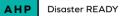Australian Aid

Disability Inclusion in
Disaster Preparedness and Response:
An evaluation of disability inclusion in the
Disaster READY program in Fiji, Vanuatu,
Solomon Islands, Papua New Guinea
and Timor-Leste

June 2021

AHP | Disaster READY

Contents

Executive Summary

Introduction

People with disabilities are disproportionately disadvantaged by disasters and are more likely to be injured or die during a disaster than people without disabilities.[1] Underlying disadvantages, such as higher risk of poverty, stigmatising attitudes, exclusionary policies, and an inaccessible built environment further marginalise people with disabilities in disaster preparedness and response.[2]

Disability-inclusive disaster preparedness efforts are an important way to address this issue. This is a primary focus of Disaster READY (2018–2021), a $50 million program of the Australian Department of Foreign Affairs and Trade (DFAT) in the Pacific and Timor-Leste. The Disaster READY program supports local communities and organisations to prepare for and respond to disasters across five countries: Papua New Guinea (PNG), Fiji, Solomon Islands, Vanuatu, and Timor-Leste. One of the five overarching objectives of the program is that *the rights and needs of women, people with disabilities, youth and children are being met in disaster preparedness and response at all levels*.

Disaster READY[3] is implemented by six Australian non-government organisations (ANGOs): CARE Australia, Caritas Australia, Oxfam, Plan International Australia, Save the Children Australia, and World Vision Australia as well as their consortium members and local partners in-country. In addition to Disaster READY's disability inclusion mandate, ANGOs have made broader commitments to disability inclusion as a necessary component of DFAT accreditation.

An evaluation of disability inclusion in Disaster READY occurred in 2020. It sought to answer the following questions:

1. To what extent are people with disabilities experiencing positive outcomes as a result of Disaster READY?
2. What is working well within Disaster READY to enable disability inclusion, and what needs to be improved?
3. To what extent are ANGO activities inclusive of people with disabilities?

The World Bank and Global Facility for Disaster Reduction and Recovery note that disability-inclusive disaster preparedness helps to ensure that people with disabilities are more resilient to disasters, reducing the likelihood that emergencies will create or exacerbate poverty.[1] In addition, it is well-accepted across the literature that greater representation of people with disabilities in disaster decision-making bodies improves the likelihood that the requirements of people with disabilities will be considered in preparedness and response.

As such, the first evaluation question sought to explore how Disaster READY has contributed to building the resilience and representation of people with disabilities in an effort to mitigate the negative effects of disasters and promote disaster response and recovery that benefits all people. The second question sought to understand how Disaster READY practices and processes enable or prevent disability inclusion, while the third question analysed Disaster READY's disability inclusion efforts at the activity level.

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[1] Global Facility for Disaster Reduction and Recovery (2017) Disability inclusion in disaster risk management: Promising practices and opportunities for enhanced engagement: http://www.didrrn.net/wp-content/uploads/2018/07/GFDRR-World-Bank_Disability-inclusion-in-DRM-Report.pdf
[2] IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action (2019) Guidelines: Inclusion of persons with disabilities in humanitarian action: https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines
[3] Disaster READY is part of the Australian Humanitarian Partnership – a partnership between DFAT and the six selected Australian NGOs.

The evaluation was implemented in close coordination with representatives of the Pacific Disability Forum (PDF), CBM Australia – a Christian international development organisation (CBM), and DFAT, who participated in an evaluation reference group. The reference group participated in a review of methodological approaches and deliverables, which included guidance notes developed in response to findings.

The evaluation had a strong focus on ensuring utilisation and shared learning. Early findings were shared with ANGOs and local partners in August 2020 in order to inform their COVID-19 responses. ANGOs were also required to identify how they were responding to the evaluation findings within their work plans and requests for milestone payments for their COVID-19 responses.

The evaluation findings aim to inform the remaining 12 months of the Disaster READY program, future humanitarian responses in the region, and the forthcoming design of the next phase of Disaster READY.

Summary of Findings

When Disaster READY began in 2018, disability-inclusive disaster preparedness and response was an emerging sector across the globe. Disaster READY sought to strengthen disability inclusion in disaster preparedness and response from a very low starting point.

Disaster READY's explicit focus on disability inclusion has pushed ANGOs and their local partners to start thinking and working in a disability-inclusive way. Evidence of this is clear: by 2020, Disaster READY had supported the development of 367 church, community and school development plans which addressed the needs of people with disabilities, and had enabled the participation of people with disabilities in the development of 318 of these plans. By 2020, 61 disaster committees at the national and sub-national levels reported people with disabilities in their membership.

However, evidence of the extent to which disability-inclusive activities are leading to positive outcomes for people with disabilities is limited. Disaster READY has clear expectations regarding disability inclusion, articulated in Outcome 2. However, data collection (including interviews, group discussions and reviews of reports) uncovered few examples of Disaster READY disaster preparedness activities influencing or improving the resilience of people with disabilities to emergencies. While acknowledging the nascent nature of disability-inclusive disaster risk reduction across the globe and the need to build capacity to enable disability inclusion in all countries, few examples of outcome-focused, disability-inclusive Disaster READY activities were located. Efforts to date have focused on capacity building and output-level action, with little monitoring and reporting of outcomes. As such, this evaluation concludes that effective utilisation of disability-inclusive approaches in disaster preparedness activities by ANGOs, in a way that influences the resilience of people with disabilities to disasters and encourages their inclusion in disaster responses, is still a work in progress.

This evaluation found that several enablers are required to boost disability inclusion in Disaster READY. These include disability-inclusive planning and monitoring processes, streamlined technical assistance, organisation-level commitment to disability inclusion through policies and allocation of human resources and, most importantly, strong and effective partnerships with Organisations of Persons with Disabilities (OPDs).

Each of the five countries is at a different point in terms of implementing disability-inclusive activities towards outcomes. Stronger practices were identified in Fiji and Timor-Leste, and these are detailed in stories of change within this report. However, Disaster READY's specific focus on – and provision of resourcing for – disability inclusion has set expectations that are clear for ANGOs, their local

partners, and the communities in which they work: disaster preparedness activities must be planned and implemented in a disability-inclusive way.

Findings and Recommendations

Findings and recommendations are presented in line with the three evaluation questions. Unless specified, findings and recommendations are relevant for all five countries in which Disaster READY operates.

Evaluation Question: To what extent are people with disabilities experiencing positive outcomes as a result of Disaster READY?

Category: Disability Inclusion in Disaster Preparedness

Findings:

1.1 Disaster preparedness activities supported by Disaster READY are including people with disabilities more than ever before. However, across all five countries, there is limited evidence of progress towards improved resilience of people with disabilities to disasters or their inclusion in disaster responses.

Recommendation:

A) NGOs[4] to plan and monitor delivery of outcome-focused, disability-inclusive disaster preparedness activities. Priority classified as 'current phase'.
B) NGOs to engage people with disabilities and their representative groups (OPDs) in planning, implementing, and monitoring disaster preparedness activities. Priority classified as 'current phase'.
C) NGOs to collect evidence of outcomes of disability-inclusive activities in their final report in order to inform the next phase of Disaster READY. Priority classified as 'current phase'.

Category: Disaster Response Outcomes for People with Disabilities

Findings:

1.2 Outcomes for people with disabilities as a result of disaster response efforts are evident but limited and ad hoc. These revolve around two main themes: the incorporation of disability identification in community mapping prior to and following disasters, and collaboration with OPDs in order to provide targeted relief to people with disabilities.

Recommendation:

D) NGOs to use the Washington Group Short Set in community-level mapping and assessment to determine the location and needs of people with disabilities in disaster response. Priority classified as 'current phase'.

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[4] NB: The term 'non-government organisation' (NGO) refers to ANGOs as well as their local partners.

E) NGOs to mainstream disability inclusion considerations into general disaster response activities, partnering with OPDs as technical advisers and/or implementers as appropriate, and using a demonstration effect to influence local policies and practices.[5] Priority classified as 'current phase'.

Category: Influencing disability-inclusive preparedness and response through representation

Findings:

1.3 Representation of people with disabilities in sub-national disaster preparedness and response decision-making forums supports disability inclusion outcomes. This increases quickly when OPDs are welcomed as active participants and slowly when they are not.
1.4 Representation of people with disabilities in national disaster committees is limited.

Recommendation:

F) NGOs to work with OPDs at the sub-national level and, where available, resource teams[6] to support increased representation of people with disabilities in sub-national disaster committees. Priority classified as 'current phase'.
G) NGOs to use their influence with national disaster committees to create space for OPD representation and voice. Priority classified as 'next phase'.

Evaluation Question 2: What is working well within Disaster READY efforts to enable disability inclusion, and what needs to be improved?

Category: Disability-inclusive planning processes

Findings:

2.1 Incorporation of the perspectives of people with disabilities in planning is a critical enabler of disability-inclusive outcomes and has improved as partnerships between NGOs and OPDs strengthen.
2.2 Work planning draws on evidence generated through implementation of Disaster READY in a limited way, including lessons learned, reflections, and specific analyses.

Recommendation:

H) NGOs and OPDs to undertake joint annual planning processes. To minimise the demand on OPDs, Country Coordination Committees to establish expectations to guide and encourage coordinated planning processes. Priority classified as 'current phase'.

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[5] Guidance notes developed as a result of this evaluation, and which focus on disability inclusion in disaster risk reduction, including the response to COVID-19, are available on the AHP website and can provide advice.

[6] Resource teams are groups of people with diverse disabilities established by OPDs to represent the perspectives and priorities of people with disabilities in planning, implementation and monitoring activities, and in decision-making fora.

I) DFAT to require NGOs to indicate how evidence regarding disability inclusion, including stand-alone analyses, reflection and learning from past activities, informs work planning within annual plans. Priority classified as 'next phase'.

Category: Disability-inclusive monitoring processes

<u>Findings:</u>

2.3 The identification of people with disabilities using the Washington Group Short Set questions (as recommended by the AHPSU) is inconsistently applied and, as a result, comparison across countries, NGOs and time periods is unreliable.

2.4 Quantitative disability data collection, monitoring, and reporting focuses on people with disabilities as one homogenous group.

2.5 Different NGOs use different approaches to monitor disability inclusion, resulting in limited and inconsistent reporting and learning.

<u>Recommendation:</u>

J) NGOs to use the Washington Group Short Set to determine the disability status of participants and disaggregate data by disability. CBM and PDF to work with OPDs to provide guidance and training to support this. Priority classified as 'current phase'.

K) NGOs to disaggregate disability data by type of difficulty, and consider use of extended set questions in order to monitor program reach to excluded groups, drawing on CBM for technical advice. Priority classified as 'next phase'.

L) NGOs to strengthen monitoring approaches and tools to enable more consistent reporting, learning and communications. This includes engagement of OPD representatives in monitoring activities, adaptation of monitoring tools to incorporate a disability inclusion lens, and introduction of facilitated discussions to collaboratively discuss and capture the implications of findings. Priority classified as 'current phase'.

Category: Communications to support disability inclusion

<u>Findings:</u>

2.6 There are limited local human resources available to support documentation and dissemination of achievements and lessons in disability inclusion at the country level.

2.7 Communication of good practices is limited by inadequate monitoring, reflection and learning processes.

<u>Recommendation:</u>

M) DFAT (through the AHPSU) to provide adequate resources and technical guidance to support strategic communications activities in country. Priority classified as 'next phase'.

Category: Mechanisms to strengthen disability inclusion capacity

<u>Findings:</u>

2.8   While the range of technical assistance modalities[7] across Disaster READY offers flexibility and choice, it also means there are overlaps and gaps in terms of the availability of technical assistance to NGOs.

2.9   ANGOs tend to rely on OPDs for technical assistance in disability inclusion rather than building in-house capacity.

2.10   OPDs have multiple roles and responsibilities, including critical advocacy roles, and provision of technical advice is not always a priority.

2.11   Strengthening of OPDs to support disability inclusion in disaster preparedness and response is slow and relies on strong partnerships.

2.12   Effective, streamlined and resourced partnerships between NGOs and OPDs are a pre-condition to enabling clear expectations of OPD and ANGO roles and responsibilities, supported by bi-directional capacity development.

2.13   When well-coordinated, provision of technical assistance and training by OPDs and resource teams, supported by Shared Services, can support disability-inclusive implementation.

2.14   NGO access to direct technical assistance has resulted in more contextually appropriate and timely support.

Recommendation:

N)   In the forthcoming design, DFAT to review arrangements for the provision of technical assistance to strengthen disability inclusion in Disaster READY. DFAT should retain a focus on the following:

   o   encouraging NGOs to build in-house capacity in disability inclusion;

   o   strengthening the capacity of OPDs to undertake a technical role in-country;

   o   establishing resource teams in-country to support local action;

   o   supporting NGOs to work in a bi-directional capacity development partnership with OPDs;

   o   enabling NGOs and Country Coordination Committees to access flexible and contextually appropriate technical advice; and

   o   coordination of technical advice and sharing of lessons learned within and across countries.

Indicative ideas to support these approaches include: the appointment of a Disability Inclusion Adviser to the AHPSU, establishing a panel of disability inclusion expertise available across all five countries, and/or continued provision of funds to each Country Coordinating Committee to enable country-driven access to technical support. Priority classified as 'next phase'.

Category: Supportive organisational commitment to disability inclusion

Findings:

2.15   Organisational commitment to disability inclusion, evident in an overarching disability inclusion policy and dedicated human resources, is an enabler of disability-inclusive practices.

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[7] Technical assistance modalities include: Regional approach led by CBM and PDF with OPDs; CBM's membership in three consortia; Provision of technical advice by national OPDs; Engagement of third-party providers of technical assistance; Support for capacity development through Shared Services; Provision of in-house technical assistance by ANGOs to their local partners; Review of work plans and reports by the AHPSU.

Recommendation:

O) Where no local disability inclusion policy exists, NGOs to work with OPDs to develop such policies to guide their commitments. NGOs to nominate a disability inclusion focal person to coordinate implementation and monitoring of the policy. Priority classified as 'current phase'.

Evaluation Question 3: To what extent are NGO activities inclusive of people with disabilities?

Category: Inclusion of diverse people with a range of disabilities

Findings:

3.1   Some OPDs and NGOs are supporting activities that reach and build representation amongst people with diverse and marginalised disabilities, but a lot more could be done.

3.2   While NGOs are making efforts to consider and include various marginalised groups, these are not fully captured in monitoring systems.

3.3   The requirements of people with disabilities and diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) are beginning to be explored in Fiji, but remain sensitive in other countries. This population remains at risk of marginalisation.

Recommendation:

P) NGOs to work with OPDs to determine marginalised groups during planning, including people with diverse disabilities, and develop and implement strategies which aim to reach them through mainstreamed and targeted activities. Priority classified as 'current phase'.

Q) NGOs to improve reporting of sex- and disability-disaggregated data so that the different experiences and outcomes of women, men, boys and girls with disabilities are reported. Priority classified as 'current phase'.

R) NGOs to seek opportunities to be part of coalitions that nudge change in social norms regarding people with disabilities and diverse SOGIESC. Priority classified as 'next phase'.

S) Country Coordination Committees to consider the establishment of roles and/or structures to influence and coordinate intersectional work. This could include focal points at each organisation who meet in a multi-stakeholder working group to share and learn. Priority classified as 'next phase'.

Category: Implementation of the twin-track approach

Findings:

3.4   NGOs are actively mainstreaming people with disabilities in all countries and providing reasonable accommodations to enable participation; however, challenges in locating and identifying people with disabilities persist.

3.5   While all NGOs can report on mainstreamed activities, few can demonstrate how they are addressing stigma and meeting the specific requirements of people with disabilities.

Recommendation:

T)   NGOs to work closely with OPDs and technical assistance providers to develop strategies to enable the identification of people with diverse disabilities in target areas prior to implementation of activities. Priority classified as 'current phase'.

U)   OPDs, CBM and PDF to develop a list of reasonable accommodation support options and socialise these with NGOs. Priority classified as 'current phase'.

V)   NGOs to plan and implement disability-specific activities in accordance with the requirements of people with disabilities in their target locations, and the advice received from OPDs. Priority classified as 'current phase'.

W)   NGOs to work closely with OPDs to develop strategies to shift discriminatory attitudes towards people with disabilities, which can be implemented as part of disaster preparedness activities. Priority classified as 'current phase'.

Category: OPD Partnership

Findings:

3.6   OPD engagement in Disaster READY implementation has led to positive outcomes for people with disabilities in communities and for OPDs themselves.

Recommendation:

X)   NGOs and OPDs to establish strong and respectful partnerships.[8] These should outline agreed bi-directional technical capacity-building expectations, with OPDs providing advice and support in disability inclusion, and NGOs supporting organisational capacity development and sectoral skills and confidence as needed. Priority classified as 'current phase'.

Y)   NGOs to plan activities collaboratively with OPDs, determine agreed need for technical support, and allocate budgets and technical assistance accordingly. Priority classified as 'current phase'.

