that all EU programs and infrastructure projects are accessible to persons with disabilities.

Considering resource constraints, it is also critical to ensure that countries adopt the most ***cost-effective way to provide support for persons with disabilities and make mainstream services inclusive.*** Further evidence and guidance are therefore needed to support governments, DPOs and service providers to undertake CRPD compliant cost-effectiveness analysis. In doing so, attention should be paid so that program and policies always consider inclusion and participation as the intended outcome, especially with regards to social protection that often represents the biggest share of disability-related expenditure. The Samoa experience with the pre-ratification costed CRPD implementation plan could be built upon to support other governments to plan inclusion related expenditures in medium-term budget frameworks as well as in discussion with donors.

Such costing exercises will be more easily facilitated with the availability of better quality data. The increasing use of the Washington Group Short Set of Questions on Disability (WGSS) in censuses and surveys (see section on data disaggregation below) will provide ***valuable data that will enable policy-makers to better estimate the cost of planned policies and services.***

Greater ***emphasis also needs to be placed on developing or strengthening regional mechanisms which would allow PICs to create an economy of scale related to disability-specific services,*** to ensure that countries can focus their spending for inclusion of persons with disabilities on the most cost effective investments, avoiding unnecessary duplication across the region.

Role of Official Development Assistance (ODA)

Due to the overall rise of income in the region, ODA represents a decreasing proportion of development financing available to PICs. However, some countries remain highly reliant on ODA such as Kiribati and the Federated States of Micronesia, where grants amounted to 40% and 31% of GDP respectively in 2015. While most ODA is still allocated for social sectors, this is decreasing with 47% in 2015 compared to 62% in 2007, and investment in infrastructure and climate adaptation have increased.

Analysis of public expenditure over recent years has shown the critical importance of ODA in supporting the development of adequate and CRPD-compliant legislation and regulatory frameworks as well as inclusive social services and social protection systems in the region. As mentioned, efforts of current donors such as Australia should be sustained and others should increase their attention to disability. A more formal mechanism of development assistance coordination for disability-inclusive development could create synergies and ensure greater investment in the region.

Critical role of DPO engagement

The inclusive budgeting project carried out by PDF in 2017-2018 showed that while DPOs have gained significant knowledge and confidence about the CRPD and have successfully found a place in the civil society space, they do not yet have the human resources and technical skills required to really engage as meaningful counterparts in general state budget decision-making processes.

In most countries, DPOs struggled to find and understand budget related information, but most importantly, they had a lack of clarity about the overall policy and services landscape. Therefore, the PDF inclusive budgeting project focused on supporting DPOs to make connections between CRPD obligations, national legislations, existing resources and services, in order to identify priority gaps to be tackled.

There is also a great difficulty to estimate the resources required to address those gaps, which limits the ability of DPOs to formulate adequate demands to government and donors beyond limited grants for their own projects. More effort and resources should be dedicated to support continued budget advocacy work of DPOs as, in such a constrained environment with a lot of competing priorities, sustained and effective demand is critical to ensure incremental but steady increase of needed resources for inclusion.

Recommendations:

- Progressively increase domestic resource allocation towards disability-inclusive community support services, social protection and economic empowerment measures.
- Support ministries and local authorities to develop costed plans to make their services and programs fully inclusive of persons with disabilities.
- Consult meaningfully with DPOs in decisions related to public resource allocations, and support their budget advocacy work.
- Invest further in training of government officials including government and ministries disability focal points with a focus on CRPD compliant and inclusive public policies and programs as well as inclusive budgeting.
- Include non-discrimination and accessibility requirements in public procurement for all infrastructure, goods and services at a national level including for ODA-funded programs.
- Develop an efficient and innovative regional and multi-stakeholder mechanism that would allow for greater investments, further coordination of technical assistance and gain in economy of scale in relation to procurement, development of human resources and access to services.

Progress towards data disaggregation (SDG 17; CRPD Art 31; IS goal 8)

Disaggregation of data by disability is crucial to enable governments to monitor the level of inclusion of persons with disabilities and inform future policies and programs. This is also an obligation under the CRPD (Article 31), as well as a global political commitment across the SDGs. Indeed, SDG target 17.18 is to, by 2020, support States to significantly increase the availability of 'high-quality, timely and reliable data disaggregated by gender, age, ethnicity, disability (and) geographic location'.

Under the Pacific Framework for the Rights of Persons with Disabilities, Goal 5: Evidence (Strengthen disability research, statistics and analysis), there is a clear regional commitment to produce disability disaggregated data in a comparable manner through the use of the Washington Group Short Set of Questions on Disability (WGSS) in censuses and surveys.

In the last five years there has been significant efforts of countries and regional stakeholders towards these goals, with dedicated regional workshops and coordinated technical assistance provided by UN agencies, the Secretariat of the Pacific Community (SPC) and PDF among others. ***As a result, six countries in the Pacific have included the WGSS in the last census round***: Kiribati (2015), Palau (2015), Niue (2016), Samoa (2016), Tonga (2016) and Fiji (2017). Tonga completed its national disability survey using the Washington Group/ UNICEF child module and the extended set of adult questions.

Thanks to dialogue between DPOs and the national statistical office, Solomon Islands will now include the WGSS in the 2019 census. In PNG and Vanuatu the DPOs are continuously advocating for the inclusion of WGSS in their 2020 census.

Beyond collecting disability information through censuses, the key step is also to actually disaggregate and analyse census data from a disability perspective to inform policies. To that effect, UNICEF and SPC have supported Kiribati, Palau and Samoa to produce disability monographs7 based on their 2015 and 2016 census, and are currently supporting Tonga to do the same with their 2016 census and 2018 National disability survey, and Fiji for their 2017 census. UNICEF also supported Vanuatu to conduct disability analysis across

different national data sets. The process supported by UNICEF and SPC includes conducting consultation workshops with stakeholders including DPOs, which is a good practice that should be extended, as one of the key issues is to ensure that both government and DPOs make the most of the newly available data.

These disability analysis initiatives will provide a wealth of valuable data that will contribute to better policy planning and monitoring. PDF will focus its 2020 monitoring report on developing a baseline against key SDG indicators using the disaggregated data that will be available by then.

There is a need to complement efforts to disaggregate national census data with more targeted studies on barriers and actual facilitators of participation and inclusion, especially for most marginalised groups. Another key need is to be able to disaggregate regularly collected administrative data. While there has been progress in collecting disability information through education management information systems, such as in Fiji for instance, the collection of disability-disaggregated administrative data across other sectors remains limited. As countries develop disability assessment processes, they should focus on support needs of persons with disabilities. Since public resources will be dedicated to such processes anyway, it is important to make the most of it as they can be reliable and regularly updated sources of information that can be aggregated to inform policies and programs.

Recommendations:

- Continue to include the Washington Group Short Set of Questions on Disability in national census and surveys, and undertake data analysis and disaggregation in consultation with DPOs.
- Carry out targeted studies on barriers and actual facilitators of participation and inclusion, especially for most marginalised groups.
- Place greater emphasis on disaggregation of administrative data, including within education management information systems or health system data collection processes.
- Ensure that the focus of disability identification or determination processes is on support needs and barriers (rather than solely on identifying health conditions), and aggregate those data to inform continuous policy development.

Improved capacity, diversity and engagement of DPOs (CRPD art 4-29; IS goal 2)

Although the disability movement in the Pacific is relatively young, progress made in the last decade has been impressive. There are active DPOs in all countries, who continuously develop their capacity and have evolved. In the early stage of their work, many DPOs focused on awareness raising at community level and advocacy for ratification of the CRPD, which they have been spearheading for the last six years now. As momentum continued, they have expanded this work to engage in legal harmonisation and budget advocacy, which resulted in the adoption of social protection schemes and progress in education and community-based rehabilitation among others. They have succeeded to make sure issues that are of concern for the region as a whole, such as disaster risk reduction and climate change, are inclusive, contributing to make the disability movement in the Pacific one of the most vibrant regional movements globally.

In the last six years, governments have increasingly consulted with and sought advice from DPOs with regards to both disability-specific and general policy frameworks and programs, in line with Article 4.3 of the CRPD. For instance, DPOs have been actively involved in public consultation for the Tuvalu Te KaKeega III (National Strategy for Sustainable Development 2016 – 2020) and the Kiribati Development Plan 2016-2019, which are both inclusive of persons with disabilities. DPOs are also more represented in government committees and included in consultation during the design and planning of programs.

DPOs have engaged and sought partnerships with their governments, national and regional NGOs, private sectors and development partners. There has been a mutually beneficial process of regional and national

engagement that has strengthened the participation of DPOs in policy spaces and dialogues to influence policy change. In parallel, DPOs have continued their awareness activities in communities and have also conducted training for officials in relation to the CRPD.

These developments have been made possible thanks to the strong spirit and commitment of persons with disabilities in all countries, as well as on-going capacity building support, such as CRPD training provided by PDF in partnership with International Disability Alliance, technical assistance from NGOs such as CBM Australia, and funding provided by PDF and or DRF small grants schemes among others. It is to be noted that several governments are also providing support through small grants to national DPOs.

