Organisations of Persons with Disabilities: Making a Difference in Vanuatu and Solomon Islands

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Acknowledgements

About the partners

CBM Global Inclusion Advisory Group – Research funding agency

CBM Global Inclusion Advisory Group (IAG) is an international development and humanitarian organisation, committed to improving the quality of life of people with disabilities in the poorest countries of the world. CBM Australia's Disability Inclusion Advisory Group has over a decade of experience in supporting disability inclusion in mainstream development and humanitarian programs. The organisation has a tested and refined approach, which includes working alongside the disability movement as an essential component. CBM IAG Advisor and person with a disability, Claudia Bailey, contributed to the study continuously as a member of the Humanitarian Advisory Group (HAG)-led research team. A disability inclusion consultant, Sally Baker, also provided technical insights into this study, drawing from her experience leading the **Disaster READY Evaluation on disability and inclusion**.

Humanitarian Advisory Group – Research lead agency

Humanitarian Advisory Group is at the forefront of current thinking and research on localisation in the humanitarian landscape, with a particular focus on the Pacific. During 2017–21, the first iteration of HAG's flagship Humanitarian Horizons research program included a **stream of research on measuring and supporting localisation in the Pacific**, conducted in partnership with the Pacific Islands Association of Non-Governmental Organisations (PIANGO) and their national liaison units (e.g. the Vanuatu Association of NGOs). HAG also has an **extended project on disaster risk reduction and climate change adaptation in the Pacific**, in partnership with World Vision Australia and the Australian Humanitarian Partnership.

HAG's research team comprises Fanny Coussy, Leader; Idha Kurniasih, Researcher; Linda Kenni, National Researcher (based in Vanuatu); and Seno Mauli, National Researcher (based in Solomon Islands).

People with Disabilities Solomon Islands – Research partner

People with Disabilities Solomon Islands (PWDSI) is the national umbrella organisation of persons with disabilities (OPD) across the Solomon Islands. PWDSI was established in the early 1990s and formally registered under the Charitable Trust Act of Solomon Islands in October 2003, and is committed 'to advocate, promote, protect and advance the human rights and freedoms of people with disabilities.' It is the recognised coordination point between government/s and other stakeholders for expertise, advice, collaboration, consultation and engagement with people with disabilities in the Solomon Islands. PWDSI is also a founding member of the Pacific Disability Forum (PDF), the regional umbrella body for Pacific OPDs.

Vanuatu Disability Promotion & Advocacy Association – Research partner

The Vanuatu Disability Promotion & Advocacy Association (VDPA) is the only ni-Vanuatu national OPD. VDPA was established in 1999 and is governed and staffed by people with disabilities. The organisation's mandate is to advocate for the rights and promote the abilities of people with disabilities in Vanuatu. VDPA has contributed to advancing the rights of people with disabilities through the development of 32 affiliate groups, which work to raise awareness and advocate for disability inclusion at the community level across Vanuatu and over 1000 registered members. Regionally, VDPA is a member of the Pacific Disability Forum.

Pacific Disability Forum – Research partner

The Pacific Disability Forum (PDF) is the regional body for and of people with disabilities in the Pacific. It works to develop the capacity and skills of national peak OPDs throughout the Pacific region.[1] PDF supports the establishment and strengthening of OPDs at country level to help them to advocate for the rights and defend the dignity of people with disabilities.

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Executive summary

Consensus is building on the need for greater participation of organisations of persons with disabilities (OPDs) in disaster response and preparedness.[2] Yet, the lack of practical guidelines and information on maximising OPDs' engagement and impact motivated CBM Global IAG to commission this study.

The report draws on two comparative case studies in Vanuatu and Solomon Islands, as well as an extensive desk review of documents. It explores the roles and impact of OPDs in each country and identifies key challenges and enablers constraining and supporting OPDs' contributions to the disaster preparedness and response sector. A localisation lens was applied to the study to enable the identification of practices that support the empowerment of OPDs as local advocates and disaster preparedness and response actors.

Findings from the comparative case study in Solomon Islands and Vanuatu are summarised below.