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[8] Guidance notes developed as part of this evaluation can be drawn on to inform partnership approaches.

Acronyms and Abbreviations

AHP	Australian Humanitarian Partnership
AHPSU	Australian Humanitarian Partnership Support Unit
ANGO	Australian Non-Government Organisation
ASB	Arbeiter-Samariter-Bund
CBM	CBM Australia
CBDRR	Community-Based Disaster Risk Reduction
COVID-19	Disease caused by the SARS-CoV-2 virus
DFAT	Australian Department of Foreign Affairs and Trade
GEDSI	Gender Equality, Disability and Social Inclusion
GESI	Gender Equality and Social Inclusion
FDPF	Fiji Disabled Peoples Federation
LGBTQI	Lesbian, Gay, Bisexual, Transsexual, Queer and Intersex
NGO	Non-Government Organisation
OPD	Organisation of Persons with Disabilities
PDF	Pacific Disability Forum
PNG	Papua New Guinea
PWDSI	People With Disabilities Solomon Islands
RHTO	Ra'es Hadomi Timor Oan
SOGIESC	Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
TC	Tropical Cyclone
VDPA	Vanuatu Disability Promotion and Advocacy Association
VSPD	Vanuatu Society for People with Disabilities
WASH	Water, Sanitation and Hygiene

Acknowledgements

Introduction

People with disabilities are disproportionately disadvantaged by disasters and are more likely to be injured or die during a disaster than people without disabilities.[9] Underlying disadvantages, such as higher risk of poverty, stigmatising attitudes, exclusionary policies, and an inaccessible built environment further marginalise people with disabilities in disaster preparedness and response.[1]

There are many documented examples of barriers to disability-inclusive disaster preparedness and response. Evacuation centres are frequently inaccessible to people with disabilities and lack ramps and accessible washrooms. People with disabilities are likely to lose assistive devices during a disaster, which subsequently affects their ability to leave the house and participate in household or community recovery activities.[10] Lower literacy caused by fewer opportunities to attend school results in people with disabilities having less access to disaster information and early warning messages. Further, information is rarely available in formats that are accessible to all. Fundamental disadvantages experienced by women and girls with disabilities exacerbate the risk of gender-based violence and abuse following a disaster.[10]

Disability-inclusive disaster preparedness efforts are an important way to address these issues. Article 11 of the Convention on the Rights of Persons with Disabilities obliges ratifying states to protect and promote the rights of people with disabilities in situations of risk and humanitarian emergencies.[11] The Sendai Framework for Disaster Risk Reduction[12] (2015) and the One Humanity Shared Responsibility: Report of the Secretary-General for the World Humanitarian Summit (2016) affirm the same principles[13], as do the Humanitarian Inclusion Standards for Older People and People with Disabilities[14] and the Charter on Inclusion of Persons with Disabilities in Humanitarian Action[15].

Disability inclusion is a primary focus of Disaster READY (2018–2021) – DFAT's $50 million program in the Pacific. Disaster READY supports local communities and organisations to prepare for and respond to disasters across five countries: PNG, Fiji, Solomon Islands, Vanuatu and Timor-Leste. One of the five overarching objectives of the program is that *the rights and needs of women, people with disabilities, youth and children are being met in disaster preparedness and responses at all levels*.

Disaster READY[16] is implemented by six ANGOs and their consortium partners: CARE Australia, Caritas Australia, Oxfam, Plan International Australia, Save the Children Australia, and World Vision Australia. A combination of these ANGOs implements Disaster READY in the five target countries with their local partners. In addition to Disaster READY's disability inclusion mandate, ANGOs have made broader commitments to disability inclusion as a necessary component of DFAT accreditation.

In-country coordination is led by Country Coordination Committees, who also have responsibility for decision-making regarding the expenditure of shared resources known as 'Shared Services'. This is a

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[9] Global Facility for Disaster Reduction and Recovery (2017) Disability inclusion in disaster risk management: Promising practices and opportunities for enhanced engagement: http://www.didrrn.net/wp-content/uploads/2018/07/GFDRR-World-Bank_Disability-inclusion-in-DRM-Report.pdf

[10] CBM-Nossal Partnership for Disability Inclusive Development (2017) Disability Inclusion in Disaster Risk Reduction: Experiences of people with disabilities in Vanuatu during and after Tropical Cyclone Pam and recommendations for humanitarian agencies: https://mspgh.unimelb.edu.au/__data/assets/pdf_file/0011/2567576/WEB-DIDRR-Report-14112017.pdf

[11] United Nations (2006) Convention on the Rights of Persons with Disabilities

[12] United Nations (2015) Sendai Framework for Disaster Risk Reduction 2015–2030

[13] United Nations General Assembly (2016) One Humanity: Shared Responsibility – Report of the Secretary-General for the World Humanitarian Summit

[14] ADCAP (2018) Humanitarian inclusion standards for older people and people with disabilities

[15] https://humanitariandisabilitycharter.org/

[16] Disaster READY is part of the Australian Humanitarian Partnership – a partnership between DFAT and the six selected Australian NGOs.

funding mechanism within country plans that supports ANGO coordination and improved practice on gender equality, disability inclusion and child protection through sharing expertise and services. In Timor-Leste and Vanuatu, Disaster READY Country Coordination Committees develop and submit 'one-country' joint reports.

In late 2019, the Disaster READY steering committee[17] approved a thematic evaluation focused on disability inclusion to be conducted in 2020. The evaluation aimed to assess the extent to which the program is inclusive of, and meets the rights and requirements of, people with disabilities. The evaluation sought to answer the following questions:

1. To what extent are people with disabilities experiencing positive outcomes as a result of Disaster READY?
2. What is working well within Disaster READY to enable disability inclusion, and what needs to be improved?
3. To what extent are ANGO activities inclusive of people with disabilities?

The World Bank and Global Facility for Disaster Reduction and Recovery note that disability-inclusive disaster preparedness helps to ensure that people with disabilities are more resilient to disasters, reducing the likelihood that emergencies will create or exacerbate poverty.[18] As such, the first question sought to explore how Disaster READY has contributed to building the resilience of people with disabilities in an effort to mitigate the negative effects of disasters and promote disaster response and recovery that benefits all people. The second question sought to understand how Disaster READY practices and processes enable or prevent disability inclusion, while the third question explored Disaster READY's disability inclusion efforts at the activity level.

In March 2020, the World Health Organisation declared a pandemic as the SARS-CoV-2 virus (which causes COVID-19) spread across the globe. In mid-March 2020, the Australian Humanitarian Partnership (AHP) mechanism was activated for partners across Disaster READY to respond to the COVID-19 emergency, and a second round was activated in June 2020.

In response to border closures, the evaluation methodology was adjusted to utilise remote approaches and was implemented in two phases. In Phase 1, the evaluation collected and shared findings and good practices regarding disability inclusion in real-time during concurrent disaster responses.[19] In Phase 2, the evaluation incorporated participatory analysis of findings from Phase 1 and NGO self-assessment of disability inclusion capacity; it culminated in an assessment of disability inclusion approaches, lessons and good practices across Disaster READY.

The evaluation has had a strong focus on ensuring utilisation and shared learning. Early findings were shared with NGOs in order to inform their COVID-19 responses.[20] NGOs were required to identify how they were responding to the evaluation findings within their work plans and requests for milestone payments for their COVID-19 responses. The evaluation findings will be valuable to inform the remaining 14 months of the program, future humanitarian responses in the region, and

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[17] Disaster READY Steering Committee members include: DFAT, the AHPSU, the six lead ANGOs (CARE, Plan, World Vision, Save, Caritas/CAN DO and Oxfam) and CBM. Country Coordinators from each of the five Disaster READY countries are invited to attend meetings.

[18] Global Facility for Disaster Reduction and Recovery (2017) Disability inclusion in disaster risk management: Promising practices and opportunities for enhanced engagement: http://www.didrrn.net/wp-content/uploads/2018/07/GFDRR-World-Bank_Disability-inclusion-in-DRM-Report.pdf

[19] Dili flood response, TC Harold response in Vanuatu and Fiji, COVID-19 response (first and second round activations across the five countries)

[20] https://www.australianhumanitarianpartnership.org/covid19-resource-centre/disability-inclusion-in-disaster-ready

the forthcoming design of Disaster READY's next phase. The evaluation has also had close engagement with PDF, CBM, and DFAT through an evaluation reference group.

Findings in both phases of the evaluation have informed the development and dissemination of guidance notes. The first set of these focuses on disability inclusion in the response to COVID-19[21], while the second set focuses on disability inclusion in various key areas of disaster risk reduction.[22]

Background

When people with disabilities and/or their representative groups – organisations of persons with disabilities (OPDs) – are included in disaster response coordination mechanisms, their priorities are more likely to be identified in mapping exercises, assessments and plans. This can result in disaster preparedness activities that benefit people with disabilities. Monitoring of disaster preparedness activities is critical when examining the efficacy of disability-inclusive approaches.

Disaster READY was designed through strong engagement with, and the involvement of, people with disabilities and their representative organisations, both at the country level and with the regional body – PDF. In 2017, the program design was awarded a DFAT Award for Excellence for disability inclusion.

The program design includes a range of strategies to support disability inclusion in its processes and, ultimately, its outcomes:

1. CBM and PDF lead a regional capacity building approach in all five countries and provide technical assistance and capacity building support to OPDs in each country.

2. In Timor-Leste, additional third-party capacity building for Disaster READY partners, including the national OPD, is supported by Oxfam and provided by Arbeiter-Samariter-Bund (ASB), an Indonesia-based German NGO.

3. The allocation of additional resources to support disability inclusion is mandated through the Shared Services fund. This is approximately A$25–35,000 per country per year and is managed by the Country Coordination Committee. The intention is that this Shared Services funding supports all Disaster READY partners to plan and implement their work in a disability-inclusive way. It is stipulated that Country Coordination Committees should spend this on an OPD position and reasonable accommodations.

4. CBM is a member of three consortia (World Vision, Oxfam and Plan). It receives funding through these consortia to provide technical assistance which supports the implementation of their work plans.

5. All NGOs have access to technical advisory support, which can be used to support in-country partners to strengthen disability inclusion in activity plans, during implementation, and in monitoring and evaluation activities.

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[21] https://www.australianhumanitarianpartnership.org/library-contents/thematic-guidance-note-disability-inclusive-health-wash-and-livelihoods-in-the-covid-19-response
[22] https://www.australianhumanitarianpartnership.org/library-contents/thematic-guidance-note-strengthening-disability-inclusion-in-community-based-disaster-preparedness
https://www.australianhumanitarianpartnership.org/library-contents/thematic-guidance-note-influencing-government-led-disability-inclusive-disaster-risk-reduction
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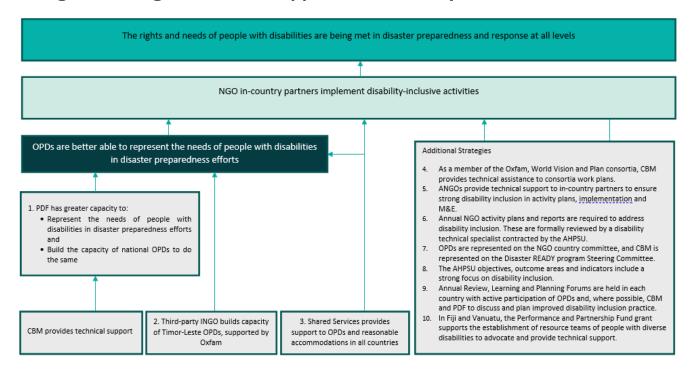
6. The AHP Support Unit (AHPSU) coordinates an annual review of NGO activity plans and reports, led by a disability inclusion specialist.

7. A strong voice for OPD representatives within the governance of Disaster READY at country and regional levels is encouraged. OPD representation is encouraged in Disaster READY Country Coordination Committees, while CBM is a member of the Australia-based Disaster READY Steering Committee. This determines annual country and program-wide priorities.

8. The AHPSU objectives, outcome areas and indicators include a strong focus on disability inclusion. The indicators were reviewed by CBM in 2019 and provide further clarity on aspects of disability inclusion to be monitored and reported.

9. Annual Review, Learning and Planning Forums are held in each Disaster READY country. Active participation from OPD representatives, CBM and PDF is encouraged so as to enhance discussion and planning for improved disability inclusion practice.

10. In Fiji and Vanuatu, additional Disaster READY funding was provided through its Performance and Partnership Fund grant to support the establishment of resource teams. Comprised of people with diverse disabilities across each country, these teams provide NGOs and local partners with access to diverse OPD representatives who can provide advocacy and technical support to disability-inclusive disaster preparedness initiatives.

A diagrammatic outline of these strategies is outlined in Figure 1.

Figure 1: Diagram of AHP Support for Disability Inclusion

The rights and needs of people with disabilities are being met in disaster preparedness and response at all levels

NGO in-country partners implement disability-inclusive activities

OPDs are better able to represent the needs of people with disabilities in disaster preparedness efforts

1. PDF has greater capacity to:
   • Represent the needs of people with disabilities in disaster preparedness efforts and
   • Build the capacity of national OPDs to do the same

CBM provides technical support

2. Third-party INGO builds capacity of Timor-Leste OPDs, supported by Oxfam

3. Shared Services provides support to OPDs and reasonable accommodations in all countries

Additional Strategies

4. As a member of the Oxfam, World Vision and Plan consortia, CBM provides technical assistance to consortia work plans.
5. ANGOs provide technical support to in-country partners to ensure strong disability inclusion in activity plans, implementation and M&E.
6. Annual NGO activity plans and reports are required to address disability inclusion. These are formally reviewed by a disability technical specialist contracted by the AHPSU.
7. OPDs are represented on the NGO country committee, and CBM is represented on the Disaster READY program Steering Committee.
8. The AHPSU objectives, outcome areas and indicators include a strong focus on disability inclusion.
9. Annual Review, Learning and Planning Forums are held in each country with active participation of OPDs and, where possible, CBM and PDF to discuss and plan improved disability inclusion practice.
10. In Fiji and Vanuatu, the Performance and Partnership Fund grant supports the establishment of resource teams of people with diverse disabilities to advocate and provide technical support.

Evaluation Purpose

The evaluation had two purposes:

1. To support a process of reflection and learning by DFAT, the Disaster READY Steering Committee, AHP ANGOs and their partners (including OPDs), and the AHPSU during current disaster responses; and

2. To assess the extent to which Disaster READY activity implementation and the outcomes being achieved are disability inclusive.

The evaluation sought to support learning in the humanitarian sector and to demonstrate accountability in disability inclusion to people with disabilities and to DFAT.

Evaluation Questions

The evaluation was guided by three evaluation questions. These questions and their focus areas are outlined as follows:

1. To what extent are people with disabilities experiencing positive outcomes as a result of Disaster READY?

   a) The extent to which people with disabilities are included in Disaster READY-supported preparedness efforts.

   b) The degree to which inclusion of people with disabilities in preparedness efforts has influenced disability inclusion in emergency responses.

   c) The extent to which improvements in disability inclusion brought about by Disaster READY are likely to be sustained.

   d) The extent to which disability inclusion in current efforts compares to disability inclusion in past disasters, and the contributions Disaster READY has made to support this.

   e) The extent to which good Disaster READY practices in disability inclusion are influencing other programs within the same ANGO.

   f) The extent to which good Disaster READY practices in disability inclusion in one country are influencing practices by Disaster READY partners in other countries.

2. What is working well within Disaster READY efforts to enable disability inclusion, and what needs to be improved?

   a) Understanding of in-country lead partners regarding disability inclusion priorities and approaches.

   b) Processes in place to plan disability-inclusive activities.

   c) Use of disability-inclusive monitoring processes to monitor and improve efforts.

   d) Communications regarding achievements and lessons in disability inclusion.

   e) Mechanisms to strengthen disability inclusion in Disaster READY, including:

      o CBM and PDF cascading regional capacity building approach

      o Timor-Leste capacity building approach

        o   Shared services

        o   ANGO technical support to in-country partners

3. To what extent are ANGO activities inclusive of people with disabilities?

    a) The extent to which people with diverse disabilities are consulted, included in, and benefiting from program activities, including gender differences or other intersecting marginalising factors.

    b) The extent to which Gender Equality and Social Inclusion (GESI) approaches utilised by some ANGOs incorporate disability inclusion principles and approaches.

    c) The extent to which ANGOs are implementing stand-alone, targeted activities to reach people with disabilities, and/or mainstreaming people with disabilities into general program activities.

    d) The extent to which OPDs are engaged as both advisers and partners in implementation.

    e) The extent to which ANGOs are identifying people with disabilities and monitoring their participation.

    f) The extent to which reasonable accommodations are being applied to maximise participation of people with disabilities.

    g) The barriers, opportunities and successes for implementing partners and other stakeholders in the implementation of disability-inclusive approaches.