While this progress has been significant, it is acknowledged that some groups within the full diversity of persons with disabilities are not yet well represented in the national and regional disability movements, particularly persons with intellectual disabilities, psychosocial disabilities, persons who are deaf or deafblind. The barriers in accessing fundamental support services such as sign language interpreters, strong prejudice and lack of knowledge within communities and sometimes from DPOs themselves on how best to provide support, have limited opportunities for these groups to have their voice heard. There has also been challenges to reach and involve persons with disabilities who live in rural areas and outer islands in countries that are geographically scattered.

Somehow, DPOs are also victims of their own success, and in many countries they are facing constraints related to human resources and organisational capacity. DPOs are undertaking advocacy and representing the perspectives of people with disabilities in more complex ways and with more sectors, whilst also working to include more marginalised groups, be responsive in case of disasters, and build strong organisational and administrative capacities to manage the diverse donors funds needed for the sustainability of their work. To address these human resources and capacity constraints many DPOs across the Pacific have engaged in training of trainers activities and created 'resource teams', such as in Samoa, to develop not just individual DPO staff but a team approach able to undertake outreach. Ultimately however, DPOs continue to face strong human resources and organisation pressure, and ongoing support is required to ensure the sustainability of their important work.

Recommendations:

- Maintain support from international and regional stakeholders to ensure sustainability and consolidation of all the progress made so far to build a truly inclusive and effective disability movement that is a strong counterpart to national government.
- Increase national government and international development partner support to DPOs to ensure the emergence and strengthening of marginalised groups' representation and voice.

Pre-conditions for inclusion

Accessibility (SDG 4-10-; CRPD 9-19-21; IS goal 3)

An accessible environment enhances the independence and autonomy of persons with disabilities and promotes inclusion and independence. It is a principle and a central obligation of states under the CRPD (article 9, 21, 19, 32). The CRPD requires that states ensure all services and facilities are open to the public, as well as transport, information and communication are accessible to all. To this effect, States have to develop comprehensive standards including accessibility requirements in public procurement, train all relevant professionals, and put in place enforcement mechanisms to ensure these standards are met. While states have to develop plans for progressively achieving accessibility of existing services and infrastructure, they also have to ensure that any new buildings, transportation systems, websites and public information materials are accessible from the start. In doing so, a key step is to involve persons with disabilities and DPOs to consider the accessibility requirements of diverse groups of persons with disabilities. Efforts made for some groups can actually inadvertently create barriers for other groups. It is critical to note that these obligations also apply in all international cooperation supported project and programs.

Accessibility is not just an obligation under the CRPD. It is also a key element for inclusive implementation of the SDGs, and the Sendai Framework for Disaster Risk Reduction. PIC governments have made commitments to accessibility throughout a range of policies, plans and frameworks at both the regional and national level:

- A barrier free Pacific is at the core of the PFRPD.
- PIFS and the European Union (EU) agreed on a specific indicator about improving accessibility of services and infrastructure for persons with disabilities under the 11th EDF Pacific Regional Indicative Program (PRIP) .
- The Framework for Pacific Regionalism commits to inclusive development for the Pacific region.
- The current Pacific Regional ICT Strategic Action Plan commits to effectively utilising ICT for sustainable development, governance and improving the livelihood of Pacific communities with a guiding principle of universal access to bridge the digital divide.
- The Rights of Persons with Disabilities Act of the Republic of the Marshall Island (2015) states that Government must develop measures to ensure to persons with disabilities have full, equal and unrestricted access to: the physical environment; transportation; information and communications, including information and communications technologies and systems; and other facilities and services open or provided to the public.
- Samoa has included clear guidelines for accessibility in its National Building Code (2017).

While these commitments are all positive steps, *Pacific Island Forum countries have acknowledged there remains a lack of accessibility across infrastructure, transport, information and communication,* which undermines the ability of all citizens to access education, health, justice, mobility, employment and disaster risk reduction efforts.

The Pacific Regional Infrastructure Facility (PRIF) has done an extensive review of accessibility standards in the region, with a focus on transport, and recommended that: most countries should adopt or revise **their standards; DPOs should lead awareness raising; and more effort should be made to ensure that all new infrastructure is accessible.**

Data Collection for Accessible ICT Project, Nadi, Fiji 2017
Photo Credit: Pacific Disability Forum

In 2017/18, PDF carried out a review of accessibility standards in the region covering built environment, transport and ICT, and supported DPOs to conduct accessibility audits across countries and sectors. These activities confirmed and extended the PRIF review's conclusions. While DPOs are increasingly being consulted with regards to accessibility of major development cooperation projects, *no PIC has a basic set of accessibility standards and corresponding enforcement mechanisms.*

Confronted with such a reality, there is broad acknowledgment among stakeholders including PDF, UN agencies, PIFS and several donors, *that most countries in the region may not have the know-how or financial resources to develop or revise their own comprehensive national accessibility standards.* A consensus was reached during a multi-stakeholder technical meeting organised by PDF in September 2018, about **the need to develop a Pacific 'blueprint' for comprehensive accessibility standards** aligned with Goal 3 of the PFRPD .

Such a regional 'blueprint' would be an invaluable asset for countries to adapt, promulgate and implement their own national accessibility standards based on a regional approach, rather than every country attempting to develop their own standards separately. Additionally, in the frame of increasing regional economic integration (as demonstrated through the Pacific Island Countries Trade Agreement (PICTA) and recent PACER

Plus negotiation finalisation), common accessibility standards would contribute to greater compatibility and harmonisation of standards in ICT, transport and tourism services, among others.

Recommendations:

- Undertake a regional participatory process to develop a Pacific 'blueprint' for comprehensive accessibility standards for the built environment, transport, information and communication, which could then be tailored by countries for their own national standards. This collaborative process would avoid unnecessary duplication of efforts and costs across countries.
- Implement a regional program to train national delegations of professionals, DPOs, and government representatives on how to use accessibility standards and conduct accessibility audits, which would help domestic implementation, awareness and the creation of national accessibility task forces.
- Develop a template for integration of accessibility standards into public procurement processes that could be adapted by national governments.
- Ensure accessibility of information by supporting and officially recognising sign language in the region.

Assistive technology and products (SDG 10; CRPD 9-19-21; IS goal 3)

Access to assistive technology is a necessary pre-condition for inclusion for many persons with disabilities. Assistive technology includes any piece of equipment or technology that helps a child or adult maintain or improve their functioning and independence. Common examples include wheelchairs, walking aids, glasses, white canes, hearing aids, communication boards and shower chairs.

The CRPD highlights the obligations of states to support research, to provide information about, and to ensure access to affordable and quality assistive technology and products for mobility, information and communication (article 4, 9, 19, 21, 28). The Incheon Strategy includes Target 3.D to: 'Halve the proportion of persons with disabilities who need but do not have appropriate assistive devices or products'. To meet achieve these obligations and to meet the needs of individual assistive technology users, it is important that provision of assistive technology is an integral part of national health, rehabilitation and education systems, and that quality equipment is provided through services which have the required facilities and adequately trained workforce.

Globally, there is strong momentum for assistive technology, evidenced by the endorsement in May 2018 of the World Health Assembly Resolution on Assistive Products by WHO member states. Launched in 2014, the Global Cooperation on Assistive Technology (GATE) has developed a priority assistive products list to be included in universal health coverage basic packages. GATE has also initiated work on assistive product specifications, and commenced development of an online training in assistive products resource for national personnel. These global efforts can be used as a springboard for action in the Pacific region.

With an ageing population and rise of non-communicable diseases, the need and demand for assistive technology in the Pacific will continue to increase. Yet there exists a huge gap with regards to availability, accessibility, affordability and quality of assistive technology in the region. There are pockets of success in some countries based on the work of either NGOs or government, but to date this has been limited in terms of the range of assistive products available, addresses only a fraction of the national needs, and is not yet well supported by national systems.

In the Pacific region, some of the key issues are the lack of government prioritisation, lack of coordination and 'silo-ism' between relevant line ministries, lack of trained human resources, lack of required facilities, lack of transformation of awareness of persons with disabilities into clear demand, reliance on donations that do not provide adequate devices and ultimately undermine government commitments and DPO

advocacy, and lack of consensus on effective and affordable technical solutions (e.g. hearing aids). The review of national budgets showed that there is very minimum allocation for procurement of assistive technology and/or investment in the workforce required to deliver assistive technology in most countries.

An inspiring practice, the Samoa Mobility Device Services (SIMDES), has been set up in the last four years thanks to the partnership between the Samoa National Health Services, Motivation Australia and Nuanua O Le Alofa, with the support of the Australian aid program. The SIMDES has delivered services to more than a thousand persons, some of whom already experienced significant improvement of autonomy and quality of life as a result. A similar project is now underway in Tonga, and overall there has been a growth in mobility device services in particular across the Pacific through similar collaborations.

Access to assistive devices is an area which would very concretely benefit from a regional approach and from multi-stakeholder cooperation, including public-private partnerships. While there are many steps to be taken to ensure effective access to assistive technology across the region, some of them could be catalyzed through a broader multi-stakeholder mobilisation.

The Western Pacific Regional Office (WPRO) of WHO, in consultation with member states in the region, drafted the Western Pacific Regional Framework on Rehabilitation , which is intended to guide and support strengthening of rehabilitation in the region. This framework emphasises the important role that rehabilitation and assistive technology provision, as an integral component of universal health coverage, plays in enabling persons with disabilities and others in enjoying equal rights and opportunities.