> **FINDING 1: OPDs in Vanuatu and Solomon Islands are engaged and making a difference across three main areas: as self-advocates, technical advisors, and implementers.**

OPDs in both countries contribute to lowering multiple barriers to inclusion for people with disabilities via their advocacy work, technical support to humanitarian and government actors, service provision and relaying of information directly to and from communities. They are also live examples of the positive contributions that people with disabilities can bring to societies, challenging stigma and raising awareness via their engagement with multiple actors. Positive outcomes have been especially facilitated by the Vanuatu Disability Promotion & Advocacy Association's extensive network of OPDs in Vanuatu, reaching all provinces of the country. In Solomon Islands, People with Disabilities Solomon Islands' active role as a technical advisor to Australian Humanitarian Partnership partners is also contributing to these actors adopting more inclusive practices.

> **FINDING 2: Lack of systematic data collection hampers measurement of the impact of OPDs and other actors for people with disabilities.**

Change from OPDs' actions is expected at various levels, but ultimately aims to benefit people with disabilities and their families. However, this is the most difficult outcome for which to collect evidence. The lack of systematic data collection to understand and monitor the impact of OPDs and other actors for diverse people with disabilities is problematic not only from an accountability point of view, but in terms of the ability of actors to improve practices and promote change over time.

FINDING 3: OPDs are not being resourced sufficiently to operate effectively in disaster preparedness and response. This constrains their ability to drive change at multiple levels.

OPDs define themselves as primarily advocates of the rights of people with disabilities. In both country contexts, OPDs are stretching their capacity to play other roles as implementers and technical advisers, with the risk of diverting them away from their original mandate. Each role requires specific skill sets and capacities, and whilst the demand on OPDs has increased, resources and support to enable their contributions and participation remain inadequate.

FINDING 4: Partnership approaches are a critical factor for OPDs' success in their roles.

Equal partnership practices that address attitudinal barriers and support the capacity of OPDs to participate in decision-making are strong enablers of OPDs' engagement and contribution to the disaster risk reduction (DRR) sector and beyond. The present study identified four positive practices in place or in the process of being implemented across Solomon Islands and Vanuatu. These practices were found to support OPDs' meaningful participation and engagement but are adopted by a minority of OPDs' partners, including international NGOs and government actors. They are:

1. Establishment of long-term flexible partnerships

2. Partners having an in-house inclusion specialist or focal point to progress main-streaming

3. Provision of targeted capacity-building and technical support

4. Ensuring inclusive practices and reasonable accommodations when interacting with OPDs.

FINDING 5: OPDs' strategic visions and objectives pave the way forward and invite partners to align their support.

The role of international partners in supporting the capacity and strategic development of OPDs in line with OPDs' own strategic plans is central to localisation (the empowerment of local actors to lead and contribute to development in the long term). The tension between competing priorities – OPDs having to choose between serving their own objectives as advocates and supporting their partners' objectives – can be overcome if these objectives and priorities align. The present study identified the top two priorities for advancing OPDs' work in disaster response and preparedness, and invites other humanitarian actors to consider areas that they would be willing to support in line with OPD's own priorities.

Summary of recommendations provided in the report:

For OPDs	For partners
Define and measure success: Define success against strategic objectives and determine the resources required to support their priorities. This could include positive changes in specific sectors or areas (including DRR).	**Ensure mainstreaming of inclusion practices:** Ensure that in-house technical resources are available (or built over time) to support mainstreaming across programs and coordinate strategic and meaningful engagement with OPDs.
Prioritise strategic partnerships: Review existing partnerships and develop new strategic partnerships that are long-term and directly support organisational strategies.	**Support and adequately resource long term partnerships with OPDs:** Ensure that partnerships with OPDs align with OPDs' own priorities, supporting local actors' leadership and long-term capacity.
Strengthen collection and use of impact data: Work with partners to develop measurement tools that capture outcomes/impact for people with diverse disabilities.	**Strengthen data collection and use of impact data:** Work with partners to develop measurement tools that capture outcomes/impact for people with diverse disabilities.
Socialise role of OPDs: Actively, intentionally and widely socialise the role of OPDs with all stakeholders in disaster management.	**Support participation in decision-making:** Promote systematic engagement of OPDs in all phases of decision-making through 1) timely and appropriate communication, 2) ensuring accessibility of information and events, 3) appropriate resourcing for reasonable accommodations, and 4) facilitating OPDs to participate in relevant forums.