Methodology

Approach

The evaluation used a phased, mixed methods approach. It sought to maximise opportunities to collect and feedback important and time-sensitive findings regarding disability inclusion during current disaster responses (Phase 1). It also created space for participatory analysis of findings from Phase 1. This approach resulted in an assessment of disability inclusion approaches, lessons and good practices more generally across Disaster READY (Phase 2). Data collection took place over eight months between May and December 2020. A list of stakeholders who participated in data collection can be found in Annex 3.

An Evaluation Reference Group was established to provide technical feedback to the evaluation to maximise its credibility, rigour and relevance for AHP and Disaster READY partners, including OPDs. The Reference Group was comprised of representatives from DFAT, PDF and CBM, and roles included:

1. Review and provide feedback on data collection tools;

2. Review interim evaluation findings and participate in sense-making of these; and

3. Support the planning and review of guidance documents based on evaluation findings.

Phase 1

Phase 1 of this evaluation used a real-time evaluation approach which sought to support learning through the sharing of emerging findings. This sought to influence organisational and operational change to strengthen disability inclusion in NGO disaster preparedness and response activities.

Due to the COVID-19 crisis, data collection in Phase 1 was limited to desk-based and remote data collection. Data collection targeted Australia-based and in-country informants through eleven discussion groups and five key informant interviews over the phone and web-based platforms, as well as through a review of documented program information and reports. Other remote methodologies included observation of social media posts made by ANGOs, NGO partners in-country, OPDs and DFAT. Findings informed the development of online guidance notes for Disaster READY in-country partners. Findings were also shared via interactive webinars.

Phase 2

Phase 2 used methodological approaches that enabled a participatory approach to data collection and analysis. Country Coordination Committees were invited to provide feedback on findings collected in Phase 1. Four out of five committees (Fiji, PNG, Solomon Islands and Vanuatu) accepted this offer and provided feedback via a meeting held using an online platform.

All ANGOs and their partners were invited to complete an organisational self-assessment tool which provoked reflection on disability inclusion approaches, good practices and lessons throughout Disaster READY. An online briefing session with the Evaluator was organised, and NGOs were invited to attend this. Completed self-assessment forms were returned by 26 NGOs across the five countries. The response rate was high, with 80% of ANGO country offices completing and returning self-assessment forms.

Data Collection

Data collection used mixed methodologies, drawing on a range of data sources. A data collection plan incorporating approaches and interview questions was developed and shared with the Reference Group for their feedback prior to implementation. The data collection approaches utilised during their respective evaluation phases appear below.

Phase 1

- Document reviews of reports, plans, communications pieces, and other relevant documentation as determined with the AHPSU and other key informants.

- Joint AHP evaluation team discussions with five Country Coordination Committee members.

- Interviews with five key informants and six discussion groups; this included the AHPSU, CBM, PDF and NGOs, and representatives of in-country OPDs.

- Review of NGO proposals for COVID-19 activations.

- Observation of social media posts made by ANGOs, in-country NGO partners, OPDs and DFAT.

Phase 2 data collection

- In-depth review of documentation linked to specific Disaster READY efforts, the choice of which was guided by findings in Phase 1.

- Zoom interviews with four Country Coordination Committees.

- Development and distribution of a rubric to enable a self-assessment by NGO and OPD representatives regarding the level of disability inclusion in their activities; 26 responses were received (see Annex 2).

- Review of 2020 reports and 2021 work plans submitted by NGOs. These were compared to reviews of reports and work plans which have been conducted by the Evaluator every year since the inception of Disaster READY.

Analysis

Phase 1

In Phase 1, the analysis process sought to inform real-time learning and further program improvement. An analysis framework was developed, guided by the evaluation questions, Convention on the Rights of Persons with Disabilities and SPHERE guidelines. Findings were analysed thematically and documented in an Early Findings report and in three guidance notes.

The analysis process also sought to maximise opportunities for real-time learning and further program improvement. Interim findings were discussed with NGOs at two webinars so as to invite clarification and promote dialogue. Group discussions created a space for collaborative sense-making regarding findings and recommendations. Feedback on guidance notes was sought from the Reference Group. Once finalised, these guidance notes were shared with DFAT and NGOs, disseminated through social media, and published on the AHP website. The guidance notes sought to inform second-round COVID-19 response activations.

Phase 2

Phase 2 engaged Country Coordination Committee members in four countries in clarification and sense-making discussions. Analysis in Phase 2 incorporated the compilation and thematic analysis of all findings, resulting in an assessment by the Evaluator of the extent to which Disaster READY activities and outcomes were disability inclusive. This assessment was informed by data collected during Phases 1 and 2 in response to the evaluation questions, against international standards and good practices.

Dissemination

In August 2020, early findings were shared and discussed with ANGOs, in-country NGOs, and OPDs to support collaborative decision-making regarding improvements to disability-inclusive processes.[23]

Findings informed the development of three guidance notes[24] in September 2020, focusing on disability-inclusive livelihoods and food security; health; and water, sanitation and hygiene (WASH). The aim of the guidance notes was to inform the design of second-round COVID-19 response activations.

Four more guidance notes were developed and released online in February 2021. They provide advice to support disability inclusion based on findings from Phase 2 of the evaluation. These focus on:

- Strengthening Disability Inclusion in Community-Based Disaster Preparedness;[25]

- Influencing Government-Led Disability-Inclusive Disaster Risk Reduction;[26]

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[23] https://www.australianhumanitarianpartnership.org/covid19-resource-centre/disability-inclusion-in-disaster-ready
[24] https://www.australianhumanitarianpartnership.org/library-contents/thematic-guidance-note-disability-inclusive-health-wash-and-livelihoods-in-the-covid-19-response
[25] https://www.australianhumanitarianpartnership.org/library-contents/thematic-guidance-note-strengthening-disability-inclusion-in-community-based-disaster-preparedness
[26] https://www.australianhumanitarianpartnership.org/library-contents/thematic-guidance-note-influencing-government-led-disability-inclusive-disaster-risk-reduction

- Partnerships to Promote Disability-Inclusive Disaster Risk Reduction;[27] and

- Using Evidence to Inform and Monitor Disability-Inclusive Disaster Risk Reduction.[28]

Strengths and Limitations of the Methodology

Strengths included:

- The phasing of data collection allowed NGOs to consider findings in real time and build relevant recommendations into subsequent program proposals. This was especially important as NGOs prepared their proposals for their responses to COVID-19, a new and largely unprecedented type of disaster.

- The Reference Group provided valuable, multi-perspective technical and strategic input to the development of data collection tools and guidance notes.

- The incorporation of annual technical reviews of Disaster READY reports and work plans into the methodology provided an opportunity for the Evaluator to consider the degree to which NGOs had integrated recommendations and identify any gaps.

- The self-assessment rubric which was developed for use by in-country NGOs was reportedly very useful, with several NGOs reporting that they will incorporate it into their organisational monitoring processes to plan and measure progress in disability inclusion.

Limitations included:

- NGOs had limited time to participate in Phase 1 of the evaluation as they were busy responding to several disasters: COVID-19, Tropical Cyclone (TC) Harold, and flooding in Timor-Leste. Participation improved in Phase 2, when representatives of most NGOs from four out of five countries attended sense-making meetings.

- Photovoice methodology was originally planned for use with OPD representatives. However, in discussion with OPDs, it was agreed that this was not feasible: OPDs were generally not involved in day-to-day Disaster READY activities and had limited opportunities to take photographs of relevance to the evaluation. Instead, individual meetings were held with OPD representatives from each country to gather information and make sense of findings as the evaluation progressed.

- COVID-19 border closures and travel restrictions meant that community visits could not be conducted. This may have limited the collection of data regarding outcomes for people with disabilities and their families at the community level.

- The evaluation sought to rely partly on findings from two concurrent studies: a broader evaluation of AHP and a review of CBM and PDF's support to OPDs. Neither of these went ahead as planned in the timeframe of the evaluation; as a result, opportunities for drawing on complementary information were limited to the Evaluator joining meetings with Country Coordination Committees organised by the AHP evaluation team.

[27] https://www.australianhumanitarianpartnership.org/library-contents/thematic-guidance-note-partnerships-to-promote-disability-inclusive-disaster-risk-reduction
[28] https://www.australianhumanitarianpartnership.org/library-contents/thematic-guidance-note-using-evidence-to-inform-and-monitor-disability-inclusive-disaster-risk-reduction

Summary of Findings

Globally, disability inclusion in disaster risk reduction is a relatively new field of work, with good practices slowly emerging. Research undertaken as recently as 2016 explored disability inclusion in the response to TC Pam in Vanuatu. This research found that assessments conducted by humanitarian organisations and government immediately following the disaster did not reliably collect information about the unmet needs of people with disabilities and their families. This most likely resulted in the exclusion of people with disabilities from post-cyclone responses.[29]

As such, when Disaster READY began in 2018, few NGOs or OPDs had experience in implementing disability-inclusive humanitarian programs. Disaster READY sought to strengthen disability inclusion in disaster preparedness and response from a very low starting point. OPD representatives interviewed as part of this evaluation confirmed this, sharing that Disaster READY offered OPDs their first opportunity to be funded to support disability inclusion efforts in the humanitarian sector.

Disaster READY's explicit focus on disability inclusion has pushed ANGOs and their local partners to start thinking and working in a disability-inclusive way. Evidence of this is clear: by 2020, Disaster READY had supported the development of 367 church, community, and school development plans which addressed the needs of people with disabilities, and enabled the participation of people with disabilities in the development of 318 of these plans. By 2020, 61 disaster committees at the national and sub-national levels reported people with disabilities in their membership.

Even so, there is limited evidence of the extent to which disability-inclusive activities are leading to positive outcomes for people with disabilities. Disaster READY has clear expectations regarding disability inclusion, articulated in Outcome 2. However, data collection – which included interviews, group discussions and reviews of reports – uncovered few examples of Disaster READY disaster preparedness activities influencing or improving the resilience of people with disabilities to emergencies.

While acknowledging the nascent nature of disability-inclusive disaster risk reduction across the globe and the need to build capacity to enable disability inclusion in all countries, few examples of outcome-focused disability-inclusive Disaster READY activities were located. Efforts to date have focused on capacity building and output-level action, with little monitoring and reporting of outcomes. As such, this evaluation concludes that effective utilisation of disability-inclusive approaches in disaster preparedness activities by NGOs, in a way that influences the resilience of people with disabilities to disasters and their inclusion in disaster responses, is still a work in progress.

It is likely that the imperative for disability inclusion gets lost in the chaos of disaster response, which suggests that disability inclusion in disaster response is still considered to be a secondary concern. Moreover, it highlights the issue that effective utilisation of disability-inclusive approaches in disaster preparedness activities by NGOs, in a way that influences disaster responses, is still a work in progress – an issue which is echoed in similar findings worldwide.[30]

The evaluation found that disability-inclusive disaster preparedness and response was more effective when enabled by planning processes that involve OPDs and are based on evidence; consistent

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[29] CBM-Nossal Partnership for Disability Inclusive Development (2017) Disability Inclusion in Disaster Risk Reduction: Experiences of people with disabilities in Vanuatu during and after Tropical Cyclone Pam and recommendations for humanitarian agencies: https://mspgh.unimelb.edu.au/__data/assets/pdf_file/0011/2567576/WEB-DIDRR-Report-14112017.pdf

[30] UNWOMEN (2020) Review of Gender-Responsiveness and Disability-Inclusion in Disaster Risk Reduction in Asia and the Pacific

disability data collection; stronger monitoring and reflection processes that involve OPDs; and strong, respectful partnerships with OPDs which enable bi-directional capacity development.

Organisations with policies, dedicated staff, access to technical assistance and partnerships with OPDs are stronger in their implementation of disability-inclusive approaches. While Disaster READY NGOs generally consider themselves adept in disability-inclusive planning and monitoring, evidence suggests that this is not always the case. Resources need to continue to be made available so as to enable NGOs to draw on OPDs and appropriate technical support and to drive disability inclusion within their own organisations.

While initiatives to mainstream disability inclusion across disaster preparedness and response activities are obvious, there has been less support for targeted activities which meet the specific requirements of people with disabilities. Pervasive discriminatory attitudes towards people with disabilities limit progress, and strategies to challenge and shift these attitudes have not received strong NGO support. Digging deeper, disability-inclusive initiatives do not reach all people with disabilities equally: diverse people with more marginalised disabilities are less likely to be included.

Each of the five Disaster READY countries is at a different stage in terms of their uptake and implementation of a disability-inclusive approach. However, Disaster READY's specific focus on – and provision of resourcing for – disability inclusion has set expectations that are clear for NGOs and the communities in which they work: disaster preparedness activities must be planned and implemented in a disability-inclusive way.

Findings and Recommendations

Detailed findings and recommendations are presented according to the three evaluation questions.

1. To what extent are people with disabilities experiencing positive outcomes as a result of Disaster READY?

The following findings explore positive outcomes for people with disabilities. For the purposes of this evaluation, positive outcomes refer to the improved resilience of people with disabilities. Resilience can be improved by mitigating the negative effects of disasters on people with disabilities, promoting disaster response and recovery that benefits people with disabilities alongside others, and improving the representation of people with disabilities in decision-making fora. Recommendations include steps that can be taken to improve these.

Disaster preparedness outcomes for people with disabilities

1.1 Disaster preparedness activities supported by Disaster READY are including people with disabilities more than ever before. However, across all five countries, there is limited evidence of progress towards improved resilience of people with disabilities to disasters or their inclusion in disaster responses.

Disaster READY has supported a large number of disability-inclusive disaster preparedness activities since its inception. This is evident in the data: by 2020, 318 community, school or church disaster plans had been developed with the active participation of people with disabilities.[31] In the same period, NGOs reported that 367 community, church and school disaster plans addressed the needs of people with disabilities. These are impressive accomplishments in a short period of time.

However, despite the high number of disability-inclusive disaster preparedness activities, data collection efforts (including interviews, group discussions, and reviews of reports) found few examples of how activities have built the resilience of people with disabilities to disasters. Limitations on travel imposed by COVID-19 meant that community visits could not be conducted; this may have limited data collection in relation to this evaluation question. Examples of disaster preparedness activities which are likely to contribute to improved resilience are described below; however, at this stage the evidence does not indicate that outcome-level change has been achieved. A critical finding relates to outcome-level monitoring and reporting of disability-inclusive preparedness activities: this is not yet routine across all Disaster READY countries and NGOs.

Processes to identify and include people with disabilities in disaster planning in Timor-Leste and Solomon Islands may have built community understanding and awareness of the rights and requirements of people with disabilities, increasing the chances of their inclusion in responses to future disasters. For example, prior to the development of disaster plans in Timor-Leste, the Washington Group Short Set was used to identify participants with disabilities, and a checklist was completed by anyone identifying as a person with disabilities to identify their inclusion needs. This use of a systematic tool to identify participation requirements of people with disabilities contributed towards building community understanding of the inclusion needs of people with disabilities. Further, World Vision provided personal assistants where needed, demonstrating the importance of meeting the inclusion requirements of people with disabilities to enable their participation. However,

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[31] NB: Different ANGOs have used different methods to determine disability status, which has likely resulted in over- or under-reporting.

the impact of greater community awareness of the needs of people with disabilities in a disaster has not yet been reported.

Engagement of people with disabilities in community-based disaster risk reduction training in Fiji led to the identification of barriers to evacuation centres and the inclusion of strategies to overcome these barriers in the community disaster plan. If implemented, this will lead to an important outcome for people with mobility difficulties and other people who will be able to access evacuation centres more easily when needed. However, the impact of this work has not yet been reported and requires follow up.

There are many examples of disability-inclusive disaster preparedness activities which are not clearly linked to outcomes. These include training activities which are frequently reported as outputs. Likewise, activities such as the Safe n Redi mapping app, developed with Disaster READY support in Solomon Islands, collect a large amount of disability accessibility information on particular buildings and their rooms, with detailed accessibility questions in relation to lighting, signage, doors, ramps, toilets, showers, kitchens and building levels. While this input shows promise for people with disabilities, the outcome of this initiative is not yet evident.

Recommendations:
A) NGOs[32] to plan and monitor delivery of outcome-focused, disability-inclusive disaster preparedness activities.

B) NGOs to engage people with disabilities and their representative groups (OPDs) in planning, implementing, and monitoring disaster preparedness activities.

C) NGOs to collect evidence of outcomes of disability-inclusive activities in their final report in order to inform the next phase of Disaster READY.

Disaster response outcomes for people with disabilities

1.2 Outcomes for people with disabilities as a result of disaster response efforts are evident but limited and ad hoc. These revolve around two main themes: the incorporation of disability identification in community mapping prior to and following disasters, and collaboration with OPDs in order to provide targeted relief to people with disabilities.

There was limited evidence of systemic inclusion of people with disabilities and their requirements in disaster response efforts. Detail regarding how disability-inclusive preparedness activities influenced or resulted in disability inclusion in responses was not clearly reported in annual reports. Disability data was not always collected, disaggregated by sex, or reported. Pockets of good practices were found in all countries, yet their scale differed from country to country. In one strong example from Timor-Leste, the use of good practices had a demonstration effect, with government utilising disability inclusion processes in subsequent disasters after seeing them role-modelled by Disaster READY partners.