As a first step towards addressing regionally specific issues of procurement, the WPRO of WHO commissioned in October 2018 an Assistive Products Procurement Study. Funded by the Australian aid program, the study is being led by Motivation Australia working in partnership with PDF and the Nossal Institute for Global Health. Initial findings of this Study highlight the continued low awareness in some countries of assistive technology and its potential benefits, and the resulting lack of demand. For example, in the Marshall Islands, the study team identified that few people were aware of assistive technology that could assist with self-care, communication or cognition, and as such there is no demand for such devices. Stakeholders consulted to date across five countries have identified factors that would facilitate improved access to assistive technology, including: reliable information including types of products available and suppliers; service guidelines and product specifications contextualised for the Pacific region; simplifying the supply chain (for example through a regional supply hub); integrating assistive technology into existing services (in particular health); strengthening in-country assistive technology expertise; and increasing the workforce.

Recommendations:

- Support countries to adopt and utilise the WHO Assistive Products List in universal health coverage, including ensuring that the provision of priority assistive technology is covered in recurring budgets.
- Review existing tax regulations and promote exemptions or concessions for assistive technology across the region.
- Establish a regional procurement facility for assistive technology to support more cost-effective procurement of appropriate technology and drive development of Pacific-specific product specifications.
- Review existing agreements in the field of health care services and explore ways to further include rehabilitation and assistive technology services as recommended in the Western Pacific Regional Framework on Rehabilitation at primary, secondary and tertiary levels.
- Review existing agreements in the field of education services and explore ways to further include rehabilitation and assistive technology services including considering child and adult education systems.

- Support the strengthening and recognition of the rehabilitation and assistive technology workforce through promotion of minimum standards of training, continuous professional development initiatives, and formation of a regional professional body linked to global networks such as the International Society for Prosthetics and Orthotics.

Community Based Rehabilitation / Inclusive Development (SDG 10; CRPD 19-26; IS goal 3)

The geography of PICs creates conditions such as the distance between countries and the population spread within countries across islands, all of which pose unique challenges to development in general and disability-inclusive development in particular. Services and opportunities available to persons with disabilities on main islands and near capital cities are largely inaccessible to people in more isolated and outlying communities. Persons with and without disabilities often must rely on family, extended family and informal community supports. The Pacific is also at the front lines of climate change, with increasing severity and more frequent occurrence of natural disasters, rising sea levels and other climate-related challenges. These circumstances create a need for community-based approaches which foster inclusion and resilience.

Community based approaches are essential to complement national sectoral policies in order to reduce inequalities and ensure that persons with disabilities in the Pacific, whether they live in main population centres, isolated communities or outlying islands, will be able to go to school, earn a living, access supports they may need, and participate and contribute equally to family and community life.

While the UN agencies (WHO, ILO, UNESCO and UNDP) defined Community Based Rehabilitation (CBR) in the 1970s as a strategy to increase access to rehabilitation services in resource constrained settings, it has evolved to be considered 'a strategy within general community development for the rehabilitation, equalisation of opportunities and social inclusion of all persons with disabilities' . Based on this definition and in light of the CRPD, guidelines were published in 2010 in support of a multi-sectorial, cross-disability and rights-based approach involving health, education, livelihood, social and empowerment components .

The shift in the terminology from CBR to CBID (community based inclusive development) reflects an approach which seeks to break down community barriers, increase persons with disabilities' access to both mainstream and disability-specific services, and empower and enable individuals and their families to participate fully in community life.

Implemented in the Pacific for over two decades, most notably in PNG, Solomon Islands, Vanuatu, Samoa and Fiji, CBR/CBID covers different activities in different countries, but often with an emphasis on physical rehabilitation, livelihoods and education, and the delivery arrangements vary with more or less engagement from central government, local authorities, NGOs and communities.

The 2015 evaluation of the first Pacific CBR Action Plan (2012-2014), supported by WHO, assessed that there had been increasing government commitment to CBR, and it has become a central element of national disability policy. An increasing number of governments have been allocating budgets and funding human resources for CBR, as in Vanuatu, Kiribati, Solomon Islands and Fiji for instance.

Across the region, stakeholders reported that CBR and CBID programs are essential for persons with disabilities in rural, remote areas and outer islands and their families to get access to the services and opportunities they have the right to access. Crucial to reach people in remote areas, CBR programs are also fostering stronger collaboration and partnerships across sectors and agencies. These programs have been instrumental in connecting persons with disabilities to livelihood and TVET programs in Fiji, Solomon Islands and Vanuatu where CBR has also contributed to post-disaster relief after Tropical Cyclone Pam. CBR programs have also

been able to connect parents and their children to early childhood development programs and to inclusive education in PNG.

However, there are many challenges to the scaling up of CBR, with human resources currently being a key limitation. As governments, persons with disabilities and communities become more aware of the diversity of disability, the support required and the skills necessary for community mobilisation, there is an increasing demand on CBR workers. There is a need for more CBR workers who possess a broad set of skills to address issues of groups that may not have been supported in the past and to contribute to local action in support of disability rights and inclusive communities. There is a need also to better integrate CBR programs with existing services, including those provided in the mainstream health, education, social and livelihood systems, to increase synergies and to limit the diversity of technical tasks of CBR workers who may act more effectively as facilitators rather than service providers.

It is also important to note that most CBR programs do not have strong social support services (such as personal assistance) and empowerment components, which are very much needed especially by the most marginalised groups. Therefore, there may be a paradox that CBR programs reach marginalised communities but less so the most marginalised persons with disabilities in those communities. Support services such as sign language interpreters remain virtually non-existent in most of the region, especially in remote areas.

Recommendations:

- Implement the 2016-2021 Pacific Regional Framework for Community Based Inclusive Development (formerly CBR), with attention to the diversity of persons with disabilities.
- Consider investment in linking CBR/CBID to disaster risk reduction to ensure inclusive disaster preparedness at community level.
- Consider documenting and integrating community based approaches in country monitoring and reporting on the SDGs and on implementation of the CRPD.
- Consider investment in connection to CBR and social protection programs to ensure access to support services such as personal assistants.

> **Case Study: CBR/ID in Solomon Islands**
>
> In Solomon Islands, traditional CBR began in the 1990s. This work was primarily focused on individual rehabilitation. Since then, CBR has evolved internationally and in the Pacific. Solomon Islands representatives to the CBR Forum in 2018, along with their counterparts from governments, DPOs, educational institutions and development partners from across the Pacific, endorsed a shift from CBR to Community Based Inclusive Development (CBID).
>
> Key developments in the Solomon Islands in the last decade point to reasons why this shift was endorsed:
> - The University of Sydney in partnership with the Solomon Islands National University (SINU) Community Based Inclusion, The Pacific Way project in collaboration with DPOs and Government Ministries explored the evolving faces of CBR to CBID.
> - Cooperation between the CBR network in the Solomon Islands and the Kokonut Pacific Solomon Islands (KPSI), a for-profit social enterprise producing and selling virgin coconut oil and products with a mission to 'provide empowerment to remote villages[1] resulted in employment opportunities for persons with disabilities in the enterprise and accessibility facilities added to the KPSI workshop.
> - Cooperation between the SINU CBR program and Bethesda Disability Centre, which provides life and vocational skills training has resulted in outreach to and enrolment of students from around the country in this skills training program. The centre also serves as a field work placement site for students studying in SINU. The centre highlights this collaboration with CBR as a success both for the centre and as a tool for advocacy and inclusive community development and economic capacity.[1]

Social protection (SDG1-10; CRPD art 28; IS goal 1- 4)

Reflecting global trends, *across the Pacific persons with disabilities are more likely to live in poor households and less likely to be economically active compared to persons without disabilities* as evidenced by the analysis of most recent national data from Kiribati, Palau and Vanuatu . Limited access to education and employment, compounded with extra costs related to disability-specific requirements and lack of accessibility of services, increases risk of multidimensional poverty and the likelihood to be forced to rely on eroding traditional solidarity.

Internationally, it has been increasingly recognised that social *protection policies and programs can significantly contribute to improved social participation and inclusion of persons with disabilities* by ensuring income security and access to social services . Article 28 of the CRPD stipulates that states have to ensure equal access of persons with disabilities to adequate standards of living and social protection programs, as well as access to affordable and quality disability-related services and assistance to cover disability-related expenses. The Incheon Strategy's Goal 4 specifically aims at increasing coverage of persons with disabilities within social protection programmes.

While in most PICs social protection systems have traditionally relied on a social insurance approach, reaching only a small proportion of the workforce , there has been in the last decade a significant development of social assistance schemes. *In 2007, there were only four countries with non-contributory schemes targeting persons with disabilities* (the Fiji Family Assistance Program and the Care and protection allowance, both of which are poverty-targeted schemes that included disability as one sub-target group, Palau and Cook Islands disability benefit schemes, and in New Ireland Province of PNG). *In the last decade, an increasing number of countries have developed benefits for adult or children with disabilities:* Timor-Leste (2008), Nauru (2008),

Nauru (2008), Tonga (2013), Tuvalu (2016), Fiji (2018). Universal old age pensions have also been adopted in Cook Islands, Fiji, Kiribati, Nauru, Niue, and Samoa, which, considering the higher prevalence of disability among older persons, may have an impact on older persons with disabilities.