Introduction

Organisations of persons with disabilities (OPDs) can play multifaceted roles in advocating for and supporting people with disabilities, representing their voices and interests, facilitating access to services, and promoting practices and tools that improve inclusion.[3] In the Pacific and elsewhere, OPDs help to ensure that disaster preparedness efforts take account of the rights and needs of people with disabilities.[4] In times of disaster, OPDs can also serve as communication networks and responders.[5]

This work is vital because people with disabilities are disproportionately affected by disasters. **People with disabilities are up to four times more likely to be injured or to die during a disaster**, than people without disabilities;[6] they also face higher risk of property loss.[7] Underlying disadvantage, such as higher risk of poverty, stigmatising attitudes, exclusionary policies and inaccessible built environments further marginalise people with disabilities in disaster preparedness and humanitarian response.[8]

Disaster responses are often designed to provide **standardised solutions** to an affected community **without sufficiently addressing the potential barriers that people with disabilities face**.[9] This is compounded by a lack of dedicated policies and strategies relating to disability inclusion and a lack of representation of people with disabilities and their representative bodies (OPDs, see Box A) in decision-making mechanisms. The Sendai Framework for Disaster Risk Reduction clearly articulates that people with disabilities and OPDs have an active and central role as leaders and agents of change in DRR.[10]

Box A. Organisations of Persons with Disabilities

OPDs are representative organisations that advocate for and promote the rights of people with disabilities. A key element of OPDs is that most staff (at least 51%) must be people with disabilities themselves.[11] OPDs are distinct from service providers, although many of them also provide services. Service providers mainly provide services such as assistive devices or other health and educational services for people with disabilities, and whilst they may advocate for the rights of people with disabilities, they are not self-advocates. Indeed, service providers are not run by people with disabilities, unlike OPDs.[12] While the focus of this report is on OPDs' role in disaster preparedness and response, it is important to recognise that they have a much wider remit.

However, despite a growing focus on the significance of local actors as key stakeholders in DRR, **there has been little exploration of the role of OPDs as local disaster actors alongside government actors, non-governmental organisations (NGOs) and other members of local civil society.** The focus of the Australian Humanitarian Partnership (AHP) Disaster READY program on disability inclusion in disaster preparedness and response in the Pacific offers an opportunity to learn about the issues and solutions advanced as part of the initiative.

About this research

This study was facilitated by organisational partnerships between CBM Global IAG, Humanitarian Advisory Group (HAG), People with Disabilities Solomon Islands (PWDSI) and the Vanuatu Disability Promotion & Advocacy Association (VDPA), as well as individual researchers and consultants. The research was funded partly by the Australian Department of Foreign Affairs and Trade under the Australian Humanitarian Partnership (AHP) Disaster READY program, with extra funding provided by CBM Australia.

The study contributes to the promotion of more effective and inclusive humanitarian strategies and responses through its emphasis on the role of OPDs as crucial local actors. A 2021 literature review of the evidence base on humanitarian localisation highlighted the need for better understanding of the relationship between localised approaches to humanitarian action and increased effectiveness and efficiency of responses.[13] Investigating the impact of various approaches to support and strengthen the role of OPDs and the role of specific 'context enablers' will help to fill this gap. Inclusion continues to be highlighted as a fundamental part of humanitarian response, albeit one in which there are many opportunities to improve.[14] Gaps in knowledge remain and, at a practice level, there is a lack of specific guidance on the involvement of OPDs in preparedness and response as well as guidance for OPDs on ways to best engage and maximise impact.

The study was conducted according to the [Principles and Guidelines for Ethical Research and Evaluation in Development](#). Inclusivity and equity are fundamental to these principles and require sustained consideration in all phases of the research (see Box B). They were supported by risk analysis and mitigation and the application of guidelines for working with people with disabilities, recognising the diversity of disability. CBM Global IAG supported the project's inclusive approach and, in partnership with OPDs, provided disability-inclusive training for the researchers.

❝ **'Disability-inclusive research aims to ensure people with disabilities have the same opportunities as individuals without disabilities to contribute to, participate in, and benefit from development research.'[15]**

Box B. Inclusive research

Tailored guidance exists to ensure research is inclusive of people with disabilities. These practices are applicable in all phases of the research process. They must be tailored to what is appropriate in each social context; disability is an evolving concept and people with disabilities are a diverse group.