Good practices revolved around two main themes: the incorporation of disability identification in community mapping prior to and following disasters, and collaboration with OPDs in order to provide targeted relief to people with disabilities. Interestingly, these good practices were enabled by collaboration with, or leadership by, OPDs. Examples are described below.

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[32] NB: The term 'non-government organisation' (NGO) refers to ANGOs and their local partners.

Interviews with key stakeholders from Timor-Leste offered a strong example of NGOs and OPDs working together to implement disability-inclusive responses, building on preparedness activities. Following the floods in Timor-Leste in 2020, Ra'es Hadomi Timor Oan (RHTO – the national OPD) completed a rapid assessment of a sample of affected households, using the Washington Group Short Set to identify affected people with disabilities. Within the sample, 20 households containing people with disabilities were identified. RHTO worked with Oxfam to rebuild three houses for people with disabilities in an accessible way. It also provided technical advice to make sure these houses were accessible via ramps, for example, and that they had accessible bathrooms with handrails. This example demonstrates how an NGO can work closely with an OPD to implement a response activity in which adjustments to meet the requirements of people with disabilities are mainstreamed. This activity also had a demonstration effect – modelling disability-inclusive responses to the government. Consequently, the government actively targeted people with disabilities in the response to the 2021 floods, collecting disability data in their assessment forms and evaluation centre forms.

Another good example is from Solomon Islands. Preparedness activities, including mapping and disaster planning, led to the identification of people with disabilities and their needs in the response to TC Harold. As a result, people with disabilities received priority access to water, food, food supplies for children, and hygiene kits.

In Vanuatu, some preparedness activities led to disability inclusion in responses. Vanuatu's one-country report states that World Vision Vanuatu used data collected during a disability and WASH survey to set vulnerability criteria for distributions following TC Harold. One outcome was that people with disabilities received dignity and hygiene kits before others and were therefore able to recover more quickly. In Tanna, CARE supported area councils to develop area profiles as a preparedness activity. These were used to guide the distribution of relief items and food following the volcanic ashfall event in 2020. Area profiles utilised the Washington Group Short Set and, as a result, people with disabilities were prioritised in distributions. The one-country report states that CARE received a lot of positive feedback from community members about this distribution approach, including individual feedback from a person with disabilities that this was the first time she had received a food distribution following a disaster.

In PNG, collaboration with sub-national OPDs and PNG's Disability Inclusion Adviser to the Country Coordination Committee during preparedness activities was employed in the response to the COVID-19 pandemic. ADRA worked with OPDs and the Adviser to deliver relief assistance targeting people with disabilities in Lae, Morobe Province.

In Fiji, prior to TC Harold, people with disabilities from communities in the east of Fiji who had been regularly engaging with Fiji Disabled People's Federation (FDPF) were evacuated without support. FDPF actively involved itself in the distribution of food and dignity kits after the cyclone. Following TC Harold and TC Yasa, FDPF activated disability-focused Emergency Operations Centres to assess and refer the priorities of affected people with disabilities to mainstream response agencies.

While these examples demonstrate inclusion of people with disabilities in responses to disasters, they also demonstrate the risk of disability-inclusive responses being frequently led by OPDs rather than NGOs or government. While OPDs have a critical role to play, more people with disabilities can be reached with greater efficiency if mainstream responders are using a disability-inclusive approach.

Recommendations:
D) NGOs to use the Washington Group Short Set in community-level mapping and assessment to determine the location and needs of people with disabilities in disaster response.

E) NGOs to mainstream disability inclusion considerations into general disaster response activities, partnering with OPDs as technical advisers and/or implementers as appropriate, and using a demonstration effect to influence local policies and practices.[33]

Influencing disability-inclusive preparedness and response through representation

1.3 Representation of people with disabilities in sub-national disaster preparedness and response decision-making forums supports disability inclusion outcomes. This increases quickly when OPDs are welcomed as active participants and slowly when they are not.

1.4 Representation of people with disabilities in national disaster committees is limited.

Representation of people with disabilities in disaster committees at all levels (community, sub-national, national) is necessary to ensure that the voices and priorities of people with disabilities are expressed, heard, and incorporated into future plans and activities. As active participants in disaster risk reduction, Disaster READY NGOs have the opportunity to play an important role in influencing the creation of space for this.

This evaluation has found that representation of people with disabilities in sub-national and national disaster management committees across Disaster READY's five countries has slowly increased. By 2020, 61 disaster committees at the national and sub-national levels included people with disabilities in their membership. Where OPDs supported the engagement of people with disabilities in committees, meaningful representation was more evident.

In PNG, a qualitative study showed that Disaster READY is making gains in enabling the voices of people with disabilities to be heard and their needs to be considered in disaster preparedness and response at the sub-national (provincial or district) level. OPDs in two project sites have reported being better networked with other stakeholders because of support from Disaster READY NGOs. Data collected through annual reports indicates that the number of disaster committees with representation from people with disabilities in PNG has risen to 14 in 2020 (three national and 11 sub-national). This is likely due to NGO engagement with provincial-level OPDs, which are well placed to engage with sub-national disaster committees and support disability representation in these.

In Timor-Leste, the engagement of people with disabilities in decision-making fora has also increased to 25 in 2020 (one national and 24 sub-national). This is in part due to RHTO's strong presence across nine municipalities. This enables RHTO – and the NGOs which work with it – to provide support to enable disability inclusion in suco-level disaster committees.

By 2020, representation of people with disabilities was occurring in 12 committees (two national, ten sub-national). Stakeholder interview informants explained that interest in and uptake of disability-inclusive approaches has been relatively strong among provincial-level decision-makers.

In Vanuatu, however, the 2020 one-country report indicated that while there have been improved efforts to mainstream disability inclusion in disaster preparedness activities, representation of people with a disability on community committees is still relatively low. In 2020, people with disabilities were represented on one national and two sub-national committees only. The efforts of several

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[33] Guidance notes developed as a result of this evaluation, and which focus on disability inclusion in disaster risk reduction, including the response to COVID-19, are available on the AHP website and can provide advice.

NGOs to strengthen community disaster and climate change committees have not yet enabled stronger representation from people with disabilities.

Similarly, only two sub-national disaster management committees in Fiji had representation from people with disabilities by 2020. The lack of representation in Fiji's national committee suggests more needs to be done to link Disaster READY to national government disaster management processes and broker space for the OPD to participate in these.

In Fiji and Vanuatu, OPD support to Disaster READY is centralised through OPDs based in one urban centre. The establishment of resource teams of people with disabilities may improve representation of people with disabilities in disaster committees – particularly if efforts are made to select resource team members from a range of geographical locations.

Recommendations:

F) NGOs to work with OPDs at the sub-national level and, where available, resource teams to support increased representation of people with disabilities in sub-national disaster committees.

G) NGOs to use their influence with national disaster committees to create space for OPD representation and voice.

2. What is working well within Disaster READY efforts to enable disability inclusion, and what needs to be improved?

Findings and recommendations presented here relate to processes that enable disability-inclusive outcomes. These include planning, monitoring and communication practices, and mechanisms to strengthen the disability inclusion capacity of NGOs. These are preconditions for disability inclusion: they build the foundations for outcomes which benefit people with disabilities alongside others.

Disability-inclusive planning processes

2.1 Incorporation of the perspectives of people with disabilities in planning is a critical enabler of disability-inclusive outcomes and has improved as partnerships between NGOs and OPDs strengthen.

To achieve outcomes that improve the lives of people with disabilities, work plans need to be informed by the perspectives and advice of people with disabilities through their representative groups – OPDs. This evaluation found that although engagement of OPDs and incorporation of disability inclusion into ANGO work plan activities is improving, there is more work to be done.

In Vanuatu, Solomon Islands, Fiji and Timor-Leste, disability-inclusive approaches were clearer in the work plans of the NGO with lead-agency responsibility for distribution of Shared Services funds to the OPD. In Fiji and Timor-Leste, where OPDs are more actively involved in Country Coordination Committees, disability inclusion was also evident in the work plans of other NGOs. In Solomon Islands, Vanuatu and PNG, disability inclusion was evident in some NGO work plans but not in all.

A review of annual reports, interviews and self-assessments indicated that incorporation of the perspectives of people with disabilities in annual plans is stronger in countries where Country Coordination Committee members have strong, productive and formal partnerships with OPDs, for example, Fiji and Timor-Leste. In these countries, work planning is completed collaboratively, and OPD voices are sought by individual NGOs and from the Country Coordination Committee.

In Fiji, work planning has been a collaborative process for some time, and disaster preparedness activities demonstrate this (see Evaluation Question 1). FDPF conducted a needs assessment with each consortium to identify entry points for disability inclusion and assist in developing FDPF's work plan for 2021. In self-assessments, NGOs in Fiji rated as 'high' their efforts to collaborate with the OPD when undertaking planning. These collaborative efforts are clear in annual work plans.

In other countries – for example, Solomon Islands – incorporation of OPD perspectives in ANGO planning improved after agreements were established. People With Disabilities Solomon Islands (PWDSI) reported that it has been involved in planning activities with Oxfam since its agreement was formalised and signed. However, there is still some way to go, with limited PWDSI engagement in work planning conducted by other NGOs. For example, despite evidence of joint planning between World Vision and the community-based rehabilitation program in Makira, in their self-assessment World Vision reported that the engagement of PWDSI and people with disabilities in planning could be strengthened. Similarly, stakeholder interviews indicated that engagement of PWDSI in Country Coordination Committee meetings requires strengthening.

In PNG, NGOs generally rated their engagement with OPDs in planning as 'low'; this is most likely due to the challenges associated with establishing partnerships with provincial OPDs in the absence of a functioning national body. As a result, while NGOs in PNG have planned the mainstreaming of disability inclusion into general activities, there has been limited planning or implementation of targeted activities which address the specific issues that people with disabilities face. A notable exception was World Vision, which has a specific partnership with the Madang Creative Self Help Centre, a disability-focused NGO. The partnership has led to annual increases in the number of children with disabilities identified and referred to relevant services. This example demonstrates the power of partnership and joint work planning with disability organisations, as well as the tangible outcomes which can result. There is evidence of improvement in PNG, with CARE reporting that representatives from OPDs in six provinces participated in 2021 annual planning discussions.

2.2 Work planning draws on evidence generated through implementation of Disaster READY in a limited way, including lessons learned, reflections and specific analyses.

The evaluation found limited evidence of NGO work plans drawing on findings related to disability inclusion. While data has been generated through monitoring processes, discrete disability or gender equality, disability and social inclusion (GEDSI) analyses and lessons learned outlined in annual reports, there is limited evidence of these informing work planning. A lack of participatory reflection and learning has been found to contribute to this.

Recommendations:
NGOs and OPDs to undertake joint annual planning processes. To minimise the demand on OPDs, Country Coordination Committees to establish expectations to guide and encourage coordinated planning processes.

H)   NGOs and OPDs to undertake joint annual planning processes. To minimise the demand on OPDs, Country Coordination Committees to establish expectations to guide and encourage coordinated planning processes.

I)   DFAT to require NGOs to indicate how evidence regarding disability inclusion, including stand-alone analyses, reflection and learning from past activities, informs work planning within annual plans.

Disability-inclusive monitoring processes

2.3 The identification of people with disabilities using the Washington Group Short Set questions (as recommended by the AHPSU) is inconsistently applied and, as a result, comparison across countries, NGOs and time periods is unreliable.

The Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action recommend the use of the Washington Group Short Set in response and recovery efforts.[34]

Despite a move towards the use of the Washington Group Short Set across Disaster READY in Fiji, this is not yet a consistent practice, and several NGOs report that this as an area for improvement. In self-assessments in PNG, Save the Children indicated that participants tick a box to identify whether they have disability or not, while Caritas and World Vision indicated that the Washington Group Short Set is used to identify and disaggregate by disability. All Disaster READY partners in Vanuatu use a range of different approaches: from binary tick-boxes to the use of the Washington Group Short Set. Oxfam is using the Washington Group Short Set to enable tracking of e-voucher transactions in order to analyse the purchases made by people with disabilities compared to those without disabilities.

In PNG, CARE reported that it assumes that 15% of its participants are people with disabilities, in line with World Bank / World Health Organisation global estimates. This is because CARE finds it challenging to reach and identify people with disabilities. However, CARE's assumption is unlikely to be accurate. It also presents a major risk to activity planning, as barriers to inclusion are not investigated or addressed.

ANGOs have responsibility for determining their approach to monitoring, evaluation and learning. A lack of knowledge combined with a lack of awareness means that disability data is not always collected; this makes it challenging to monitor progress or evaluate effectiveness in terms of disability inclusion. For example, reports indicate that the disability status of Community Disaster and Climate Change Committee members in Vanuatu is not routinely collected, and therefore cannot be reported or monitored.

There is limited understanding of how to use the Washington Group Short Set across all countries, and more technical support and training is required. For example, PDF reports that NGOs frequently use a screening question such as "Do you have a disability?" before asking the Washington Group Short Set, or only use the Short Set with people who have already identified as people with disabilities. Most likely, this approach results in critical under-reporting of disability.

Support to enable NGOs and their partners to analyse and disaggregate their data by disability is required. While the AHPSU, CBM, PDF and OPDs have provided various types of information and training to support the use of these questions, there has not been a wholesale uptake of these. This impacts on the consistency and comparability of disability data across NGOs and countries, and makes it difficult to understand where relative successes and challenges relating to disability inclusion lie.

2.4 Quantitative disability data collection, monitoring, and reporting focuses on people with disabilities as one homogenous group.

The evaluation found only one example of disaggregation of disability data by difficulty type. In damage assessments after TC Harold in Fiji, disability data was collected and disaggregated, but not by impairment type. One NGO returned to communities to do a pre-distribution assessment to verify disability data and find out what type of difficulties people had. This enabled the NGO to determine

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[34] Global Facility for Disaster Reduction and Recovery (2020) Disability-Inclusive Disaster Recovery

Where participation of people with a range of impairments is not monitored, it is likely that people with particular types of impairments (who experience greater degrees of marginalisation) might not be benefitting from Disaster READY activities.

2.5 Different NGOs use different approaches to monitor disability inclusion, resulting in limited and inconsistent reporting and learning.

Disability-inclusive monitoring requires the development or adaptation of tools to collect data related to the experiences and outcomes of people with disability, as well as the engagement of people with disabilities in monitoring processes.

In addition to the collection of quantitative participation data, effective monitoring necessitates the collection of information about the barriers to inclusion, the facilitators of inclusion, and the changes that are occurring because of Disaster READY activities. In Fiji, FDPF joined community visits and supported the collection of information which informed both response activities (for example, the distribution of items to people with disabilities in line with their needs) and targeted COVID-19 education. FDPF reported that the monitoring tools were inclusive and effective. Moreover, being part of disability-inclusive monitoring efforts boosted the morale of FDPF team members, who felt their perspective was valued.

In Timor-Leste, World Vision, CARE, Caritas and Oxfam all reported that monitoring tools were developed in collaboration with RHTO and incorporated disability inclusion questions and prompts. However, these NGOs also reported that RHTO has not yet been engaged to support the implementation of monitoring activities. Limited engagement of OPDs in monitoring processes was also reported by NGOs in Solomon Islands, Vanuatu and PNG. NGOs in these countries also noted the need to develop monitoring tools which incorporate a disability inclusion lens.

This is an area for development for several NGOs. In their 2021 work plan, Oxfam in Timor-Leste clearly outlines how approaches to disability-inclusive monitoring will be utilised, including how RHTO will be involved in monitoring activities, and the capacity development approaches that will be required to support its engagement. ActionAid Vanuatu reported that while the perspectives of women with disabilities inform monitoring to a degree, tools need to be adapted to formally capture such perspectives.

The use of collaborative processes (involving facilitated discussions) in monitoring and reporting would result in the capture of more meaningful findings. CARE and PDF agree that processes to bring stakeholders together to collaboratively discuss data and determine the implications of findings are missing in most countries. As such, there is limited collaborative discussion regarding the significance of findings or how they might inform and shape programming and work planning.

Recommendations:
J)   NGOs to use the Washington Group Short Set to determine the disability status of participants and disaggregate data by disability. CBM and PDF to work with OPDs to provide guidance and training to support this.
K)   NGOs to disaggregate disability data by type of difficulty, and consider use of extended set questions in order to monitor program reach to excluded groups, drawing on CBM for technical advice.

L)   NGOs to strengthen monitoring approaches and tools to enable more consistent reporting, learning and communications. This includes engagement of OPD representatives in monitoring activities, adaptation of monitoring tools to incorporate a disability inclusion lens, and introduction of facilitated discussions to collaboratively discuss and capture the implications of findings.

Communications to support disability inclusion

2.6 There are limited local human resources available to support documentation and dissemination of achievements and lessons in disability inclusion at the country level.