While this has been positive a trend, there are of course some challenges to be considered. In most countries, less than a third of persons with disabilities are covered by disability-targeted schemes . *The adequacy of benefits has been low in most countries,* limiting the impact on poverty reduction and social participation. In 2013, non-contributory disability-related social assistance accounted for an average 4.4% of all social protection beneficiaries but only 1.9% of social protection expenditures in the region . Furthermore, there continue to be *no schemes to support access to support services such as personal assistance,* except for the allowance for care-givers in Cook Islands that is not compatible with the disability allowance.

Most recently, there has been some positive developments in Cook Islands, where the child benefit has been extended to cover children with disabilities up to the age of 16 (instead of 12), and the disability allowance has been increased with the aim to progressively align it with the old age pension. In Tonga the number of beneficiaries of the disability allowance has quadrupled between 2015 and 2018 to reach 800 persons.

Social protection schemes have also been effectively used to channel support for affected populations in the aftermath of disasters in Fiji (TC Winston) and Tonga (TC Gita). In Fiji, evaluation showed that households that benefitted from the top-up transfers recovered quicker from the disaster shocks . In Tonga, the government has been able to promptly channel AUD $500,000 of disaster relief funding provided by the Australian aid program, through the Social Welfare Scheme for the Elderly and the Disability Benefits Scheme, which provided quick support to people with their immediate post-disaster needs .

Recommendations:

- Support adoption by all countries of disability support allowances based on good practices in the region.
- Progressively increase the amount of disability allowance so that it contributes effectively to cover disability-related costs.
- Develop social protection schemes supporting children with disabilities and their families.
- Support development of support services such as personal assistants.
- Develop streamlined disability determination procedures based on support requirement assessment, and aggregate information for regular update on support requirement of persons with disabilities.
- Use social protection schemes in post-disaster response to channel extra support to persons with disabilities and their families.

Case Study: Towards a social protection system that truly enables participation in Fiji

In 2018, Fiji adopted a new social protection allowance aimed at supporting inclusion of persons with disabilities by addressing both poverty issues and to compensate the extra costs of disability.

To tackle poverty, families of persons with disabilities who may be poor are eligible for the Poverty Benefit Scheme (PBS). The head of the household is the direct beneficiary of the scheme where he/she receives a monthly cash allowance and equivalent amount as food vouchers. The amounts can range from FJD$60-FJD$150 per month. The cash allowance is deposited directly into a designated bank account.

To support coverage of disability-related expenses, persons with disabilities with significant functional difficulties and support requirements are eligible for Disability Allowance Scheme which has been designed to support participation. Each person receives FJD$90 per month, which is deposited into their designated bank account.

In addition, all persons with disabilities are eligible to a credit of FJD$40 for travel by bus. This is a restriction compared to the free bus fare pass that existed until last year, but the new approach aims to resolve implementation challenges with the free bus fare pass which were related to issues in the payment of the concessions to bus companies rather than to persons with disabilities and because of attitudinal issues of some transport personnel towards persons with invisible disabilities.

The important elements of the Disability Allowance Scheme from a disability inclusion perspective include:

- *The allowance is not means tested at individual nor at household level*, which is good practice as it allows all persons with disabilities to access the scheme in recognition of the extra costs of disability. Persons with disabilities whose families already receive PBS, and persons with disabilities who are working can access this scheme. If there is more than one eligible person with disabilities in a household, each of them can access the scheme. A poor person with disability living on her/his own can also combine PBS with the disability allowance. They would lose PBS once they enter the Economic Empowerment Program or find employment, but would retain the disability allowance.
- A swift eligibility determination process has been developed. *The disability assessment to determine eligibility for the scheme is not medically-driven, but instead is focused on support needs of the person*, reflecting recommendations made by the CRPD Committee to many countries. A medical certificate may be required only if the social welfare officer carrying out the assessment is not in position to make a decision. This also allows for faster decision and lessens the administrative burden.

As this is a recent scheme it is not yet possible to evaluate its impact, but interviews with a small sample of persons with disabilities with various impairments showed that although the amount is not enough to cover all disability-related expenses many individuals or households face, it is an appreciated support. The lack of conditionality is also important, as it allows persons with disabilities to choose how to use the allowance based on their own needs and priorities, which could be paying for medical supplies or extra support, or contributing to the family budget. Persons with disabilities who were interviewed describe this choice and control as empowering.

Fiji's social protection system combination of a household poverty benefit, non-mean tested individual disability allowance, and transport concessions lay the foundation of a social protection system that has the potential to truly support participation of persons with disabilities.

Employment (SDG 7; CRPD art 27; IS goal 1)

Unemployment rates among youth and women without disabilities in the Pacific region are low, but the situation of persons with disabilities is also dire. Persons with disabilities are largely excluded from the labour market . Recent data from Palau, Kiribati and Samoa show that people with disabilities are much less likely to be economically active than people without disabilities. Analysis of census data shows that even among those persons with or without disability who were economically active, the most common activity was subsistence, self-employment or being an employer.

	Kiribati	Samoa	Palau
With a disability	33.6	29	15.5
Without a disability	63.4	48	75.3

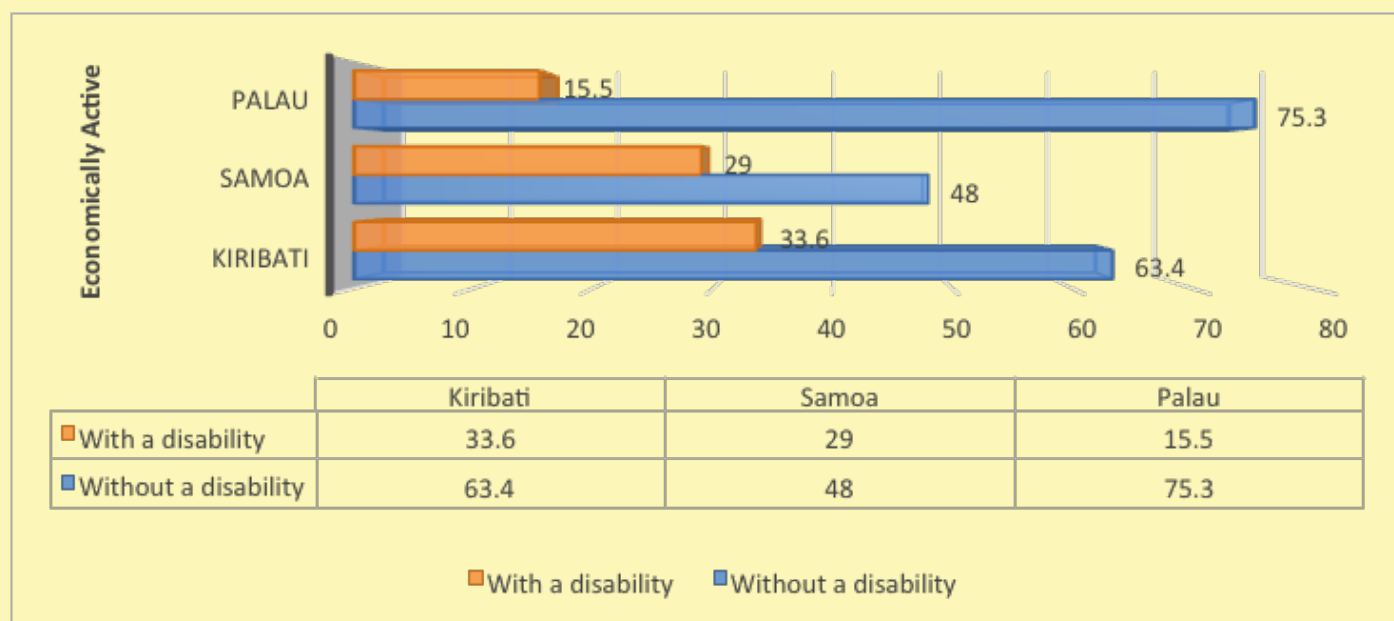With a disability   Without a disability

Figure 5: Proportion of economically active people with and without disability in Kiribati, Samoa and Palau

The lack of general accessibility, the barriers persons with disabilities face to access education, vocational rehabilitation, assistive devices and support services all contribute to them having fewer opportunities to participate in the labour market and be economically active.

These barriers are also magnified by attitudinal barriers. Such barriers also remain strongly embedded in the social and cultural structures of communities in which women with disabilities experience multiple layers of discrimination based on both gender and disability. Persons with disabilities are often discriminated against, stigmatised and stereotyped as being helpless, weak and unable to work. This affects how employers hire and recruit persons with disabilities. As a result, persons with disabilities are frequently trapped in a vicious cycle of exclusion from society and mainstream development programmes[24] .

Recent legislation adopted after ratification of the CRPD is seeking to tackle some of the barriers persons with disabilities face in relation to employment. Fiji's Rights of Persons with Disabilities Act 2018, Part 4 stipulates that all persons with disabilities have the right to work on an equal basis with others and that persons with disabilities have the right to seek employment in the private and public sector with the right to be free from disability discrimination in all forms of employment. In addition, the Act also requires that the labour market and work environment be open, inclusive and accessible for all persons with disabilities. To date, Fiji is also the only Pacific country to have ratified International Labour Organization (ILO)Convention 159 that is concerned with the vocational rehabilitation and employment of disabled persons[26] .