Guidance on conducting 'Research for All' identifies key steps for ensuring the ethical involvement of people with disabilities in all four stages of a research project:

- Planning Phase: develop meaningful research partnerships, understand the definition of disability, build team capacity for working with people with disabilities, and budget for inclusive research and reasonable accommodations
- Design Phase: develop disability-inclusive research questions, and identify ethical and inclusive methodologies for including people with disabilities as co-researchers, team members and participants
- Implementation Phase: outline strategies for promoting inclusion within data collection, analysis and capacity-building activities
- Dissemination Phase: outline approaches to ensure research findings and forums are accessible to people with disabilities. This includes acknowledging their lived experience, contributions, and labour through the practice of co-authorship.

PWDSI, VDPA, PDF and CBM provided input into the design of the study's methodology and analysis via dedicated workshops and review of draft documents. The OPDs and CBM also trained the researchers on inclusive research methodologies, providing researchers with a unique opportunity to engage with and hear the experiences of people with disabilities directly, creating deeper understanding and connections with the issues at stake and in context.

'**Reasonable accommodations**' refers to the provision of specific support or modifications, with the aim of overcoming barriers to participation by people with disabilities.[16] A budget line dedicated to reasonable accommodations ensures programs have the flexibility to meet various needs of people with disabilities that may arise at different stages.

Key frameworks include:

- Research for All: Making Research Inclusive of People with Disabilities (2020), developed by CBM Australia, the Pacific Disability Forum (PDF), the Nossal Institute for Global Health, and the Research for Development Impact Network. It provides guidelines for the development, including risk assessment, of inclusive research practices
- Ethical Guidelines for Research and Evaluation in Development (ACFID, 2015), including general ethical principles for conducting research and additional considerations for working with people with disabilities
- Washington Group Question Sets – practical survey tools for collecting data on the prevalence of disability in communities by reviewing six domains of functioning: seeing, hearing, walking, cognition, self-care and communication.
- CBM Australia's internal Guidelines for Ethical Research and Evaluation (2021). These additional guidelines were used in the development of the study.

Research questions

The study sought to answer the following four research questions:

1. In what ways are OPDs being engaged and making a difference as disaster preparedness and response actors in Vanuatu and the Solomon Islands?

2. What factors influenced successful engagement with a variety of OPDs in disaster preparedness and response in both countries?

3. To what extent does the engagement of OPDs in both countries contribute to strengthening localisation?

4. To what extent are differences in engagement with OPDs in Vanuatu and Solomon Islands yielding different outcomes?

Investigation of these research questions led to the identification of five main findings and associated contextual information presented in this report.

Report outline

This report summarises what we learned from comparing practices and experiences in specific sites in the two case study countries. The next section outlines the study methodology, including the selection of the case studies and the methods used for data collection and analysis. After this is a summary of the country contexts and barriers facing people with disabilities. The Findings section presents and discusses the findings, drawing together insights from both countries but also highlighting distinctive areas where relevant. Finding 1 focuses on grasping the role and impact that VDPA and PWDSI have in disaster response and preparedness in both countries. Findings 2 and 3 highlight the main limitations on OPDs' ability to fully play their roles. Findings 4 and 5 focus on the enabling environment, presenting supportive partnership practices and strategic considerations. Recommendations are presented at the end of the report and are addressed to OPDs and their international partners. A conclusion highlights key takeaways from the study and invites the reader to reflect on the way forward.

Methodology

In conducting comparative research on the role of OPDs in preparedness and response for recurring disasters as well as for a large sudden-onset disaster, the study aimed to create insights relevant to a range of scenarios and contexts.

A methodology workshop was held for each of the two focus countries in December 2021. **These workshops allowed the Australia-based research team, in-country researchers, PDF and OPDs to meet to conceptualise the study.** They explored the most valuable potential contribution and focus of the research, refined the scope and approach, and informed the research process – the timing, locations and research tools. Discussions in these workshops highlighted the importance of ensuring proper training of researchers and drew attention to relevant frameworks to guide the research such as the recognised classification of barriers faced by people with disabilities in disaster response and preparedness (see section on barriers).

Choice of Case studies

Several factors influenced the choice of case study countries. The research design required a comparison between OPDs currently playing differing roles or at different stages of engagement. Some other countries originally considered (such as Fiji and Timor-Leste) were eliminated due to the risk of 'interview fatigue', given the large number of studies recently conducted in both places.