In the context of busy work plans, communication of lessons and achievements is frequently deprioritised. Where this information is communicated, it frequently lacks depth, and its significance is not documented. This limits learning among Disaster READY NGOs and misses opportunities to demonstrate Disaster READY's good practices to government in a way that informs and influences their processes, which may have flow-on effects for the sustainability of Disaster READY's disability-inclusive approaches. FDPF identified the need for a dedicated Communications Officer and equipment to support this role.

2.7 Communication of good practices is limited by inadequate monitoring, reflection and learning processes.

Effective communication of understandings of contextual information and the significance of changes relies on monitoring processes which have identified and documented both. Disability-inclusive monitoring across Disaster READY is inconsistent and emerging, which most likely impacts on the quantity and quality of communications material submitted.

Recommendations:
M)   DFAT (through the AHPSU) to provide adequate resources and technical guidance to support strategic communications activities in country.

Mechanisms to strengthen disability inclusion capacity

2.8   While the range of engagement modalities for technical assistance across Disaster READY offers flexibility and choice, it also means there are overlaps and gaps in terms of the availability of technical assistance to NGOs.

2.9   ANGOs tend to rely on OPDs for technical assistance in disability inclusion rather than building in-house capacity.

2.10 OPDs have multiple roles and responsibilities, including critical advocacy roles, and provision of technical advice is not always a priority.

Disability inclusion technical assistance is available through a variety of mechanisms. While some consortium leads (for example, Oxfam) regularly demonstrate technical engagement with CBM, PDF and OPDs, others do not. Plan reported that it is no longer working closely with CBM despite membership of the latter in Plan's consortium. Despite the various options for technical assistance, there are significant gaps, with some organisations exhibiting limited access to support.

In addition to its technical roles, CBM is a Disaster READY Steering Committee member and is often a partner in activation proposals. CBM's complicated involvement is inconsistent across countries and

ANGOs. Despite various vectors of involvement, CBM staff report that they are not automatically called on to support disability inclusion; for example, they are often not invited to review or contribute to annual plans, even for organisations with which CBM has a direct partnership.

Technical assistance can appear fragmented, and its availability can be unclear. Confusion exists regarding the responsibility and availability of CBM and PDF to provide technical assistance, particularly to NGOs which do not have a formal partnership with CBM. There is little or no coordination of technical assistance provided by CBM, PDF, OPDs or other providers selected by NGOs. The impact of this is that there are overlapping layers of technical assistance for some NGOs, but very limited advice or support for others.

2.11   Strengthening of OPDs to support disability inclusion in disaster preparedness and response is slow and relies on strong partnerships.

The regional technical approach is slowly building sub-national capacity in disability inclusion technical assistance amongst OPDs, predominantly through the establishment of resource teams of people with diverse disabilities in Fiji and, in 2021, in Vanuatu. Although this builds local capacity in disability-inclusive disaster preparedness and response, it relies on strong local leadership, especially given that PDF and CBM cannot visit Disaster READY countries to provide support.

The presence of PDF in Fiji means that PDF has been on hand to provide practical support to Country Coordination Committees, including FDPF, following disasters. CBM's responsible officer has a pre-existing working relationship with RHTO, which likely makes engagement more effective. Travel restrictions due to COVID-19 have prevented CBM and PDF from working directly with OPDs in-person, in-country.

Responsibility for funding technical assistance through the regional approach is jointly managed by PDF, CBM and OPDs in-country. This can create confusion and delays. For example, while PDF's time is covered through its arrangement with CBM, the travel costs of its staff are paid through the in-country OPD. OPDs frequently do not have systems in place to be able to organise and pay for travel, delaying the provision of technical assistance. This has been an issue in Solomon Islands. There is limited clarity regarding responsibility for organising, paying for and providing technical assistance. NGOs across all countries reported that their understanding of OPD roles and responsibilities, as well as those of PDF and CBM in strengthening OPD capacity, is unclear. NGOs also reported that they do not feel they have a direct line to PDF to discuss this.

Where PDF and CBM are not informed of NGO or OPD plans, it is difficult for them to provide support. For example, PDF and CBM's engagement with OPDs in PNG and Solomon Islands is limited to the provision of technical guidance; without in-country collaborative work, there is limited opportunity for PDF or CBM to support OPDs on how to operate as a technical assistance provider.

2.12   Effective, streamlined and resourced partnerships between NGOs and OPDs are a pre-condition to enabling clear expectations of OPD and ANGO roles and responsibilities, supported by bi-directional capacity development.

Outside of Disaster READY, OPDs have historically been advocacy organisations, and some have evolved into providers of technical assistance (RHTO and FDPF, for example). In Timor-Leste, this has occurred with the support of other development partners; for example, both Oxfam and DFAT's Partnership for Human Development supported the organisational strengthening of RHTO over several years prior to Disaster READY. This has provided the foundations for effective operational capacity. In contrast, other OPDs, such as those in Vanuatu, Solomon Islands and PNG, struggle to

balance their own perception of their roles with NGO understanding of their responsibilities while also building their operational capacity.

As Disaster READY progresses, the technical advice required from OPDs is becoming more complex. As such, the capacity of OPD partners who have agreed to act as technical advisers to meet demand needs continuous support. For example, CARE reports that its OPD partners now need to be able to go beyond explaining approaches that sit in their comfort zone, such as the Washington Group Short Set. OPDs that are operating as technical partners increasingly need to be able to advise on practical disability-inclusive approaches. This is challenging for some OPDs.

At the same time, OPD partners need to be able to manage their growing work plans and human resources as well as their partnerships with Disaster READY NGOs and other development partners. This can be challenging given that OPDs are often small, emerging organisations, established with an advocacy mandate rather than a technical mandate by people with disabilities themselves. OPDs such as RHTO also note the need for support to enable their effective engagement in Disaster READY. NGO demand for technical support must match OPD capacity to provide it.

Resourcing OPDs with a Disability Inclusion Officer who is dedicated to Disaster READY is integral. This has enabled progress in Solomon Islands, Fiji and Timor-Leste. In Vanuatu, the position has been vacant for a year, which may explain why support beyond mainstreaming – for disability-specific activities, for example – has been limited to date.

Plan in Fiji and Oxfam in Timor-Leste have taken the lead to establish a bi-directional capacity development relationship with OPDs. Thus, while OPDs strengthen the capacity of NGOs to implement in a disability-inclusive way, NGOs are providing organisational strengthening support to OPDs. Although this bi-directional approach is in a nascent stage and requires continued strengthening, the outcomes are clear – OPDs in both countries are more confidently engaging as technical service providers.

The way in which OPDs and NGOs work together is critical to outcomes. Effective partnerships are trusting, respectful and honest, and need these characteristics to produce results. This is evident in Fiji and Timor-Leste, where partnerships with OPDs have been built on these foundations, and is emerging in Solomon Islands, where NGOs are making efforts to work in closer partnership with PWDSI.

Centralising Country Coordination Committee partnerships with OPDs through one NGO enables OPDs to spend more time on activity planning, implementation and monitoring. This approach, however, must be complemented by facilitating active OPD participation in Country Coordination Committees so that OPDs can influence and support efforts of all NGO partners. In Vanuatu, for example, the Vanuatu Disability Promotion and Advocacy Association (VDPA) has a partnership with Oxfam, but is less present in Country Coordination Committee meetings; this is possibly due in part to its location in Santo, while Country Coordination Committee meetings take place in Port Vila.

Effective representation of OPDs in Country Coordination Committees and their active participation strengthens disability-inclusive preparedness and response. In their self-assessments, several NGOs across all countries indicated that while partnerships with OPDs were in place, their active participation in Country Coordination Committee meetings was not always assured. Factors influencing this included time and location of meetings, amount of notice provided to OPDs before a meeting, and whether disability inclusion is a standing item on the agenda or not.

2.13 When well-coordinated, provision of technical assistance and training by OPDs and resource teams, supported by Shared Services, can support disability-inclusive implementation.

Funding for disability inclusion, gender and child protection is available in each country through Shared Services, which creates an environment for bottom-up provision of technical assistance and capacity development support. Most NGOs have in-house gender and child protection expertise. In contrast, supporting disability inclusion through Shared Services is different because it requires partnership with local OPDs. For example, Shared Services in Fiji has funded training in disability inclusion and the use of the Washington Group Short Set. In PNG, Shared Services assistance engaged the PNG Assembly of Disabled Persons to strengthen disability inclusion in the COVID-19 response projects led by church NGOs in Morobe Province. This led to the distribution of targeted relief items and COVID-19 awareness messages to people with disabilities.

Nevertheless, development of Shared Services-supported activities frequently occurs in an uncoordinated way, with different NGOs submitting different activities for inclusion in the Shared Services work plan without collaboration with other Country Coordination Committee members. Also, disability inclusion activities can be deprioritised in Shared Services budgets and work plans, as happened in Solomon Islands in 2020. Some respondents reported that Shared Services does not offer enough funds to adequately cover activities and necessary technical assistance. Oxfam in Timor-Leste supplemented Shared Services with additional budget to enable RHTO to engage personnel across its offices. Effective leadership on disability inclusion by Shared Services requires strong communication and coordination by the Country Coordination Committee.

2.14 Where NGOs have accessed direct technical assistance, this has resulted in more contextually appropriate and timely support.

For example, in Timor-Leste, Oxfam led a cross-organisational visit to the Central Java Disability Inclusive Disaster Management Unit in Indonesia, which improved the capacity of all NGOs. Oxfam draws on its technical relationship with CBM to provide assistance to its local partners. To complement this, Oxfam Timor-Leste engaged with Arbeiter-Samariter Bund, a German NGO based in Indonesia which focuses on disability-inclusive disaster risk reduction to support capacity development for partners. This approach draws on a range of complementary advice and assistance to ensure evidence-based but contextualised approaches.

Save the Children does not have a partnership with CBM, but its work is informed and supported by its disability inclusion adviser based in Australia. Over time, Save the Children's reports indicate increased uptake of disability-inclusive approaches, possibly informed by this advice. In PNG, NGO partners cited their joint arrangement with a local adviser as an essential support to providing training and capacity building for all program and project staff.

Recommendations:

N) In the forthcoming design, DFAT to review arrangements for the provision of technical assistance to strengthen disability inclusion in Disaster READY. DFAT should retain a focus on the following:
- encouraging NGOs to build in-house capacity in disability inclusion;
- strengthening the capacity of OPDs to undertake a technical role in-country;
- establishing resource teams in-country to support local action;
- supporting NGOs to work in a bi-directional capacity development partnership with OPDs;

- enabling NGOs and Country Coordination Committees to access flexible and contextually appropriate technical advice; and
- coordination of technical advice and sharing of lessons learned across countries

Indicative ideas to support these approaches include: the appointment of a Disability Inclusion Adviser to the AHPSU, establishing a panel of disability inclusion expertise available across all five countries, and/or continued provision of funds to each Country Coordinating Committee to enable country-driven access to technical support.

Supportive organisational commitment to disability inclusion

2.15   Organisational commitment to disability inclusion, evident in an overarching disability inclusion policy and dedicated human resources, is an enabler of disability-inclusive practices.

Disability inclusion policies assist in establishing an operating context that is supportive of disability inclusion. Disability focal points support the implementation of these policies. In Fiji, ADRA and Habitat for Humanity rated these as influential in disability-inclusive approaches. Oxfam and World Vision across all countries consistently reported that they have disability inclusion policies and dedicated personnel or focal points. Interestingly, these organisations lead consortia in which CBM is a member and have long-term technical partnerships with CBM; it is possible that their engagement with CBM over time has influenced the strengthening of organisational structures which support disability inclusion, noting that in Timor-Leste, it was Oxfam's long-standing relationship with RHTO which first influenced its disability inclusion approach.

Recommendations:

O)   Where no local disability inclusion policy exists, NGOs to work with OPDs to develop such policies to guide their commitments. NGOs to nominate a disability inclusion focal person to coordinate implementation and monitoring of the policy.

3. To what extent are NGO activities inclusive of people with disabilities?

Findings and recommendations here present an analysis of the degree to which Disaster READY activities implement the twin-track approach by mainstreaming disability inclusion and implementing disability-specific activities. The twin-track approach is a strategy for disability-inclusive development which is outlined in DFAT's Development for All strategy.[35] It recommends the simultaneous use of two complementary methods:

- Mainstreaming: the process of considering the different needs, perspectives and experiences of people with disabilities in all aspects of program design, implementation and evaluation. Mainstreaming involves the application of 'reasonable accommodations' to enable participation of people with disabilities; and
- Disability-specific initiatives: these seek to reduce the additional barriers to participation which are specifically faced by people with disabilities.

Findings and recommendations presented here also outline the extent to which Disaster READY activities reach diverse people with a range of disabilities. People with disabilities are not a homogenous group. Types of impairments can vary, as can severity. People with less visible disabilities – for example, people who are deaf and people with intellectual or psychosocial

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[35] DFAT (2015) Development for All 2015–2020: Strategy for strengthening disability-inclusive development in Australia's aid program

disabilities – may be at more risk of marginalisation. People of different sexual orientation, gender identity and expression and sexual characteristics (SOGIESC) may also experience disability. People with disabilities from urban, rural and remote geographical locations, and of different ethnicities, may experience disasters very differently.

Inclusion of diverse people with a range of disabilities

3.1   Some OPDs and NGOs are supporting activities that reach and build representation amongst people with diverse and marginalised disabilities, but a lot more could be done.

For example, FDPF led a survey to determine awareness of COVID-19 among 20 people with psychosocial disabilities. CARE is leading development of a session on gender and different types of disability, including the use of the Washington Group Short Set to help identify people with different types of disability in Fiji. The aim is for this session to become a standard National Disaster Management Office training package.

Efforts are underway to build leadership and representation skills among people with marginalised disabilities in Vanuatu and Fiji: through the establishment of resource teams, CBM, PDF and OPDs seek to engage people with diverse disabilities and offer an opportunity to learn and use representation skills. This will build community understanding of the requirements of people with less-visible disabilities.

These activities are commendable examples of action to understand the different experiences of people with diverse disabilities and to meet their requirements. However, these activities have been largely OPD-led whereas NGO leadership has been limited. Reasons for this include the time and resources it takes to understand different requirements among disability sub-groups and the lack of NGO technical capacity to do so. Even so, a lot more could be done by NGOs across all countries, beginning with consultations with OPDs, identifying people with different impairments, and exploring the specific barriers to and facilitators of their inclusion in disaster preparedness activities.

3.2   While NGOs are making efforts to consider and include various marginalised groups, these are not fully captured in monitoring systems.

In self-assessments, the majority of NGOs reported that they make efforts to include people experiencing a variety of marginalising factors in their activities. This is most obvious in the use of a disability inclusion lens in some gender-focused initiatives.

In some countries, initiatives that were previously limited to a gender focus are starting to use a disability inclusion perspective. For example, CARE's Rapid Gender Analyses after TC Harold and COVID-19 utilised a disability lens and presented the requirements of diverse groups in Vanuatu and Fiji. In Timor-Leste, Gender-Based Violence training included content related to women and people with disabilities, and participants with disabilities attended. World Vision in Timor-Leste reports that its GESI training resulted in an increase in participants with disabilities (from two to twelve).

Despite these efforts, reports do not consistently disaggregate disability and sex to provide a sense of the differences between how women and men with disabilities participate in activities. NGOs indicated that there is work to be done on establishing systems that capture information regarding types of disabilities as well as SOGIESC.

3.3   The requirements of people with disabilities and diverse SOGIESC are beginning to be explored in Fiji, but remain sensitive in other countries. This population remains at risk of marginalisation.

In Fiji, Rainbow Pride Fiji and FDPF work together to mainstream approaches to including people with disabilities who are LGBTQI. However, in Vanuatu and Solomon Islands, key informants and organisational self-assessments reported that discussing LGBTQI issues is considered by several ANGOs to be too sensitive and inflammatory. Social norms regarding people with diverse SOGIESC are strongly embedded in cultural foundations; Disaster READY could seek opportunities to be part of coalitions that nudge towards change.

Recommendations:

P)   NGOs to work with OPDs to determine marginalised groups during planning, including people with diverse disabilities, and develop and implement strategies which aim to reach them through mainstreamed and targeted activities.

Q)   NGOs to improve reporting of sex- and disability-disaggregated data so that the different experiences and outcomes of women, men, boys and girls with disabilities are reported.

R)   NGOs to seek opportunities to be part of coalitions that nudge change in social norms regarding people with disabilities and diverse SOGIESC.

S)   Country Coordination Committees to consider the establishment of roles and/or structures to influence and coordinate intersectional work. This could include focal points at each organisation who meet in a multi-stakeholder working group to share and learn.

Implementation of the twin-track approach

3.4   NGOs are actively mainstreaming people with disabilities in all countries and providing reasonable accommodations to enable participation; however, challenges in locating and identifying people with disabilities persist.

In Timor-Leste, Oxfam and CARE worked with RHTO to ensure that people with disabilities were represented in activities, including simulations and first aid training. This was supported by active RHTO engagement in the Country Coordination Committee and with NGO partners. Where partnership with RHTO was weaker, there were fewer examples of mainstreamed activities (Plan, for example). This was also evident in Vanuatu: NGOs with stronger working relationships with VDPA (Oxfam and ActionAid Vanuatu) reported more effective mainstreaming.