In recent years, the ILO has supported a review of employment related legislation to promote compliance with the CRPD. The ILO has also taken action to include persons with disabilities in some of its major initiatives such as the Start Your Own Business (SYB) program which provides business mentoring and training for

for unemployed persons with disabilities . A success story of the ILO SYB program is of Peter, a 36 year-old single man with a disability in Vanuatu who had been living in poverty for many years. Through SYB training and business mentoring, Peter now runs a successful business from his home selling fabric prints, paintings, wood carvings and other crafts. The training was able to provide participants with information on how to draw up a sustainable business plan and conduct a small survey on how companies can attract more customers.

Recommendations:

- Review existing employment legislations and make amendments to ensure they are in line with the CRPD.
- Review existing empowerment policies and programmes for persons with disability and subsequently implement capacity-building support for staff and enforcement of existing legislation that applies to the private sector.
- Pacific governments, through their Ministries of Labour and Human Resources Development, should:
    - Fully implement an inclusive disability policy to ensure equal employment opportunities for persons with disabilities in all Government structures of the public administration.
    - Roll out youth and livelihood skills training to outer islands to improve the skills of persons with disabilities to sustain themselves.
    - Incorporate in all processes inclusive employment principles related to accessibility and reasonable accommodations.

Health (SDG3; CRPD art 25; IS goal 4)

Good health and wellbeing is essential for the achievement of the SDGs, with Goal 3 focused on achieving universal health coverage for all people, including those with disabilities. Persons with disabilities have the same need for regular primary health care as everyone else, but they may also have additional disability-specific needs that require targeted health and rehabilitation programs. Some persons with disability may also experience health conditions associated with their impairment which result in need for regular and on-going health care. Research on the link between disability and non-communicable diseases (NCDs) in the Pacific has found that persons with disabilities are more vulnerable to NCDs than other groups, due to behavioural risk factors such as low levels of physical activity. People with an impairment may also experience mental health concerns, due to stigma, discrimination and isolation. ***Despite these needs, persons with disabilities across the Pacific face a range of barriers in accessing general and disability-specific health care services[29] .***

Barriers for persons with disabilities in accessing general health care services include:
- lack of accessible transportation to health care providers, lack of health services in remote areas and outer islands, and limited outreach services;
- lack of physical access at and within health clinics, including ramps, accessible toilets and adjustable examination tables;
- long waiting times, with no consideration of disability within the triage process;
- negative family attitudes concerning the value of seeking health care and knowledge of health problems;
- difficulties communicating with medical staff and receiving health information (e.g. lack of materials in Braille, large print, use of simple language and pictures, and lack of sign language interpreters);
- health-care providers' negative attitudes or assumptions about persons with disability;
- health care providers' lack of knowledge and skills relating to providing services to persons with disability including communication mechanisms; and
- costs of health care, including a lack of health insurance.

Article 25 of the CRPD clarifies the obligations of states to realise the right of persons with disabilities to the highest attainable standard of health without discrimination. It highlights the importance of implementing equal access to mainstream health services, development of disability-specific health services including rehabilitation, ensuring that health care staff are trained on rights of persons with disabilities, and providing services and the basis of free and informed consent. The Incheon Strategy also specifically aims at increasing access to all health services, including rehabilitation, for all persons with disabilities (Target 4.a).

Members from NATA, TNVIA and Tonga National Disability Congress facilitating MOH Disability Inclusive Health training session at Vaiola Hospital. Photo Credit: CBM Australia.

The WHO has been promoting health-related rehabilitation as an essential component of Universal Health Coverage and has been supporting countries in the region to include rehabilitation services as part of each country's Package of Essential Health Services. *Some PICs have recognised the importance of responding to the unmet health needs of persons with disabilities as part of efforts towards universal health coverage, and have developed specific disability-inclusive health policies and plans.* For example, Fiji has adopted the Fiji National Disability Inclusive Health and Rehabilitation Strategic Plan 2015-2020.

However, whilst building the capacity of the health sector to strengthen health-related rehabilitation services and rehabilitation workforce capacity is important, it has also been recognised in the region that there is a need for this to be integrated into a broader multi-sectorial CBID approach (see CBR/CBID chapter above).

Issues in relation to access to health for persons with disabilities have been raised by the CRPD Committee in concluding observations for those Pacific states that have ratified and been reviewed to date, including Cook Islands. The CRPD Committee has made recommendations in relation to:

- Ensuring training is provided to health-care professionals and public health experts on accessible and inclusive services for persons with disabilities, in particular the training of providers of sexual and reproductive health services.
- Amending Criminal Code and similar legislation to improve guardianship approaches, so that women with disabilities can exercise their right to sexual and reproductive autonomy on an equal basis with others.
- Ensuring mental health services for children and adolescents with disabilities are provided in locations close to where people live, not just in capital cities.

With regards to *medical rehabilitation, there has been some notable progress especially with the improvement of the Tungaru Rehabilitation Services in Kiribati and the mobility devices services* in Samoa, both supported by the Australian aid program. However, there is still a significant gap across the region in terms of rehabilitation professionals such as occupational therapists, speech therapists, and prosthetics and orthotics technicians.

There is growing momentum around the importance of mental health, although it is to be noted that while new mental health legislations have been adopted or under consideration, this is largely aimed at updating colonial era laws, and none are yet compliant with CRPD standards and jurisprudence. Much of the focus on mental health in the Pacific has focused on improving institutional care and access to medication. There are some activities which have aimed to develop mental health service provision within the community, but the success and reach of such initiatives has been minimal. There is also little evidence of the inclusion of persons

with psychosocial disabilities in regional, local or national development programs beyond a mental health approach, and psychosocial disability remains one of the most medicalised experiences of disability within the region.

Recommendations:

- Develop and implement health care standards related to care of persons with disabilities, which set out plans for modifications and adjustments to service delivery, including ensuring physical access of primary health clinics, operation of outreach services, support for and referral linkages to community-based rehabilitation or community-based inclusive development programs, and removal of communication and attitudinal barriers in the health system, including through training of medical staff.
- Explore greater regional cooperation to develop access to quality rehabilitation services, access to priority assistive products, and CRPD-compliant mental health services as part of essential packages of health services.

Case study: The Tonga National Disability Inclusive Health (DIH) Plan

The Kingdom of Tonga has developed the National Disability Inclusive Health (DIH) Plan 2016-2020. The DIH Plan is designed to guide the Ministry of Health in strengthening access to health care, rehabilitation and mental health services for persons with disabilities in Tonga. The DIH Plan sets out the Government's commitments to implement a range of activities. These include:

- disability training for health workers in recognition that changing attitudes about disability is an important first step towards more inclusive health services;
- revising policies and procedures to ensure inclusion;
- supporting development of a community-based rehabilitation program with support from WHO and led by the Ministry of Internal Affairs;
- strengthening the mobility device service supported by Motivation Australia through the Tonga Rehabilitation and Mobility (TRaM) project;
- building the rehabilitation workforce;
- supporting reforms to mental health.

Outcomes to date from these efforts include: the national hospital sourcing an accessible vehicle to help transport persons with disabilities to and from health centres; the first national mental health symposium being held to strengthen the focus on community-based mental health care as part of the primary health care system; a national CBR meeting being held; and disability inclusion training for a cohort of health professionals being provided. While the process to implement the DIH Plan in Tonga is continuing, the creation of strong linkages between persons with disabilities and Government duty-bearers has already had an impact on raising awareness of the very real impact that discrimination and exclusion has on the lives of persons with disabilities seeking health care in Tonga.

Education (SDG 4; CRPD art 24; IS goal 5)

Most PIC governments have committed to make reforms required to achieve inclusive education, as evidenced by signing various frameworks such as the CRPD, the Incheon Strategy, its predecessor the Biwako Millennium Framework (2003-2012), and more recently the PFRPD.

However, despite significant commitments of PICs towards inclusive education and efforts made since, much remains to be done. According to the most recent censuses of Samoa, Kiribati and Palau, persons with disabilities are substantially less likely to have ever attended school, less likely to have completed secondary or tertiary education, and have lower rates of literacy compared to persons without disabilities (see Table 1).

These trends are in line with the situation in other low- and middle-income countries globally, and with evidence from other PICs. The Solomon Islands Ministry of Education, for example, estimated that less than 2.0% of children with disabilities were in school[31] .

In 2009, it was estimated that less than 10% of children with disabilities in the Pacific region had access to any form of education . However, with a validated means disaggregation data by disability being increasingly used in population data sets (the Washington Group Short Set), data from the current censuses (Table 1) indicates that this may have been an underestimation. However, the Pacific is a very heterogenous region and comparable datasets from a wider variety of countries are required before providing an updated regional estimate. This may be possible soon with increasing efforts being made into disability statistics in the region. Nonetheless, ***the gap in access, progression to higher levels and literacy rates is striking.***

	Disability status	Highest level attained				Literacy rates (reading/writing)
		Never been to school	Primary school	Secondary school	Higher education	
Samoa^	With disability	17.1	18.1	44.4	10.3	51.3/48.9
18-49 years	Without	0.6	6.8	67.9	24.0	97.3/94.5
Palau#	With disability	23.3	20.6	46.6	8.2	48.0/48.0
18-49 years	Without	1.3	4.7	48.8	45.2	98.6/98.6
Kiribati@	With disability	13.7	10.6	25.4	3.2	64.9
18-49 years	Without	3.8	5.7	50.8	3.9	83.6

^Samoa 2016 census[33]; #Palau 2015 census[34]; @Kiribati 2015 census[35]

Table 1: Educational attainment and literacy rates, by disability status, in Samoa, Palau and Kiribati; based on census data using the 18-49 year old age bracket

SDG Goal 4 sets a clear ambition to ensure inclusive quality and equitable education for all by 2030. In order to meet this goal, more needs to be done to ensure Pacific children, youth and adults with disabilities are enrolled in and benefit from school and post-school education and training. The CRPD Committee's General Comment Number 4 on the right to inclusive education is a landmark contribution in providing clarity on interpretation of persons with disabilities rights and states' obligations, and is an essential tool in helping governments plan how to implement CRPD Article 24.