Within the case study countries, the research was conducted at national and provincial levels, where OPDs are most active. Precise locations were:

- **VANUATU:** Port Vila and Sanma province
- **SOLOMON ISLANDS:** Honiara and Makira province

The need for emphasis on disaster response was met by a focus of the study on two specific disasters, namely the **2014 flash floods in Solomon Islands** and the **2020 Tropical Cyclone (TC) Harold in Vanuatu**. Disaster preparedness was also addressed via the DFAT-funded Disaster READY program, which served as a reference point for the study.

Methods

The research applied a mixed-methods approach, collecting and analysing both quantitative and qualitative data. Secondary data from a desk review exercise also contributed to the research, reducing the need to collect new data where possible. **See also list of stakeholders in [Annex I](#).**

Research Methods

2	**101**	**19**	**14**	**13**	**1**
methodology workshops	documents reviewed	interviews in Vanuatu	interviews in Solomon Islands	survey responses from partners	analysis workshop

Scope and Limitations

Scope and timeframe: The study focused on specific practices in two countries; care must be taken when applying the findings to other contexts. The timeframe for data collection was constrained to one month in February 2022, coinciding with restrictions due to the COVID-19 pandemic, which limited opportunities for direct observations and face-to-face interviews as originally intended in the research design. Participants' ability to clearly remember the response to past disasters, especially the 2014 floods in Solomon Islands, was also somewhat limited by the length of time since these events happened. These limitations should be considered when interpreting findings.

Representativeness: The number of people with disabilities who participated in this research was small relative to their populations in both countries. Members from two resource teams per country were interviewed; the generalisability of the results beyond these groups and the communities they represent is uncertain, and findings should be interpreted as illustrative rather than representative.

Roughly half of OPDs' DRR partners in each country participated in the survey, providing an uneven representation of the diversity of OPDs partners (i.e., local, international and government partners). These limitations were considered when presenting survey findings.

Gaps in impact measurement: A recent AHP evaluation in the Pacific identified challenges in measuring the impact of interventions for people with disabilities meaningfully.[17] The present study faced similar challenges, relying mostly on secondary data to establish impact at the community level. These challenges are further detailed under finding 2 of this report, and include measuring impact for a diversity of people with disabilities and understanding intersectionality with gender, age and location.

Country contexts

Solomon Islands and Vanuatu are regularly exposed to natural hazards and disasters, which are predicted to become more frequent and intense in a warming climate. Vanuatu is currently the world's most at-risk country for natural hazards, and the Solomon Islands are close behind, ranked the fifth most at-risk country, according to the 2021 World Risk Report.[18]

Country exposure to natural hazards and climate change[19]

VANUATU	SOLOMON ISLANDS
Topography — Appr. 80 islands	**Topography** — Appr. 1,000 islands (350 inhabited)
Threats	**Threats**
Rising sea-levels & costal erosion	Rising sea-levels & costal erosion
Storms — 7 major cyclones in the last 10 years	Storms i.e. cyclones and seasonal floods
14 active volcanoes — eruptions in 2017 and 2018	Earthquake (2016) and tsunami (2007)
	8 active volcanoes — eruptions in 2017 and 2018
Population at risk – 64%	**Population at risk** – 91% 65% of population living within 1 km of the sea

Frequent and intensifying disasters present specific threats and challenges to people with disabilities, who must navigate a range of barriers that affect understandings of their needs and preferences, the appropriateness of DRR and response practices, and the level of support that OPDs can facilitate and provide. **These barriers related to disaster management interact with wider disadvantage affecting people with disabilities, and shape the need to advance the rights of people with disabilities as part of reducing their overall disproportionate risk to disasters**.

Disaster risk and people with disabilities

Social inequalities – such as higher risk of poverty, unemployment, illiteracy, social marginalisation and living in poor housing – increase the disproportionate risk to disasters of people with disabilities.[20] The **intersection of disability with other factors such as gender, age and geographical location also compounds the heightened risk of certain**

groups of people with disabilities in Solomon Islands and Vanuatu.[21] For example, a gender analysis after TC Pam in 2015 in Vanuatu found that women with disabilities were significantly more likely to have their needs unmet than men with disabilities, including access to sanitation, educational opportunities, participation in OPDs, and access to legal assistance.[22] The same assessment also found that only about one third of adult women with disabilities had attended school, compared to two thirds of men with disabilities, a far greater gender disparity than in the overall population.[23] Additionally, a 2022 study by CBM Global IAG found that underrepresented groups, such as people with psychosocial and cognitive disabilities, were more likely to be left behind during disaster processes primarily due to a lack of awareness among stakeholders.[24]