In a focus group discussion, NGO representatives in Solomon Islands reported that they have made efforts to mainstream disability-inclusive approaches and messages into several of their recent activities. These efforts include working with the OPD to build key messages regarding disability inclusion into broader community training activities; ensuring people with disabilities participate in simulation exercises; training for community disaster committees in disability inclusion; and a review of the national Community-Based Disaster Risk Management manual from a disability perspective. They attribute this to the support provided by Disaster READY:

Disability inclusion has improved over the past few years. It's more deliberate. AHP made that a key area for extra support and, because of that, disability inclusion is given more airtime.
(Solomon Islands informant)

Technical capacity also influences mainstreaming: Oxfam-led training of trainers on disability-inclusive disaster risk reduction and the use of the Washington Group Short Set strengthened capacity to mainstream across most Timor-Leste NGOs and partners.

Effective mainstreaming is challenging due to the difficulties of locating people with disabilities in communities and identifying people with disabilities among large groups of participants. In Timor-Leste, NGOs undertook strategies to overcome these difficulties, such as house-to-house visits and the use of the Washington Group Short Set to identify participants with disabilities. Several NGOs reported that such strategies were necessary, in part, due to the stigmatising and discriminatory attitudes towards people with disabilities in communities – attitudes which prevent their participation.

In terms of reasonable accommodations, almost all NGOs reported in their self-assessments that they generally use accessible venues; in all countries, however, such venues are less available outside of main urban areas. This may impact on the participation of people with mobility and vision impairments in rural and remote locations. Several NGOs provide information in a range of formats – including sign language in countries where this is available, easy-to-read print, and role-plays / drama. In PNG, World Vision notes that it works with the Madang Creative Self Help Centre to determine the accessibility needs of participants with disabilities prior to activity implementation.

3.5   While all NGOs can report on mainstreamed activities, few can demonstrate how they are addressing stigma and meeting the specific requirements of people with disabilities.

Technical information regarding mainstreaming is widely available – through PDF, CBM, OPDs and online. However, planning and implementing disability-specific approaches, including referral networks, needs to be grounded in the local context and requires robust partnerships between NGOs and OPDs.

Some, but not all, NGOs are implementing disability-specific activities, such as the provision of specific equipment or assistance, or referral to disability service providers. Fiji stands out as a good example: planning for the provision of personal and protective equipment in response to COVID-19 was undertaken in consultation with FDPF and, as a result, continence equipment was provided to people with disabilities. Further, a disability inclusion focus during preparedness efforts meant that prior to TC Tino and TC Harold, people with disabilities were helped to access Evacuation Centres and provided with adult diapers, assistive devices and recharge cards.

In PNG, while NGOs generally report that most of their disability inclusion efforts occur through mainstreaming, World Vision collaborated with the Madang Creative Self Help Centre (a branch of National Disability Centre in Madang Province). This resulted in 31 boys and 14 girls from 3 schools with vision impairment and hearing difficulties being referred for treatment in 2019, rising to 35 boys and 30 girls in 2020.

Capacity to refer people with disabilities to other services varied across NGOs. In Timor-Leste, referral systems that had been previously mapped with support from DFAT's Partnerships for Human Development program were able to be used by Disaster READY NGOs. Referral networks were less likely to be mapped and used in Vanuatu and Solomon Islands, perhaps because fewer services exist, but also because disability inclusion efforts in Disaster READY in these two countries are still in the initial stages.

Pervasive attitudinal, environmental, communication and institutional barriers continue to limit the impact of disability-inclusive disaster preparedness activities. The power of negative attitudes was pointed out by NGOs in every country as a factor which prevents disability-inclusive preparedness

activities from leading to outcomes. Stigma is common; it is a major barrier to participation by people with disabilities and the success of mainstreaming. These barriers are embedded in the social and systemic fabric of each country and will take time to shift.

In Fiji, for example, the Community Based Disaster Risk Management manual outlines disability-inclusive approaches, but these are not always conveyed in community trainings. Pervasive discriminatory attitudes can derail disability-inclusive disaster preparedness intentions, and strategies are required to challenge and shift such attitudes. OPDs are well placed to support these strategies.

In several countries, dedicated activities to challenge negative attitudes have been built into activities; even so, there are countries where these could be boosted – for example, Vanuatu and Solomon Islands. In Timor-Leste, NGO partners rely on RHTO to implement disability awareness raising activities, and this is enabled through robust partnerships. In PNG, World Vision partners with the Madang Creative Self Help Centre to undertake awareness raising; however, this appears to be less woven in across other NGOs. Addressing negative attitudes towards people with disabilities is viewed as a disability-specific activity, but it is essential to the success of mainstreaming.

Disability-specific requirements which lacked attention from NGOs include:

- Pre-positioning of assistive devices;
- Training community members on how to assist people with disabilities in disasters and refer them to other services;
- Development of referral networks to enable people with disabilities to access disability-specific supports beyond the services which can be provided by OPDs; and
- Activities to address stigma and promote the rights and requirements of people with disabilities.

Recommendations:

T) NGOs to work closely with OPDs and technical assistance providers to develop strategies to enable the identification of people with diverse disabilities in target areas prior to implementation of activities.

U) OPDs, CBM and PDF to develop a list of reasonable accommodation support options and socialise these with NGOs.

V) NGOs to plan and implement disability-specific activities in accordance with the requirements of people with disabilities in their target locations, and the advice received from OPDs.

W) NGOs to work closely with OPDs to develop strategies to shift discriminatory attitudes towards people with disabilities, which can be implemented as part of disaster preparedness activities.

OPD partnership

3.6   OPD engagement in Disaster READY activity implementation has led to positive outcomes for people with disabilities in communities and for OPDs themselves.

In addition to being providers of technical advice to NGOs, OPDs play a critical role in the implementation of disability-inclusive disaster preparedness activities. OPDs are implementing partners in all Disaster READY countries. For example, in Timor-Leste, RHTO staff report that they met people with disabilities face-to-face and encouraged them to actively participate in disaster risk reduction planning and implementation. Some of these community members stated that this was the

first time they had met another person with a disability who had helped them understand that their voice is valued. One member of the community said, "People think that people with disabilities cannot do anything, but through this we are seeing that we can participate."

Where partnerships with NGOs and Country Coordination Committees are stronger (Fiji and Timor-Leste), the community-level outcomes as a result of activity delivery by OPDs are clearer. Partnerships with OPDs in Solomon Islands and PNG are slowly strengthening, and the roles of OPDs in implementation were clearer in the 2021 work plan compared to earlier versions. In Vanuatu, partnership with VDPA has been varied. VDPA is a delivery partner of Oxfam, ActionAid Vanuatu and World Vision, yet its role sometimes appears to be limited and its outcomes less clear. Several partners, including CARE, ADRA and the Vanuatu Council of Churches, reported in their self-assessments that they plan to have or already have partnerships with the Vanuatu Society for People with Disabilities. This is a service provider rather than an OPD; however, unlike VDPA, it is based in Port Vila and may be more convenient to work with. While NGO partnerships with the Vanuatu Society for People with Disabilities make sense for disability-specific activities, there is a risk that Vanuatu's OPD will be less engaged in implementation, limiting the scope of outcome delivery.

Implementation partnerships with OPDs also benefit the OPD: in PNG, CARE reports that the president of the Bougainville Disabled Persons Organisation, who is himself a person with disabilities, explained that the partnership with CARE and other AHP partners through Disaster Ready has helped the OPD learn to work better in partnership. He noted that Disaster Ready had succeeded in building individual and organisational capacity, which has enabled the OPD to take a stronger lead in advocating for people with disabilities in a disaster.

Recommendations:

X) NGOs and OPDs to establish strong and respectful partnerships.[36] These should outline agreed bi-directional technical capacity-building expectations, with OPDs providing advice and support in disability inclusion, and NGOs supporting organisational capacity development and sectoral skills and confidence as needed.

Y) NGOs to plan activities collaboratively with OPDs, determine agreed need for technical support, and allocate budgets and technical assistance accordingly.

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[36] Guidance notes developed as part of this evaluation can be drawn on to inform partnership approaches.

Story of Change – Timor-Leste[37]

Issues

Disability rights and inclusive development is a relatively new concept in Timor-Leste, and DFAT is a major supporter of both.[38] Reviews of DFAT's Partnerships for Human Development investment reveal that progress has been made in strengthening OPDs, including Ra'es Hadomi Timor Oan (RHTO, Timor-Leste's leading national OPD), to raise awareness of and improve knowledge of the rights of people with disabilities. There is evidence of key achievements in the health and education sectors.[39]

Prior to Disaster READY, however, support for disability-inclusive disaster preparedness and response was limited. Discriminatory and stigmatising attitudes towards disability are very prevalent in Timor-Leste and prevent people with disabilities from accessing or participating in opportunities on an equal basis with their peers.[40] It is likely that these negative attitudes combine with other barriers such as inaccessible physical environments, transport and communication modalities to prevent people with disabilities from inclusion in disaster preparedness and response.

Disaster READY's Response

Disaster READY has enabled NGOs to understand and respond to the particular barriers to inclusion in disaster preparedness and response faced by people with disabilities in Timor-Leste. Several activities have facilitated this.

In general, Disaster READY NGOs in Timor-Leste work closely with their key OPD partner, RHTO, to develop annual work plans. Most NGOs also involve RHTO in budgeting processes and make specific funding available to support disability-inclusive implementation.

RHTO has a dedicated Disaster READY officer. He has attended one training facilitated by technical partners PDF and CBM; nevertheless, he reports that more training and experience are needed. RHTO receives support from CBM, including encouragement and technical advice. Oxfam reports that although RHTO is involved in planning and implementing some project activities, its overall participation could be improved.

RHTO has directly facilitated the engagement of people with disabilities in project activities by meeting people with disabilities face-to-face and encouraging them to actively participate in disaster preparedness activities. This has been very well received by people with disabilities, some of whom stated that this was the first time they understood that their voice is valued.

People think that people with disabilities cannot do anything, but through this we are seeing that we can participate. (Community member with disabilities)

Timor-Leste NGOs also acknowledge that to enable their engagement in implementation, NGOs may require technical and capacity development support. In its work plan, disability inclusion lead Oxfam clearly outlined not only how disability-inclusive approaches would be integrated, but also how RHTO

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[37] This will be adapted to become a communication product.
[38] Dyer S & Tanukusum J (2019) Review report: Disability Specific Partners and Program Final Version
[39] CBM Inclusion Advisory Group (2020) Ensuring disability inclusion in the COVID-19 response: The impact of CBM Global's Inclusion Advisory Group in 2020
[40] Dos Santos J & Morgan E (2016) http://dpa.bellschool.anu.edu.au/sites/default/files/publications/attachments/2016-07/ib-2016-18-dossantosmorgan.pdf, in State, Society and Governance in Melanesia 2016/18

would be involved and the capacity development support RHTO would require to enable this. Such practices support the development of work plans that are based on realistic expectations.

Disaster READY NGOs report a high degree of disability inclusion in monitoring. World Vision, CARE, Plan, Caritas and Oxfam report that regular monitoring tools include questions on disability inclusion. In many cases, RHTO representatives inform development of monitoring tools and are part of the report-writing and planning process.

Through Oxfam, localised capacity development opportunities have been sourced. For example, Oxfam led NGO representatives on a visit to the Central Java Disability-Inclusive Disaster Management Unit in Indonesia, which reportedly improved the capacity of all Disaster READY NGOs. Training for Disaster READY NGO personnel is facilitated annually, and some NGOs also seek advice from RHTO during implementation.

Disaster READY Consortium agencies led by CARE are developing a database and tools that will capture people with disabilities using the Washington Group Short Set in 2021. There is an intention to use the Washington Group Short Set prior to every activity in order to identify people with disabilities and, through subsequent questions, explore their inclusion support requirements. Oxfam has led training for NGOs in the use of the Washington Group Short Set; however, more is required and planned.

Reports indicate that NGOs take into account the intersection between gender and disability. Gender-based violence training included content related to women and people with disabilities, and participants with disabilities attended. CARE facilitated GESI training at the national and sub-national levels, including training with government counterparts and communities to raise awareness of the importance of disability inclusion in disaster management. However, issues specific to the LGBTQI+ population with disabilities have not yet been considered across Disaster READY.

Most Disaster READY NGOs made strong efforts to mainstream disability inclusion requirements into project activities. Examples include encouraging membership of people with disabilities in Suco Disaster Management Committees (SDMCs); training for trainers in disability-inclusive disaster risk reduction; ensuring people with disabilities are included in simulations and first aid training; the development of early warning messages; the establishment of accessible handwashing facilities; ensuring that distributed face masks and hand sanitiser reached people with disabilities; and communication of COVID-19 prevention messages in accessible formats. NGOs are using strategies to overcome barriers to inclusion.

A challenge is reaching people with disabilities. In many cases, they can't leave the house. Colleagues from three NGOs reached the houses of people with disabilities to share key messages. This is a challenge because there are some remote areas which are tough to reach. We reached them by walking. (Key informant, CARE)

Efforts to address disability-specific issues through targeted interventions are limited, with Oxfam reporting that while a poster to encourage referrals has been developed, this area could improve. RHTO has an excellent understanding of referral options – for assistive devices, physiotherapy, speech therapy, sign language interpreters and braille, for example. RHTO mapped referral options through its work with PDF.

NGOs uniformly reported that holding activities in accessible venues was challenging in rural areas where accessible options and transport are limited. At times, Oxfam and World Vision consult with RHTO to make information accessible. While World Vision and Oxfam implement activities to

challenge stigma, other NGOs understand that this is RHTO's responsibility. There is more work to be done in this area.

The social norms and attitudes regarding disability need improvement. (Key informant, Oxfam)

Results

Some mainstreaming efforts led by Disaster READY NGOs in collaboration with RHTO have had direct and obvious flow-on effects. As a result of Disability Inclusion in Disaster Risk Reduction training, some NGOs constructed accessible office facilities and disability-inclusive handwashing stations in public places such as markets and clinics.

The number of sub-national disaster management committees with a member with disabilities rose from 24 in 2019 to 29 in 2020. Disaster Risk Reduction Plans have generally been developed with the participation of people with disabilities. Strategies included using the Washington Group Short Set before the activity and checklists to identify needs. World Vision provided personal assistants where needed. The number of plans which were developed with active engagement by people with disabilities rose from 109 in 2019 to 191 in 2020. All Disaster READY NGOs have disability-inclusive disaster preparedness and response plans.

Following the flooding in Dili in 2020, RHTO undertook a rapid assessment of sample households using the Washington Group Short Set. Before the flooding, RHTO provided training to the relevant ministry and other Disaster READY NGOs on how to do this. Of the sample affected by the flooding, 20 households of people with disabilities were affected. RHTO worked with Oxfam to rebuild three houses for people with disabilities in an accessible way. RHTO provided technical advice to make sure the houses are accessible. This included ramps and toilets with handrails. As a result, the Government of Timor-Leste integrated disability data collection approaches into assessment processes following the 2021 floods.

While more work is required, collaborative work with the government to identify and meet the requirements of people with disabilities before and after disasters is increasing. In meetings with the Ministry of Health of Timor-Leste, RHTO raised the importance of considering how people with disabilities receive their COVID-19 information. The Ministry is now using text messages to send messages about the vulnerabilities of people with disabilities to COVID-19. World Vision, CARE, and Oxfam all report meeting regularly with government disability focal points to plan activities.

Oxfam reports that a shift in the mindset towards disability inclusion is occurring. Partners are making increasingly strong efforts to enable the inclusion of people with disabilities, and this evolution in attitude is enabling outcomes to be met.

Lessons and Actions

The active engagement of RHTO in decision-making is a critical enabler of disability-inclusive disaster preparedness and response. Oxfam has driven a participatory approach through which activities are implemented in close partnership with RHTO. However, additional budget is required to enable this. For example, some RHTO representatives require personal assistants to help them participate in a meaningful way.

RHTO personnel require ongoing capacity development to enable them to undertake RHTO's role as a Country Coordination Committee member effectively. This includes training in self-advocacy and

training on how to represent disability issues in important meetings with decision-makers, including government.

RHTO is a Country Coordination Committee member and attends committee meetings. These are held at flexible times so that everyone can come. However, there is work to be done to ensure that these committee meetings capture the voices of people with disabilities, and that resulting decisions are informed by them. Oxfam and RHTO report that, at times, meetings are not held in accessible locations and are not accessible to people with sensory impairments; disability inclusion is not a standing agenda item. These factors impact on the effectiveness of RHTO's representation.

Technical assistance for disability inclusion in Timor-Leste is sourced from a range of providers. For example, while PDF provides remote advice, there have been observational visits to ASB Indonesia to understand how disability-inclusive disaster risk reduction occurs there. RHTO worked with ASB to complete and launch a disability and Disaster READY manual and training. Sourcing technical assistance from a range of sources has strengthened the understanding of RHTO and other NGOs of how to implement disability-inclusive disaster preparedness and response activities. This has also prevented RHTO from becoming swamped with technical assistance requests and being unable to meet its advocacy agenda.