PICs have recognised that implementing inclusive education across the region is the best way to provide education to children with disabilities, and to do this, a key first step is for barriers to be identified and systematically addressed. **Common barriers in the region** include:[36]

- Absence of or inadequate policies and policy implementation on education for children with disabilities. Problems include a lack of clarity, discriminatory policies or misalignment with international human rights frameworks. A lack of clear policy can result in resistance from within the mainstream education system to prioritise inclusion.
- Lack of support to families, including financial assistance, awareness raising and counseling, which leads many parents to keep their children at home as they cannot afford the costs, fear bullying, believe their children cannot learn, or do not feel schooling will lead to employment or income.
- Inaccessible school facilities, curriculum and teaching materials, and a lack of funding or effective systems to meet individual learning and support needs, including sign language interpreters, braille materials, and teacher aides.
- Poor access to services required to enable optimal education, including early identification and intervention, rehabilitation, therapies, medical services and assistive devices/technologies.
- Lack of focus on inclusive education in pre-service and in-service teacher training, resulting in teachers lacking the necessary skills, knowledge and confidence to teach inclusively.

- Inaccessible transport, which is magnified in remote areas and outer islands. For example, in some places in Kiribati the age of attendance is determined by the weight and mobility of the child: when he or she is too heavy to be lifted into the school bus, the child can no longer attend as the buses are not wheelchair accessible.
- An over-reliance on special schools in many countries. These schools, located in urban areas, mostly provide primary education. Children with disabilities in rural and the outer islands have no options and are excluded even from special schools.
- Limited access to sign language and bilingual education for deaf children.

The transition to quality inclusive education takes time, commitment and capacity,[37] and the specific constraints in PICs make this even more challenging. However, many positive steps have been taken in recent years, with successful programs being implemented in several Pacific countries.

Successful program examples include:

- The Vanuatu Skills Partnership has made significant contributions to the establishment of a disability-inclusive post-school education and training / technical vocational education and training sector, and youth with disabilities experience greater access to participation in skills development opportunities.
- The University of the South Pacific has a Disability Resource Centre in Fiji specifically set-up to support students with disabilities, providing student to student buddy support, sign language interpreters and ensuring equal access to services.
- In Samoa, the inclusive education demonstration program increased awareness of the right to education for children with disabilities and collaboration between service providers and the Ministry of Education.
- The Solomon Islands Ministry of Education and Human Resource Development set up a National Resource Learning Centre in 2014 to provide training and resource materials to teachers and schools implementing inclusive education.

Disability disaggregated education management information systems (EMIS) are pivotal for providing data to track progress towards SDG 4 and implementation of CRPD Article 24. Fiji has recently validated and implemented a method for disability disaggregation in its education administrative data, which has been recognised globally as a novel and useful solution. UNESCO's International Institute for Educational Planning and UNICEF are including Fiji's system in their training courses as an example of best practice.

Case Study: Pacific INDIE – Pacific Indicators for Disability-Inclusive Education [viii]

Helping PICs to know how to implement disability-inclusive education in a context-specific way, and be able to evaluate their efforts and develop future plans for providing quality education for children and youth with disabilities is a key step. Pacific INDIE is a set of contextually specific indicators for disability-inclusive education in the Pacific and guidelines for implementation. It was developed through research in 14 countries, with in-depth work in four countries – Samoa, Vanuatu, Solomon Islands and Fiji. Designed to support appropriate data collection to inform policy development and monitor and report progress towards disability-inclusive education, the tool has 48 indicators across 10 dimensions:

● Policy and legislation ● Awareness ● Education, training & professional development ● Presence and achievement ● Physical environment and transport ● Identification ● Early intervention and services ● Collaboration and shared responsibility ● Curriculum and assessment practices ● Transition pathways

Despite these examples of good practice showing how inclusive education can be achieved, obstacles exist in gaining broader attention for the issue of inclusive education. Pacific education ministries grapple with persistently poor literacy and numeracy outcomes in the broader student population, making it difficult for them to decide to prioritise inclusive education. The impact of climate change requires attention and funding for urgent issues such as disaster-recovery, school re-building or addressing water shortages in schools. These and other general budgetary and resource constraints often force countries to make an artificial choice between expanding equity/access or investing in greater quality, even though making the education system inclusive is the cost-effective way to reach both objectives. Despite growing evidence for the benefits of inclusive education, there is still resistance and inclusive education continues to be considered a sub-component of an equality or access policy rather than an overall objective for all children.

The challenges faced by PICs in transforming to inclusive education require innovation, creativity and strong multi-stakeholder cooperation at national and regional levels.

Recommendations:

- Pacific governments must develop, resource and implement inclusive education policies, which work simultaneously to address inclusion at all levels from the education system, the school level, at the community level, and with families and parents of children with disabilities. Support services, assistive technologies and teacher training in inclusive education must be strengthened. Supporting only one element of inclusion (e.g. only accessible school infrastructure) without other elements will not lead to systemic change.
- Revise laws and policies to ensure school infrastructure and curricula are accessible for all, and that all communication and information materials are available in accessible formats.
- Ensure bilingual education for deaf children across primary, secondary and tertiary levels.
- Develop and implement policies which support disability-inclusive post-school education and training.
- Strengthen regional cooperation to exchange innovative and successful practices and promote inclusive education as an overall objective for education systems.

Case Study: Access to Quality Education Program (AQEP) in Fiji

In Fiji in 2011, most children with disabilities who were enrolled in school were attending one of seventeen segregated special education centres, in urban areas. Access in rural, remote and maritime areas was limited and many children with disabilities were out of school. With support from the Australian aid program, the Fiji Ministry of Education implemented AQEP to enable more children with disabilities to attend school. Four rural schools plus one school in Suva, were selected as 'demonstration schools' for modelling inclusive education.

These five demonstration schools had a focus on: teacher training; funding and training for teacher aides; community awareness-raising about the importance of education for children with disabilities; referrals to health services including rehabilitation and assistive devices; and renovations to school buildings including water and sanitation facilities to increase accessibility.

Lessons from this approach informed revisions to the policy and development of the *Special and Inclusive Education Policy Implementation Plan 2017-2020*. Because of these efforts, 60 primary schools across Fiji reported children with disabilities attending in 2017, and there are now 22 secondary schools in Fiji which have students with a variety of impairments attending, all of whom passed the necessary entrance examination on academic merit.

Women with disabilities (SDG 5; CRPD art 6; IS goal 6)

Most recent data from Kiribati, Samoa, Palau and Vanuatu shows that **women with disabilities have fewer opportunities for inclusion and participation than the rest of the population**. For instance in Kiribati, women with disabilities' participation rate is 13% lower than men with disabilities and 28% lower than women without disabilities. These data confirm the outcomes of studies carried out in the region highlighting that, as in other part of the world, **women and girls with disabilities face multiple layers of discrimination[38]** . Further studies highlight their vulnerability to violence and abuse, and the fact that women with disabilities experience additional and different forms of violence from women without disabilities, including acts such as the withholding of medication and assistance, denial of food or water, and forced sterilisation and medical treatment[39] .

These realities have been acknowledged by successive Pacific Women Conferences and Meetings of Pacific Ministers for Women. PICs have made clear commitments to take action. Most countries in the region have ratified both the Convention on the Elimination of Discrimination Against Women (CEDAW) and the CRPD, which both require states to take action to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of their human rights.

There are also number of regional frameworks that address gender inequality, and among these some consider the specific issues of women with disabilities. These frameworks include:

- Pacific Leaders Gender Equality Declaration (PLGED);
- Revised Pacific Platform for Action on the advancement of women and gender equality (RPPA);
- Beijing Declaration and Platform for Action;
- Framework of Pacific Regionalism.

These commitments have been leading to progressive changes, and a number of initiatives have started to address some of the key issues of gender inequality pertinent to women and girls with disabilities at national or regional level, including:

- The Pacific Women Shaping Pacific Development program has strived to ensure consultation with women with disabilities and DPOs in country development plans. A woman with disability is a member of the Pacific Women Advisory Board.
- With regards to ending violence against women, UN Women, PDF, national DPOs, and relevant key stakeholders have worked together to develop Ending Violence Against Women (EVAW) Toolkits specifically for Women and Girls with Disabilities in Fiji, Kiribati and Samoa. Following the development of these Toolkits, DPOs have worked with relevant key partners in ensuring that women and girls with disabilities are accessing services and are part of EVAW programming considerations. Empowering women and girls with disabilities in sharing their individual realities when encountering violence has raised awareness about the change needed in the judiciary, the importance of providing appropriate support mechanisms for survivors of violence, and ensuring services are more inclusive and accessible to women and girls with disabilities.
- With regards to disaster risk reduction, the Shifting the Power Coalition (consisting of ActionAid Australia, ActionAid Vanuatu, FemLINKPacific, PDF, Nazareth Centre, Transcend Oceania, Talitha Project, YWCA PNG, YWCA Samoa, Vanuatu Young Women for Change, and Vois Blong Mere Solomons) has been working to ensure diverse Pacific women's voices provide leadership in disaster planning and response at all levels.
- With regards to employment, in Vanuatu a specific emphasis has been put on supporting women and girls in the inclusive TVET program, and in Cook Islands a partnership between Pacific Women, the Ministry of Internal Affairs and the National Council of Women is supporting the integration of women with disability in socio-economic development.
- In Samoa, the staffing of the mobility devices service has paid attention to gender equality to ensure that women with disabilities receive gender-sensitive and adequate services. These are positive steps which have to be generalised to ensure that gender equality and women empowerment programs really include women with disabilities.