> **"Despite people with disabilities being more likely to have taken their own action to prepare for disasters compared to people without disabilities, they were more likely to be excluded from participation in community DRR activities." –'Our Lessons' Research Report.[25]**

In Solomon Islands, most people with disabilities live in disaster-prone areas, where the lack of accessible adaptation of built environments further heightens their disproportionate risk to disasters and ability to evacuate. These challenges affect a significant proportion of the population (see Box C).

Box C. Disability prevalence in country

11% of Vanuatu's population has a disability,[26] below the global prevalence estimate of 15%.

14% of Solomon Islands' population has a disability,[27] equating to roughly 72,222 people.

In both Solomon Islands and Vanuatu, **systems are in place to support people with disabilities in preparing for, coping with and responding to disasters.** Disability inclusion is a responsibility and commitment of governments and humanitarian agencies (see Box D). As highlighted in a recent United Nations-led review of compliance with the Convention on the Rights of Persons with Disabilities (CRPD) in Pacific Island legislation, **both countries include numerous national and sectoral policies with the aim of promoting disability inclusion and rights of people with disabilities** in line with international principles.[28] This is particularly true in Vanuatu, which was the first Pacific Island state to ratify the CRPD in 2008. The Vanuatu Climate Change and Disaster Risk Reduction Policy 2016–2030 highlights the need to ensure the perspectives, needs and capacities of different groups of people in Vanuatu – including women, youth, the elderly, people with disabilities and remote communities – are represented in planning and implementation of DRR.[29] It recognises that accessible information, such as the use of multiple media to communicate early warnings, is central to ensuring access to DRR services by various community groups. In the Solomon Islands, the 2018 National Disaster Management Plan refers to people with disabilities as a priority group to support via DRR and protection activities.[30]

> ## Box D. Inclusion in Disaster READY
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> The **Disaster READY** initiative is a five-year, $50 million program across four countries in the Pacific (Papua New Guinea, Fiji, Solomon Islands, Vanuatu) and Timor-Leste.[31] It is led by the AHP, a consortium of six Australian NGOs, and funded by DFAT. Established in 2018, Disaster READY aims to support local communities and organisations to prepare for, respond to, and recover from the impact of disasters.[32] The program is currently being re-designed, entering its second phase of implementation.
>
> Disability inclusion has been **a cross-cutting theme** of the first phase of Disaster READY, along with gender equality and social inclusion. A funding mechanism called **Shared Services** has been established to support the development of these themes, representing approximately AUD25–35,000 per country per year, and is managed by Country Coordination Committees under the AHP.[33]
>
> While most NGOs have in-house gender and child protection expertise, Shared Services allowed for the resourcing of **one DRR officer** position under each OPD partner in Vanuatu, the Solomon Islands, Fiji and Timor-Leste.[34] The rationale for these positions is to facilitate AHP partners' access to local technical assistance and capacity development on disability inclusion, while the actual implementation of disability-inclusive activities remains the responsibility of AHP partners.
>
> In parallel to share services, Disaster Ready has been providing **technical support** to OPDs in 5 countries via disability expert organisations CBM Australia and PDF.

Organisations of persons with disabilities support these systems, not only advocating for the rights of people with disabilities, but assisting governments, NGOs, and service providers with implementation. **OPDs can help stakeholders build in-house capacity through disability-inclusive technical advice, guidance and training.** In Vanuatu, VDPA is the main national OPD, but provincial OPDs exist, as well as a network of service providers including the Vanuatu Society for Persons with Disabilities (VSPD), the Vanuatu Paralympic Committee, and a parents and caregivers association. In Solomon Islands, PWDSI is the main OPD, working closely with the Solomon Islands Deaf Association and Blind Association. Both VDPA and PWDSI are connected to provincial and community-based OPDs, which together form a network of people with diverse disabilities with the aim of increasing the representation of the perspectives and priorities of people with disabilities in planning, implementation and monitoring activities, and in decision-making forums.