Capacity development across the sector has had an impact. World Vision reported that GESI training had an immediate effect on the participation of people with disabilities in project activities. The number of SDMCs reporting membership of people with disabilities reportedly rose after training.

An important enabler of disability inclusion in Disaster READY in Timor-Leste is the collaborative 'one country one report' modality. In Timor-Leste, all Disaster READY NGOs contribute to one annual report, which describes their collective outputs and outcomes. This works because all partners respect and collaborate effectively with each other. The Country Coordination Committee is led by someone who uses strong leadership and clear, regular communication. This underpins a strong coordination mechanism. Other Disaster READY countries are watching this with interest: Vanuatu is now using a similar approach to reporting.

What makes this work is personalities, trust and relationships. The stuff you can't train in, and takes time to develop. (Key informant, CARE)

Disaster READY has brought everyone into one place. Without a competitive funding mechanism, Disaster READY NGOs are allies rather than competitors.

Story of Change – Fiji[41]

Issues

Fiji is a signatory to various instruments which seek to protect and promote the rights and requirements of people with disabilities in disaster preparedness and response, including the Convention on the Rights of Persons with Disabilities. Prior to Disaster READY, however, people with disabilities were not systematically included in disaster preparedness activities, and their needs were not being met by disaster responses.

After TC Winston hit Fiji in February 2016 – and prior to Disaster READY – the Pacific Disability Forum (PDF, the regional umbrella OPD) and Fiji Disabled Peoples Federation (FDPF, the national OPD), formed a Tropical Cyclone Winston Disability Working Committee. This committee advocated for the inclusion of people with disabilities in all recovery activities. It also conducted a needs assessment which mapped strategies to advocate for the inclusion of people with disabilities in immediate recovery activities and in future disaster prevention and response planning.[42]

However, several barriers to implementation of these strategies existed, including a lack of knowledge among mainstream humanitarian stakeholders regarding disability-inclusive approaches; failure to collect and use information about people with disabilities, including disaggregated data; inaccessible environments and communication approaches; limited participation by OPDs in disaster preparedness and response efforts; and a lack of humanitarian NGOs with organisational policies relating to disability inclusion.[42]

There has been a lot of progress since 2018. Then, foundational understanding needed to be built. (FDPF representative, 2020)

Disaster READY's Response

Disaster READY's explicit disability inclusion objective echoed Fiji's Disability Act to create an enabling environment for disability inclusion. Both were enacted in 2018 and provided a mandate for the implementation of activities which sought to address the barriers to disability inclusion uncovered following TC Winston.

An important enabler of disability inclusion in Disaster READY in Fiji has been FDPF's active and valued membership of Disaster READY's Country Coordination Committee. Disaster READY supports FDPF to engage a Disability Inclusion Officer who is dedicated to Disaster READY work. As a result, FDPF is present for all meetings and processes.

FDPF's involvement is highly valued and sought after by Country Coordination Committee members. NGO partners, such as CARE, undertake CBM's disability capacity assessment annually and use it to guide their joint efforts with FDPF to improve disability inclusion. Further, FDPF is increasingly being engaged to support collaborative and inclusive monitoring and evaluation. FDPF works closely with committee members to undertake monitoring activities, such as visiting communities and collecting data.

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[41] This will be adapted to become a communications product.
[42] CBM & PDF (2017) Disability Inclusion Policy Brief: Gap analysis on disability-inclusive humanitarian action in the Pacific

A joint community visit with Plan was a great opportunity for this consortium lead to hear issues directly from people with disabilities, and built confidence and trust amongst people with disabilities that their concerns are being heard. (Representative of Plan, the consortium lead)

The use of disability-inclusive planning processes has been central to the development of disability-inclusive activities. Two ANGOs – ADRA and Habitat for Humanity – rated themselves as using strong collaborative planning processes, including Talanoa, with FDPF. Collaborative planning processes between Country Coordination Committee members and FDPF have strengthened over time, and in 2020, FDPF conducted a needs assessment with each consortium to identify entry points for disability inclusion and to help develop FDPF's work plan for 2021.

Joint work between FDPF and ANGOs resulted in the establishment of disability-inclusive Emergency Operation Centres (EOCs), which operate immediately following a disaster. EOC training materials were adjusted to incorporate disability inclusion messages and were delivered. EOCs were linked to OPD branches. Inviting people with disabilities to share their lived experiences in EOC training sessions received good feedback from partners as it shone a light on the realities for people with disabilities. EOC tools were adapted and used to address the needs of women, children, youth, people with disabilities, and LGBTIQ+ people in times of disaster.

The development of strategies to meet the inclusion needs of people who experience various forms of marginalisation is important to Disaster READY implementers in Fiji, with both ADRA and Habitat for Humanity rating their use of intersectional approaches highly. These strategies include the establishment of a Gender Equality, Disability and Social Inclusion (GEDSI) working group on which FDPF sits alongside CARE, Rainbow Pride Foundation (RPF), and Save the Children Fiji. These organisations develop joint work plans and deliver joint trainings.

The GEDSI working group has developed a standardised data collection template that collects a range of data. This includes the use of the Washington Group Short Set to collect disability data, as well as information on persons of diverse sexual orientation, gender identity and expression, and sex characteristics. This template will be submitted to the Ministry of iTaukei Affairs and the Ministry of Education for their use. As part of the TC Harold / COVID-19 response, the GEDSI working group coordinated data collection and analysis to produce the TC Harold / COVID 19 Gender, Disability and Inclusion Analysis report. This informs the sector of the needs of diverse and intersecting groups.

RPF convenes an 'LGBTQI with disability reference group'. Most of the group's members are affiliated with FDPF and are now consulted in the design of RPF projects/programs. Regular engagement and communication with the 'LGBTQI with disability reference group' has enabled RPF to mainstream disability inclusion across its programming and trainings, including budgeting for the costs associated with disability inclusion.

FDPF's active engagement with the Country Coordination Committee, consortia, and NGOs is underpinned by quality and timely technical support received from PDF. PDF's close proximity to FDPF is an important advantage in this regard. In turn, FDPF trains NGO partners in disability inclusion, including the use of the Washington Group Short Set to identify people with disabilities. Funding for training in disability inclusion approaches and strategies is available through Shared Services; however, NGOs report that more training is needed.

Fiji has been utilising PDF really well – especially as no travel (is) allowed. (PDF representative)

An important enabler of disability-inclusive practices has been the establishment of a resource team of people with diverse disabilities across Fiji. Resource team members have been trained by FDPF to

assist them to support Disaster READY NGOs towards disability inclusion. This has improved the visibility of the rights and requirements of people with disabilities.

Results

As a result of these activities, disability inclusion considerations were incorporated into all ANGO COVID-19 response activity designs. Further, after the emergence of COVID-19, FDPF representatives visited communities to collect information about how members were affected and to raise awareness regarding COVID-19 prevention. Subsequently, FDPF distributed items and seeds to community members.

FDPF led a survey of people with psychosocial disability around Suva. The survey revealed that none of the respondents were aware of COVID-19. As a result, the Psychiatric Survivors Association (PSA) has been doing outreach to meet this gap. FDPF also connected people with disabilities to the Government of Fiji's post-COVID offering of free business registration. This contributed to the economic empowerment of some people with disabilities.

FDPF was part of the Government of Fiji-led assessments following TC Harold and COVID-19. As a result, FDPF set up their own EOC and provided increased support to approximately 14 local OPDs to follow up with people with disabilities on their databases and link them with services. FDPF used this network to provide food rations and dignity kits to people with disabilities, including those in lockdown.

FDPF also worked with the Ministry of Agriculture to undertake a scoping mission in Tailevu to locate people with disabilities with home gardens. This enhanced food security and livelihoods of people with disabilities: they now bring their produce to local OPDs to be sold.

As a result of EOC inclusion trainings in both Vutia village in Rewa Province and Nauluwai village in Naitasiri Province, EOCs were better prepared before disasters occurred. Following TC Tino and TC Harold, people with disabilities were assisted to evacuation centres and provided with adult diapers, assistive devices and recharge cards.

People with disabilities have been part of NGO-led disaster preparedness trainings at the local and district levels. Training and support for communities to develop disability-inclusive disaster plans had positive results:

In Vutia village located in the province of Rewa, through the CBDRR training, people with disabilities identified the footpath in the community as a hazard and disability unfriendly; in the Kumi CBDRR training, Mr Sekove Tokalausa, wheelchair bound and member of the Kumi CDMC identified that access (footpath width) in the community to be a challenge as for him and accessibility to the community hall (steps) is disability unfriendly. Accessibility for people with disabilities at Kumi village is now included in the community action plan. (Annual report (2020))

Now when we run a training, we realise we need to be disability-inclusive in the training. This is a change. (Country Coordinating Committee representative)

Prior to TC Harold, communities in Fiji's east did not wait for an announcement to evacuate. Questions were raised regarding who would feed and assist people with disabilities. People with disabilities from that community – because they had been regularly engaged with FDPF – already had a plan for how they would be supported. This is a result of FDPF training and advocacy.

The CAN DO consortium reports that as a result of disability-inclusive initiatives, church disaster plans are disability inclusive. Women with disabilities comprised 25% of participants in Training for Trainers on the Theology of Disaster Resilience in a Changing Climate, while CAN DO training for volunteers involved two people with disabilities.

As a result of awareness-raising workshops on disability-inclusive disaster preparedness with government officials and community leaders, FDPF has had some success in engaging with provincial offices, provincial administrators, Turaga ni Koros (village headmen), and health workers.

Disability inclusion efforts led by Disaster READY partners in Fiji have contributed towards greater disability inclusion throughout Government of Fiji practices. For example, the government is now disaggregating data by disability at the national level.

[Humanitarian] clusters are talking about how to support people with disabilities much more now compared to following TC Winston. This is thanks to the work of FDPF. (Country Coordination Committee representative)

Lessons and Actions

Disability-inclusive planning and implementation is based on strong partnerships between FDPF and NGOs. These partnerships have strengthened over time and are built on the willingness of NGOs to work in a disability-inclusive way, as well as mutual respect, trust and honesty.

If issues arise, we can take them to the partners and have honest conversations about things that aren't working right. Trusting and respectful relationships with partners allow honest conversations. (Country Coordination Committee member)

Strong collaboration between Country Coordination Committees and FDPF has also supported outcomes for people with disabilities. Key enablers include clear and regular communication and information sharing, clearly outlined roles and expectations of all committee members, and funding availability for FDPF's work. Partnerships between NGOs and FDPF have led to responses which include people with disabilities.

When considering personal protective equipment in response to COVID, there is a traditional list, but there are other needs that people with disabilities have, e.g. continence equipment. We wouldn't have known this if we hadn't have asked – FDPF assisted with this. (Country Coordination Committee member)

NGOs with strong organisational willingness to work in a disability-inclusive way are more likely to work closely and productively with OPDs such as FDPF. These NGOs tend to have organisational policies which outline their approach to disability inclusion, dedicated personnel, and an organisational culture of disability inclusion.

Some NGO partners recognise that operating in the humanitarian sector is relatively new to FDPF, and provide technical assistance and capacity development support in key areas. Likewise, the demands from multiple NGO partners can overwhelm OPD capacity. Technical support in disability-inclusive disaster preparedness and response is provided by PDF and reinforced by CBM. However, greater collaboration between these stakeholders would enable more comprehensive and coordinated identification of capacity-strengthening needs and strategies for FDPF.

Despite strong evidence of the implementation of disability-inclusive activities, clear and specific reporting of the outcomes of disability-inclusive disaster preparedness and response efforts could be

strengthened within annual reports. Likewise, communication of these initiatives and their outcomes could be strengthened by the provision of support for a communications officer.

Disability data collection occurs through some NGOs which use the Washington Group Short Set. FDPF has provided training in this. However, wholesale adoption of this approach by all NGO partners would strengthen the reliability and comparability of disability disaggregated data.

NGO partners in Fiji demonstrate strong mainstreaming of disability inclusion into general activities. This is evident in the data, which demonstrates that the number of community, church or school disaster plans that were developed with active involvement of people with disabilities rose from 11 in 2019 to 52 in 2020. Support for targeted disability-specific activities exists, but is less evident. NGOs also feel that they could strengthen in this regard – for example, by mapping and using referral networks for people with disabilities; addressing stigma and discriminatory attitudes towards people with disabilities which prevent their inclusion; using accessible venues; and providing information in accessible formats.

Disaster READY NGOs are engaging with government in a range of important and effective ways. Representation of people with disabilities in Fijian sub-national and national disaster management committees rose from zero in 2018 to two in 2020, both at the sub-national level. This demonstrates that more work is required to influence the strengthening of disability-inclusive approaches in government-coordinated disaster preparedness and response systems. Strategies such as coordination with government, representation by people with disabilities in national and sub-national coordination bodies, demonstration of effective disability-inclusive approaches and strategic communications and information sharing may influence this.

Annex 1: Data Collection Plan

Evaluation Questions/Focus Areas:

1. What is working well with Disaster READY efforts to enable disability inclusion, and what needs to be improved?
   a. Implementer understanding regarding disability inclusion priorities and approaches
      - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, and stakeholder interviews
      - Phase 2 data collection methods: stakeholder interviews and self-assessment rubric
   b. Processes in place to plan disability-inclusive activities.
      - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, and stakeholder interviews
      - Phase 2 data collection methods: stakeholder interviews and self-assessment rubric
   c. Use of disability-inclusive monitoring processes to monitor and improve efforts.
      - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, and stakeholder interviews
      - Phase 2 data collection methods: stakeholder interviews and self-assessment rubric
   d. Communications regarding achievements and lessons in disability inclusion.
      - Phase 1 data collection methods: document reviews and observation of social media posts
      - Phase 2 data collection methods: document reviews, observation of social media posts and self-assessment rubric
   e. Mechanisms to strengthen disability inclusion in Disaster READY
      - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, photovoice, and stakeholder interviews
      - Phase 2 data collection methods: stakeholder interviews and document reviews, including the CBM and PDF review
2. To what extent are ANGO activities inclusive of people with disabilities?
   a. The extent to which people with diverse disabilities are consulted, included in and benefiting from program activities, including gender differences or other intersecting marginalisations.
      - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, stakeholder interviews, photovoice and observation of social media posts
      - Phase 2 data collection methods: stakeholder interviews, self-assessment rubric, and stories of change
   b. The extent to which Gender Equality and Social Inclusion (GESI) approaches utilised by some ANGOs incorporate disability inclusion principles and approaches.
      - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, stakeholder interviews, and observation of social media posts

- Phase 2 data collection methods: stakeholder interviews, self-assessment rubric, and stories of change

    c. The extent to which ANGOs are implementing stand-alone, targeted activities to reach people with disabilities, and/or mainstreaming people with disabilities into general program activities.
  - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, stakeholder interviews, photovoice and observation of social media posts
  - Phase 2 data collection methods: stakeholder interviews, self-assessment rubric, and stories of change

    d. The extent to which OPDs are engaged as both advisers and partners in implementation.
  - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, stakeholder interviews, photovoice and observation of social media posts
  - Phase 2 data collection methods: stakeholder interviews, self-assessment rubric, and stories of change

    e. The extent to which ANGOs are identifying people with disabilities and monitoring their participation.
  - Phase 1 data collection methods: document reviews and stakeholder interviews
  - Phase 2 data collection methods: stakeholder interviews, self-assessment rubric, and stories of change

    f. The extent to which reasonable accommodations are being applied to maximise participation of people with disabilities.
  - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, stakeholder interviews, and photovoice
  - Phase 2 data collection methods: stakeholder interviews, self-assessment rubric, and stories of change

    g. The barriers, opportunities and successes for implementing partners and other stakeholders in implementation of disability-inclusive approaches.
  - Phase 1 data collection methods: document reviews, observation of and participation in coordination committee meetings, stakeholder interviews, and photovoice
  - Phase 2 data collection methods: stakeholder interviews, self-assessment rubric, and stories of change

3. To what extent are people with disabilities experiencing positive outcomes as a result of Disaster READY?

    a. The extent to which people with disabilities are included in Disaster READY-supported preparedness efforts.
  - Phase 1 data collection methods: document reviews and observation of and participation in coordination committee meetings
  - Phase 2 data collection methods: stakeholder interviews, self-assessment rubric and stories of change

    b. The degree to which inclusion of people with disabilities in preparedness efforts has influenced disability inclusion in emergency responses.
  - Phase 1 data collection methods: document reviews and observation of and participation in coordination committee meetings

- Phase 2 data collection methods: stakeholder interviews, self-assessment rubric and stories of change

c. The extent to which improvements in disability inclusion brought about by Disaster READY will be sustained.
    - Phase 1 data collection methods: document reviews
    - Phase 2 data collection methods: document reviews, stakeholder interviews, self-assessment rubric and stories of change

d. The extent to which disability inclusion in current efforts compares to disability inclusion in past disaster responses, and the contributions Disaster READY has made to support this.
    - Phase 1 data collection methods: document reviews and observation of and participation in coordination committee meetings
    - Phase 2 data collection methods: document reviews, stakeholder interviews, and self-assessment rubric

e. The extent to which good Disaster READY practices in disability inclusion are influencing other programs within the same NGO.
    - Phase 1 data collection methods: none
    - Phase 2 data collection methods: stakeholder interviews and stories of change

f. The extent to which Disaster READY practices in one country are influencing practices by Disaster READY practices in other countries.
    - Phase 1 data collection methods: document reviews
    - Phase 2 data collection methods: stakeholder interviews and stories of change

Annex 2: Disability Inclusion Self-assessment for Disaster READY NGOs

1. Introduction

This survey, due on Friday 6th November, is being implemented as part of an evaluation of disability inclusion in Disaster READY. The evaluation seeks to assess the extent to which the program is inclusive of and meeting the rights and requirements of people with disabilities, and to identify practical recommendations for how this could be improved.