Recommendations:

- Further the inclusion and involvement of women with disabilities in all regional and national initiatives, policy, programs and services for gender equality and empowerment of women with disabilities, including sexual reproductive health and rights.

- Ensure that disability-related programs and services are gender sensitive and contribute to the empowerment of women with disabilities.

> **Case study: Regional initiative, local ownership – the EVAW toolkit in Samoa**
>
> To ensure relevance, ownership and usability in Samoa, with support from Pacific Women, UN Women and PDF worked with the Samoan DPO Nuanua O Le Alofa (NOLA) and Samoan service providers to develop an EVAW Toolkit specifically focused on women and girls with disabilities. Adaptation of the toolkit was informed by consultations with 17 persons with disability from NOLA, the Samoa Victims Support Group, representatives from the police and health services, UN Women, UNFPA and UNESCO. This process of stakeholder engagement ensured the Samoan context was reflected in the toolkit, and encouraged a process of local ownership of the document. NOLA staff shared their experiences of developing the toolkit through social media:
>
> > *'Our workshop to contextualize the toolkit on ending violence against women with disabilities in Samoa was an eye-opening experience for us as an advocacy organisation on the rights of persons with disabilities. Our advocacy work should aim at raising more awareness in the services about how to make it more accessible for persons with disabilities. What we mean by that is making not only the physical environment accessible, but also [providing] access to information in alternative formats, like sign language interpreters for deaf women, braille for women who are blind, and easy to read text and visual aid support for women with mental or intellectual disabilities. We're hoping that this toolkit will go a long way towards strengthening partnerships with service providers to ensure that our women with disabilities who experience violence and abuse are in safe hands when they seek refuge with their expert organisations.'*

Water and Sanitation (WASH) (SDG 6; CRPD art 28; IS goal 1)

SDG 6 is focused on ensuring universal access to safe and affordable drinking water, sanitation and hygiene (WASH) services for all people by 2030. While persons with disabilities are not specifically mentioned in the targets and indicators under this Goal, the Goal states that it should be achieved "for all". This means that persons with disabilities must be included in all measures to achieve this Goal. Furthermore, Target 6.2 on equitable sanitation and hygiene for all highlights the need to pay special attention to the needs of those in vulnerable situations. This SDG goal also links closely with Article 28 of the CRPD, which is focused on adequate standard of living and social protection and mandates states parties 'to ensure equal access by persons with disabilities to clean water services'.

Taking an inclusive approach is fundamental to achieving safe, affordable and effective WASH for all. Ensuring that WASH facilities and services are accessible, inclusive and user-friendly helps not only persons with disabilities, but helps all community members, including frail older persons, pregnant women, children and people who are sick or have temporary injuries.

Access to water is a basic right that is necessary to ensure health and dignity. Persons with disabilities can face multiple barriers to accessing adequate amounts of safely managed water. Collection and carrying of water can be difficult for persons with mobility and vision impairments in particular, as well as those with arm weaknesses. Water points can be inaccessible to wheelchair users and others with physical impairments, and difficult to locate and navigate for persons with vision impairment. Gendered norms and roles mean that women and girls are often considered responsible for supplying water for their households. Women and girls with disabilities who have difficulty fetching water may have to spend much greater time gathering water; or face hostility or violence if they are unable to fulfil this role. Where a person with disability in a household requires support to fetch water, this responsibility may fall on women and girls within the household.

Persons with disabilities may have greater water requirements than some other community members – for instance, if they use their hands for mobility or for balance while going to the toilet, they will have increased washing needs. Persons with disabilities may also face stigma and discrimination which prevents them from using communal water points. It is vital that their needs are specifically considered in all aspects of WASH programming.

Sanitation facilities can often be inaccessible to persons with mobility or vision impairments and wheelchair users. For persons with severe impairments or for those who experience incontinence, they may need to meet their sanitation requirements within their homes. Without appropriate support and devices such as commodes and products to manage incontinence, this can cause serious health and hygiene challenges for the person with disability and their household, and be a source of stigma.

Approaches used in the Pacific, such as Community-Led Total Sanitation (CLTS) which emphasises disgust as a mechanism for promoting toilet construction, may inadvertently increase stigma against persons with disabilities. If communities are mobilised against open defecation, then community members with disabilities who must continue to practice open defecation because of inaccessible facilities, may be stigmatised and shamed by others. Those who miss out on CLTS messaging or hygiene education, for instance because information is not accessible to them, may also be stigmatised.

It is estimated that only half of the population within the Pacific region use improved sources of drinking water, and only one-third used improved sanitation. This comprises around 30% of urban populations without improved sanitation, rising to 80% of rural dwellers. Rapid population growth means that pressure on basic WASH services will increase.

Within this context, persons with disabilities across the Pacific continue to face additional challenges in accessing safe water and sanitation. Data from recent censuses in Kiribati and Palau show that persons with disabilities are less likely than persons without disabilities to live in households connected to public utilities including water and sanitation systems.

Barriers faced by persons with disabilities include:
- WASH programs can be limited and result in inequitable access to facilities and distribution of services, with small, remote populations and geographical challenges creating the perception that service delivery to all people is difficult and costly.
- Community hygiene messaging and behavior change processes which do not utilise accessible communication methods can create barriers and result in deaf persons, persons with vision impairments and persons with intellectual disabilities missing out on these messages.
- Water and sanitation infrastructure are traditionally designed and constructed for the 'average' user, without considering the full diversity of the population. Older persons may be unable to walk as far as the common water point, and must rely on others, even having to pay others to fetch water for them. Women when heavily pregnant, and persons with physical disabilities may find it impossible to squat in a latrine. People with chronic illnesses, including HIV, who need care and assistance and for whom good hygiene is crucial, are likely to find their access to clean water reduced because of stigma and community misunderstanding of transmission paths.
- WASH service management, operations, maintenance and monitoring does not consistently consider accessibility and inclusion.
- Women with disabilities may not be included in decision-making about WASH, such as the structure and positioning of latrines and water points, and so are more likely to continue to be exposed to unhygienic sanitation and water practices and to face challenges in collecting

and carrying water. Lack of access to money or menstrual hygiene management equipment such as sanitary pads, accessible toilets and shame and embarrassment if assistance is needed to manage this, can keep girls with disabilities out of school, and impact on the participation of women with disabilities in work, church or other areas of life.[40]

Good practice disability-inclusive WASH programs should consider and resource comprehensive accessibility. In relation to WASH infrastructure, this means exploring locally appropriate accessible WASH infrastructure options; helping the community to build accessible infrastructure; involving persons with disabilities in the process of designing, assessing, operating and maintaining facilities and in WASH management committees; making events and meetings (e.g. hygiene awareness raising sessions or WASH committee meetings) accessible, and ensuring information materials and communication and behaviour change processes are accessible to those with a disability; documenting successful, accessible local designs and ensuring these can be adapted locally; sharing designs and lessons within the WASH sector and government for maximum impact; and advocating for WASH accessibility standards.

Disability-inclusive WASH also requires taking a rights-based approach which acknowledges that inclusion is both a process and an outcome. This means that persons with disabilities must be supported to participate in community-level planning and decision making and to engage WASH service-providers and other duty bearers.

Effective disability-inclusive WASH programs challenge all discriminatory attitudes, norms and practices that may exist in the community towards persons with disabilities, and in particular women and girls with disabilities.

Recommendations:
- Pacific Governments and donors should invest in:
  - o accessible water and sanitation infrastructure;
  - o inclusive hygiene communication and behavior change strategies which take a broader, rights-based approach to inclusion; and
  - o supply chain strengthening which recognises persons with different impairment types as important service users.
- Ensure mainstreaming of persons with disabilities issues in Pacific level plans on WASH such as the Pacific Community WASH program.
- Strengthen access to assistive technology that assists persons with disabilities who experience continence issues, including catheters, adult diapers and similar.
- Ensure a gendered approach to WASH that considers issues related to menstrual hygiene management among others.

Case Study: Wash access for persons with disabilities in PNG

An analysis[41] undertaken in 2018 by non-government organisations examined the access to WASH for persons with disabilities in remote and peri-urban areas of PNG. The research found that persons with both mild and more severe mobility difficulties and vision impairments had difficulty obtaining water and managing sanitation. Persons with difficulty walking or lifting found it difficult or painful to travel to fetch water and carry it back to their home. Those who were reliant on assistance from family reported that they sometimes had to wait for water particularly for washing, and might go two or three days without bathing. Accessing toilets was also difficult, particularly for those who had to defecate in the open. People found it undignified and dangerous, and were fearful of attack by people and animals and of snakebite. The difficulty in carrying out WASH tasks for persons with disabilities was exacerbated by lack of access to aids and devices, including crutches. Hygiene messaging and public health advice is often provided to the community through aid posts, but it has been noted that those who cannot leave their homes due to disability continue to miss out on such information.

The Government of PNG has reflected the importance of ensuring water, sanitation and hygiene services are accessible for persons with disabilities by approving the *Papua New Guinea Water, Sanitation and Hygiene Policy 2015-2030* which includes specific reference to the WASH needs of persons with disabilities. Under Strategy Four: 'Improved and Consistent Approaches to WASH Service Delivery', the policy clarifies that all WASH interventions should aim for 100% coverage, all private and public institutions must have hygienic toilet facilities which are accessible for persons with disabilities, and participatory approaches for planning, operation, management and maintenance must be fully inclusive and consider the involvement, priorities and needs of persons with disabilities. Implementing this Policy will help to address barriers and enable persons with disabilities to fully realise their rights to WASH.

Disaster Risk Reduction (SDGs 13; CRPD art 11; IG goal 7)

PICs are extremely vulnerable to climate change and disasters. Natural disasters cost PICs on average 2.0% of GDP annually (about USD $248 million). When TC Pam struck Vanuatu in 2015, it inflicted damages amounting to an estimated 60% of GDP in Vanuatu, and TC Winston impacted up to 20% of GDP for Fiji.

Globally, studies have shown that persons with disabilities are disproportionately affected by disasters. ***They are less likely to participate in community disaster risk reduction (DRR) processes, more likely to be left behind, be injured, and be separated from family and caregivers during a disaster, and face extra barriers in accessing post-disaster relief services .***

In Vanuatu a study carried out after TC Pam confirmed that persons with disabilities were 2.45 times more likely to have been injured during the cyclone compared to persons without disability . An assessment led by PDF after TC Winston showed that persons with disabilities missed out on distribution of humanitarian aid, as the distribution points and information about the support was not accessible to all persons with disabilities, including those whose mobility aids were destroyed, damaged or lost in the cyclone. Information on warnings and other disaster-related information and updates were not accessible for all persons with disabilities, including deaf persons.

The CRPD clearly establishes the obligation of states to ensure that the rights of persons with disabilities are upheld in situations of risk and humanitarian emergencies (Article 11). In addition, the particular situation of persons with disabilities and the importance of enabling their inclusion in DRR strategies and humanitarian programs has been globally recognised with the endorsement of the Sendai Framework for Disaster

Risk Reduction, as well as with the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, which was endorsed at the 2016 World Humanitarian Summit.

"Mareca walks through her village on Koro Island, Fiji, surveying the damage from TC Winston". Photo Credit: Pacific Disability Forum.

In recent years in the Pacific, significant steps have been taken towards inclusion of persons with disabilities in DRR. The Framework for Resilient Development in the Pacific (FRDP) stipulates that all national climate change adaptation strategies, disaster risk management plans, and legal frameworks must specifically address the needs of persons with disabilities, especially women, children and older persons, and this is in line with Goal 4 of the PFRPD.

DPOs and their partners have been actively involved in response to TC Pam, Winston and Gita. PDF has developed a toolkit on inclusive DRR, and is currently a member of the Pacific Resilience Partnership taskforce. Among other initiatives, the new Australian Humanitarian Partnership (AHP), particularly the Disaster READY component, is creating new opportunities to establish a Pacific regional approach to inclusive preparedness, by proactively involving PDF, which with the support of CBM Australia and other mainstream NGOs, will be working to influence stakeholders from community, INGOs, national government, UN agencies and donors.

While there has been clear steps taken towards disability inclusion in DRR, it is also critical to recognise the importance of bridging social policies and on-going development with DRR, humanitarian response and recovery. The use of existing social protection schemes to channel support post-disaster in Fiji and Tonga, or the support of CBR programs in emergency relief has demonstrated that the stronger the national support system for persons with disabilities is, the more responsive and effective the post disaster relief will be. The issue of accessibility in post-disaster relief also has to be addressed, as most countries do not have effective regulation and accessibility standards, meaning 'building back better' after disasters in the region does not yet automatically mean it is accessible for persons with disabilities.

Recommendations:

- Implement the FRDP and PFRPD provisions in line with CRPD and Incheon Strategy so that national climate change adaptation strategies, disaster risk management plans, and legal frameworks specifically address the needs of persons with disabilities, especially women, children and older persons.
- Build upon the early foundations of the Australian Humanitarian Partnership (AHP) approach to disability inclusion and leverage the resources, skills and programs of all implementation partners to strengthen inclusive DRR ahead of emergency response. Whilst the program is initially piloting a regional project to building the capacity of DPOs in five pilot countries, there is opportunity to expand on this good practice.
- Bridge further DRR and the on-going development of resilient support services, social protection and CBR programs and overall accessibility to ensure greater responsiveness and resilience.

Case studies: DPOs mobilising to influence the response to Tropical Cyclone Gita in Tonga

TC Gita hit Tonga in February 2018. PDF mobilised to support Tongan DPOs to influence the response. Collaboration between DPOs and national humanitarian NGOs in the development, planning and implementation of humanitarian response aimed at ensuring no-one was left out.

The Initial Rapid Assessment produced by the Protection Cluster identified there remained gaps in meeting the needs of persons with disabilities. As a result, the Protection Cluster, led by the Ministry of Internal Affairs, agreed to conduct an additional disability-specific needs assessment. The Government of New Zealand through CBM New Zealand provided support. PDF and Tongan DPOs, including Naunau o'e Alamaite Tonga Association (NATA) and Tonga National Visual Impairments Association (TNVIA) were engaged as enumerators for this assessment. The DPOs were eager to contribute to the response and convey the needs of their members and other persons with disabilities. Consultations were conducted with 230 persons with disabilities living on the mainland. The findings from the assessment indicating that persons with disabilities faced challenges with shelter, access and safety of evacuation centres, access to food, clean water and sanitation. The assessment also found that many female residents in evacuation centres reported feeling unsafe, due to shared bathrooms and sleeping arrangements.

Subsequently, DPOs mapped key humanitarian stakeholders in Tonga, developed key messaging using their lived experience alongside the relevant articles in the CRPD, humanitarian principles and findings from the needs assessment, to influence the cluster system and humanitarian actors. Because of this experience, the DPO staff now feel more confident to engage with humanitarian stakeholders. One DPO Resource Team Member noted: 'Now we are talking with the emergency stakeholders and letting them know the specific needs of people with all different types of disabilities and how they can include us fully with effective participation to make sure no one is left behind in their services. It's our first time to talk with these organisations and it's exciting! Now we have more information we are not scared. We have the courage to speak our voice.'

The connections established between the DPO Resource Team and the community level humanitarian responders have resulted in persons with disabilities being targeted for humanitarian assistance and there has been an increase in access to services for persons with disabilities. Humanitarian responding agencies now consider DPOs as important partners because they have access to a network of persons with disabilities and information on the need as well as ideas for how to meet those needs.

Multi-stakeholder partnership and regional cooperation (SDG 17; CRPD art 32; IG goal 10)

Applying SDG Goal 17 is particularly important to help the Pacific region achieve sustainable development, given the region's many constraints and challenges. *Regional cooperation towards disability-inclusive development has so far generated very positive outcomes, with key partners in the region doing great work for the rights of persons with disabilities in some countries.* The Pacific Enable Project for instance has triggered regional cooperation between UN agencies, SPC and PDF, and national stakeholders. The Australian aid program has played a key role in supporting different actors and facilitating cooperation.

Such level of cooperation between donors, UN agencies, DPOs, and regional organisations is quite unique. In many ways it is the translation of Article 32 of the CRPD into practice, which prescribes partnership with relevant international and regional organisations and DPOs to ensure inclusive development cooperation, and to facilitate capacity building including through the exchange and sharing of information, experiences, and providing appropriate technical and economic assistance.

While there has been great progress in recognition of rights of persons with disabilities, there appears to have been some limitations in other areas, for example:

- There has not been very effective disability mainstreaming in major regional development initiatives. Although the Pacific Women Program, or more recently the regional Australian Humanitarian Program are examples to follow, in other sectors there has been only one-off events or small pockets of work done on short-term project basis, which has not lead to system level changes.
- Some key challenges around generating economy of scale for disability-specific support remain. For instance, in the field of human resource development, there has been attempts that have not been sustained, and the idea of bulk-buying mechanisms for assistive devices did not progress.

For *sustained actions and greater impact, these partnerships need further consolidation* and a mechanism that will coordinate, drive and oversee and generate more synergies for lasting impacts. In line with the Framework for Pacific Regionalism, there is a need of more effective and efficient coordination mechanisms possibly linked to a multi-donor trust fund, articulating input and mainstreaming in major regional programs supported by Australia and the 11th EDF Pacific Regional Indicative Program among others.

Recommendations:

- Implement a regional mechanism/facility that will coordinate technical assistance, generate economy of scale (e.g. procurement of assistive devices, development of resource), and facilitate resource mobilisation to support countries implement the CRPD.
- Strengthen mainstreaming of disability in major regional initiatives and programs.
- Strengthen mainstreaming of disability in humanitarian work in the region with stronger and more effective regional cooperation.

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[26] Further reading on the ILO Convention 159 can be accessed on the following link:
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312304

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Acknowledgement and disclaimers

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