The evaluation is being conducted in two phases. In Phase 1, the evaluation collected and shared good disability inclusion practices within the responses to COVID-19, and TC Harold. This aimed to help NGOs to strengthen disability inclusion by learning from each other.

Now in Phase 2, the evaluation seeks to incorporate participatory analysis of findings from Phase 1, as well as generating an assessment of disability inclusion approaches, lessons, outcomes and good practices more generally across Disaster READY.

2. Purpose

This survey aims to support NGO partners in the Disaster READY countries to self-assess the level of disability inclusion in their operations and activities. The survey will also assist participating NGOs and OPD partners to identify the next steps in their disability inclusion journey.

Responses from individual NGOs will be de-identified and treated confidentially in the evaluation report, and in collated reports provided to OPDs and Country Coordinating Committees.

3. About the survey

The survey covers fifteen "areas of action" in two sections:

1. Disaster READY practices, and
2. Organisational policies and practices.

Through the survey, the NGOs are asked to reflect at an organisational level on their current disability inclusion practices and policies, defined as "areas of action". For each area of action, the NGOs are asked to rank themselves according to five ratings:

Rating	Definition
1	No consideration or action regarding disability inclusion.
2	At the beginning stages of considering disability inclusion.
3	Taking steps to incorporate disability-inclusive approaches and processes into organisational plans and efforts.
4	Actioning disability-inclusive plans or intentions.
5	Established disability-inclusive processes that are informed by reflection and learning.

Organisations will most likely respond with different ratings for the various areas of action. Organisations can use this self-assessment as a monitoring tool. Over time, it is anticipated that self-identified ratings would improve, in line with efforts to strengthen disability-inclusive practices.

4. Process

The self-assessment will guide respondents through a process of reflection on their implementation of disability-inclusive approaches to date. Steps in this process are outlined as follows.

Step 1: Identify participants

Identify key participants from across your organisation. This could include representatives from:

- senior management / leadership;
- monitoring, evaluation and learning;
- operations;
- program management, and others.

Step 2: Organise a stakeholder meeting

After participants have been identified, organise a time for representatives to come together and discuss responses to the survey questions. It is estimated that a minimum of two hours will be required for this meeting. Participants may need some notice to ensure they can commit to attending the full meeting.

Organise a venue and identify a chair to lead the process, and someone to take comprehensive notes based on the discussion, using the template provided.

COVID-19 Considerations:

Please ensure meetings are planned in adherence with your country's COVID guidelines. For example, for in-person meetings, ensure social distancing is respected and surfaces are cleaned. Ensure soap is available for handwashing and, if possible, make hand sanitiser available in the meeting room.

If it is not possible to bring people together due to COVID restrictions in your country, consider holding a teleconference or meeting via an internet platform such as Skype or Zoom.

Step 3: Hold the meeting and complete the survey

1. Inform participants of the purpose of the meeting, and provide them with a copy of the survey tool, to enable preparation and familiarisation with the questions.
2. Provide this guide to the meeting chair, to help guide discussions regarding each question. The role of the chair is to facilitate this process. As far as possible, the note-taker should take notes of this discussion in the "notes" column, including the different opinions that were discussed. Participants are encouraged to come to an agreement on selected ratings, but any discrepancies should be noted in the "notes" column.
3. Highlight the selected rating for each "area of action".

Step 4: Submit the completed survey

Email the completed survey (and any photos) to Sally Baker: sallybakermay@gmail.com by Friday November 6th.

Please feel free to contact Sally if you have any issues or questions.

Name of Organisation:	
Country:	
Date Survey Completed:	
Names and roles of people who participated in the survey:	

Disaster READY Self-Assessment Matrix

Disaster READY Practices

A. Disability inclusion in project activity planning

Grade:

1) There are no modifications made to enable disability inclusion in planning activities, or consultation with people with disabilities / OPDs during planning.
2) Some modifications are made to enable disability inclusion in planning but there is no consultation with people with disabilities / OPDs.
3) People with disabilities / OPDs are invited to participate in activity planning, but their engagement is optional. Some modifications are made to enable disability inclusion in activities.
4) People with disabilities / OPDs actively participate in activity planning, and modifications are made to activities to ensure people with disabilities will benefit.
5) As partners, OPDs actively participate in planning activities from the early stages, and lessons from previous disability-inclusive activities inform planning processes.

B. Project Budget allocation

Grade:

1) No budget is allocated from your project to support disability inclusion in Disaster READY-funded activities.
2) Limited funds are allocated from your project to support disability inclusion in Disaster READY-funded activities are made available when needed.
3) Limited funds are allocated from your project to support disability inclusion in Disaster READY-funded activities are available when needed, and a separate budget line for disability inclusion has been discussed.
4) A separate budget line for disability inclusion in Disaster READY-funded activities exists.
5) A separate budget line for disability inclusion in Disaster READY-funded activities exists, and budget is allocated on an annual basis.

C. Disability inclusion in activity implementation

Grade:

1) There are no modifications made to enable disability inclusion in implementation, or engagement with people with disabilities / OPDs during implementation.
2) Some modifications are made to enable disability inclusion in implementation but there is no engagement with people with disabilities / OPDs.
3) People with disabilities / OPDs are invited to participate in implementation, but their engagement is optional. Some modifications are made to enable disability inclusion in activities.
4) People with disabilities / OPDs actively participate in implementation, and modifications are made to activities to ensure people with disabilities will benefit.
5) As partners, OPDs actively participate in implementation, and modifications are made to activities to ensure people with disabilities will benefit.

D. Accessibility of activity venues

Grade:

1) Accessibility of activity venues (e.g. workshop or training venues) is not assessed prior to implementation of activities.

2) Accessibility of activity venues is sometimes considered prior to some activities.
3) Accessibility of activity venues is mostly considered, but not always.
4) The accessibility of activity venues is always considered when planning activities, and accessible venues are always selected.
5) The organisation has a list of accessible activity venues, and an accessibility assessment checklist, and always uses these to select venues.

E. Accessible information and communication[43]

Grade:

1) Accessibility of information provision and communications is not considered.
2) Accessibility of information provision and communications is sometimes considered prior to some activities.
3) Accessibility of information provision and communications is mostly considered, but not always.
4) Accessibility of information provision and communications is always considered when planning activities, and accessible formats are always selected.
5) People with disabilities / OPDs are consulted regarding accessible formats, and these are always selected.

F. Adjustments made to enable disability-inclusive implementation[44]

Grade:

1) No changes are made to activities to support the inclusion of participants with disabilities.
2) Small changes are made to activities on request from participants with disabilities.
3) There is a process in place to determine specific inclusion adjustments required to enable the participation of people with disabilities and these adjustments are made some of the time.
4) There is a process in place to determine specific inclusion adjustments required to enable participation of people with disabilities, and these adjustments are made most of the time.
5) There is a process in place to determine specific inclusion adjustments required to enable participation of people with disabilities, and this is applied to every activity.

G. Addressing disability-related stigma to promote participation of people with disabilities[45]

Grade (out of 3):

1) No efforts made to address stigma.
2) Some efforts are made to address stigma in some activities.
3) Efforts to address stigma are incorporated into all relevant activities.

H. Provision of targeted support for people with disabilities[46]

Grade:

1) Targeted support not provided.
2) Ad hoc targeted support provided.
3) Provisions for targeted support built into plans and budgets.
4) Provisions for targeted support built into plans and budgets based on advice from OPDs.

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[43] E.g.: communication and provision of information in multiple formats, including written, audible, large print, plain language and pictorial.
[44] E.g.: designing and building accessible WASH infrastructure, ensuring early warning systems reach people with diverse disabilities, including referral information for disability services in distribution kits, facilitating the inclusion of people with disabilities in disaster committees, etc.
[45] E.g.: awareness raising, advocacy, house-to-house visits to locate people with disabilities and invite them, etc.
[46] E.g.: supporting people with disabilities and their support personnel to develop COVID response plans; providing PPE to people with disabilities and their support personnel, etc.

5) Provisions for targeted support built into plans and budgets based on advice from OPDs, and its delivery is monitored and reported on.

I. Consideration of intersectionality (with a focus on gender equality including gender-based violence; LGBTQI; and disability inclusion)

Grade:

1) Disability inclusion, gender equality and LGBTQI are considered separately.
2) Intersectionality between marginalized groups is considered in planning processes.
3) Intersectionality between marginalized groups is considered in planning processes and documented in proposals.
4) Intersectionality between marginalized groups is considered in planning processes, documented in proposals and reported on.
5) Intersectionality between marginalized groups is considered and documented in proposals, reported on and monitored.

J. Referral processes

Grade:

1) No referral processes exist to support people with disabilities.
2) Program participants with disabilities are referred to known services when required / requested.
3) Referral options have been mapped and staff are aware of a referral guide for people with disabilities.
4) A referral guide has been developed and program participants with disabilities are referred to services as required.
5) A referral guide has been developed and program participants with disabilities are referred to services as required. The referral guide is updated every year.

K. Identification of people with disabilities

Grade:

1) There is no process to identify the disability status of program participants.
2) Program participants tick a box to indicate whether they have a disability or not.
3) Disability status of program participants is determined using the Washington Group Short Set, and the information is entered into a database.
4) Disability status of program participants is determined using the Washington Group Short Set, and participation data is disaggregated by disability.
5) Disability status of program participants is determined using the Washington Group Short Set, and participation and outcome data is disaggregated by disability.

L. Monitoring of disability inclusion

Grade:

1) The perspectives of people with disabilities are not sought through monitoring efforts, monitoring tools do not collect information regarding disability inclusion, OPDs are not involved in monitoring activities, reflection, learning or report writing.
2) One of the following occurs:
    - The perspectives of people with disabilities are sought through monitoring efforts,
    - monitoring tools collect information regarding disability inclusion,
    - OPDs are involved in monitoring activities, reflection, learning and report writing.
3) Two of the following occur:
    - The perspectives of people with disabilities are sought through monitoring efforts,

- monitoring tools collect information regarding disability inclusion,
- OPDs are involved in monitoring activities, reflection, learning and report writing.

4) The perspectives of people with disabilities are sought through monitoring efforts, monitoring tools collect information regarding disability inclusion, OPDs are involved in monitoring activities, reflection and learning.

5) The perspectives of people with disabilities are sought through monitoring efforts, monitoring tools collect information regarding disability inclusion, OPDs are involved in monitoring activities, reflection, learning and report writing. Findings and lessons are communicated to OPDs.

Organisational Policies and Practices

M. Organisational Policy

Grade:

1) There is no mention of disability inclusion in any of the organisational policies.
2) Disability inclusion is covered within a broader organisational policy.
3) Disability inclusion is covered within a broader organisational policy, and discussions have been held regarding the development of a specific disability inclusion policy.
4) A specific policy to support disability inclusion exists within the organisation.
5) A specific policy to support disability inclusion within the organisation exists and is implemented and reviewed annually.

N. Roles and responsibilities

Grade:

1) Disability inclusion is not formally designated the responsibility of any staff.
2) An existing staff member has been allocated with responsibility for disability inclusion as a 'focal person'.
3) An existing staff member has been allocated with responsibility for disability inclusion as a 'focal person', and planning is underway to fund a dedicated Disability Inclusion officer within the organisation, coordinating committee or a partner OPD.
4) A Disability Inclusion Officer has been appointed within the organisation or coordinating committee or
Disability Inclusion Officer is engaged to support Disaster READY and is situated within the OPD.
5) Disability Inclusion Officer is engaged within the organisation or coordination committee, or by the OPD, and is part of all planning, implementation and monitoring discussions.

O. Country Coordinating Committee partnership with OPDs

Grade:

1) Country Coordinating Committee does not engage with OPD(s) directly.
2) Country Coordinating Committee engages with OPDs on an ad hoc basis, when needed.
3) Country Coordinating Committee has discussed the establishment of a partnership with OPD(s).
4) Country Coordinating Committee has established a partnership with OPD(s), with no or limited budget provisions.
5) Country Coordinating Committee has a partnership with OPDs, which includes provision for staff, capacity building and institutional costs.

P. Country Coordinating Committee

Grade:

1) No OPD representation within the Country Coordinating Committee.

2) OPD representation within the Country Coordinating Committee, but meetings are not accessible to people with disabilities, and disability is not a standing item on the agenda.

3) OPD representation within the Country Coordinating Committee, meetings are accessible to people with disabilities, but disability is not a standing item on the agenda.

4) OPD representation within the Country Coordinating Committee, meetings are accessible and disability is a standing item on the agenda.

5) OPD representation within the Country Coordinating Committee, meetings are accessible, disability is a standing item on the agenda and OPDs contribute to all decision-making.

Q. Organisational capacity building and technical advice

Grade:

1) No disability inclusion capacity building activities have been initiated for staff.
2) Training has been held to raise awareness of staff regarding disability issues.
3) Training is semi- regularly held to raise awareness of staff in disability issues.
4) Training is semi- regularly held to raise awareness of staff in disability issues and advice on disability inclusion is sought from the OPD and others.
5) Training is semi- regularly held to raise awareness of staff in disability issues, advice is sought from the OPD and others, and the organisation has a capacity development plan to proactively guide capacity building in disability inclusion.

R. Coordination with Government[47]

Grade:

1) The organisation does not coordinate with Government regarding disability inclusion.
2) Discussions have been held with Government disability focal points and coordination is planned.
3) Semi-regular meetings are held with the Government disability focal point to share information.
4) Planning efforts involve collaboration with Government disability focal points.
5) Planning and monitoring efforts involve collaboration with Government disability focal points.

Thank you! Please send to sallybakermay@gmail.com by Friday 6th November.

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[47] This could include information sharing, joint work planning and monitoring with Government Disability Focal Points, National Disaster Management Offices, etc.

Annex 3: Key Informants

Stakeholder	Name
Act for Peace	Sarah Doyle
ADRA Fiji	Roy Chikwem
	Ana Alburqueque
	Suliasi Sarosaro
ADRA Solomon Islands	Stephen Tasker
ADRA Vanuatu	Richard Greenwell
Anglican Overseas Aid	Tim Hartley
Australian Humanitarian Partnership Support Unit	Jason Brown
	Liam Sharp
	Lisa Ritchie
CARE Australia	Charlie Damon
	Emma Barker-Perez
CARE Pacific	Shirleen Ali
CARE Papua New Guinea	Sally Jerome
CARE Timor-Leste	Kabir Maqsood
CARE Vanuatu	Julia Marango
Caritas Australia	Geoff Shepherd
	Grace Asten
Caritas Papua New Guinea	Julius Nobu
CBM	Elizabeth Morgan
Empower Pacific	Patrick Morgam
	Meriosi
Fiji Disabled People's Federation	Jay Nasilasila
	Laisisasa Corerega
	Lanieta Tuimabu
Independent Consultant – PNG	Kevin Akike
Live and Learn Fiji	Kolosa Matebalavu
Live and Learn Solomon Islands	Alison Talogwari
Oxfam Australia	Anna Pelkonen
	Josh Hallwright
Oxfam Timor-Leste	Kathy Richards
Oxfam Solomon Islands	Lorimer Tuke
	Nicholas Suava

Oxfam Vanuatu	Richard Meto
Pacific Disability Forum	Simione Bula
	Katabwena Tawaka
Partners in Community Development Fiji	Peni Seru
Plan Australia	Tukatara Tangi
Plan Fiji	Josefa Lalbalavu
Plan Solomon Islands	Jamal Namo
People with Disabilities Solomon Islands	Davis Luabolana Ladofo'oa
	Naomi Tai
Ra'es Hadomi Timor Oan	Joaozito Dos Santos
Save the Children Solomon Islands	John Lilo
Save the Children Vanuatu	Cassy Harvey
	Annie Benua
	Annie Obed
	Lisa Cuatt
Vanuatu Disability Promotion and Advocacy	Nelly Caleb
World Vision	Cedric Hoebreck
World Vision Vanuatu	Sofia Lardies
	Pallen Philip