Despite their commitments, **governments and other humanitarian actors have small budget allocations and human resources dedicated to advancing disability inclusion. T**ailored support during disasters, and funding for preparedness has often been **insufficient**.[35]

This is visible in the two responses analysed in this study, as outlined below:

- The **2014 flash flooding across the Solomon Islands** followed more than 700 mm of rain over four days.[36] Twenty-two people lost their lives, and a further 11,000 were displaced; approximately 52,000 people were affected.[37]Interviews after the

floods revealed that many people with disabilities, particularly elderly people with mobility impairments, were left behind – 'alone and forgotten' – when communities evacuated.[38]

- In **2020, Tropical Cyclone Harold (TC Harold)** affected more than 159,000 people in Vanuatu. The worst hit areas were in the northern islands, including the main town of Luganville on Espiritu Santo.[39] In the same year, the COVID-19 pandemic began; the combined impact of disasters and disease outbreak increased the risk of women, young girls and boys, and people with disabilities.[40] In the aftermath of TC Harold, people with disabilities found themselves at particularly high risk, cut off from their support networks due to extended strict restrictions on movement and isolation during the response to COVID-19.[41]

Barriers faced by people with disabilities

The CRPD describes 'disability' as resulting from "**the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others**".[42] In the context of disaster preparedness and response, people with disabilities can face multiple types of barriers. These are described below, with examples of how they shape experiences of people with disabilities in Vanuatu and the Solomon Islands.

Policy and institutional barriers: discriminatory laws, regulations, policies and strategies that systematically discriminate or disadvantage certain groups of people. This also refers to standardised practices of humanitarian actors.

VANUATU EXAMPLES

- In 2020, people with disabilities were represented on just one national and two sub-national disaster preparedness committees.[43]
- The situation and needs of people with disabilities are generally not captured in formal mainstream assessments led by the National Disaster Management Office (NDMO).[44]

SOLOMON ISLANDS EXAMPLES

- Despite being a signatory member since 2008, the Solomon Islands government is yet to ratify the CRPD.[45]
- Disaster committees lack adequate representation of people with disabilities, and indicators suggest NGOs are falling behind on their commitments to this.[46]

Physical and environmental barriers: barriers in the environment due to the design of infrastructure or features of the natural environment.

VANUATU EXAMPLE

- The Public Works Department Building Code does not adhere to the accessibility requirements of universal design, leading to inadequacies in evacuation centres.[47]

SOLOMON ISLANDS EXAMPLES

- As of 2020, there were no evacuation centres that were accessible or met the minimum universal design standards for people with disabilities.[48]
- During evacuations in 2017, people with disabilities were asked to leave their wheelchairs and assistive devices behind, often with no replacement devices at their destination.[49]

Attitudinal barriers: stigma and discrimination based upon misconceived understandings of disability.

VANUATU EXAMPLES

- Evacuation centre staff have little or no understanding of disability, further stigmatising, excluding and discriminating against people with disabilities trying to seek safety during disasters.[50]
- Information from disability advocacy groups indicates that attitudinal barriers continue to constitute the biggest obstacles faced by people with disabilities in Vanuatu.[51]

SOLOMON ISLANDS EXAMPLES

- The stigma and negative connotation of disability in the Solomon Islands contributes to the exclusion of people with disabilities from DRR activities.[52]

Information & communication barriers: experienced by people who have disabilities that affect hearing, speaking, information processing, reading, writing, and/or cognitive functioning, and require specific methods to communicate and access information equally.

VANUATU EXAMPLES

- Reports from OPD networks stress that people with disabilities living in remote areas continue to remain out of reach from these networks and their efforts to relay information.

SOLOMON ISLANDS EXAMPLES

- Most community disaster plans are still not being presented in accessible formats for people with disabilities.

Findings

FINDING 1: OPDs in Vanuatu and Solomon Islands are engaged and making a difference as self-advocates, technical advisors, and implementers

VDPA and PWDSI are working to overcome the multiple barriers people with disabilities face in disaster response, and make a difference in three main capacities, namely as:

Self-advocates: representing the perspectives and priorities of people with disabilities, defending their rights to access humanitarian assistance and have their requirements met. This is traditionally the main role of OPDs, which has often arisen from the need for stronger representation of the voice of people with disabilities in decision-making. In this study, we focus on self-advocacy in the DRR context.

Technical advisors: providing technical expertise on applying inclusive practices and developing inclusive tools within DRR.

Implementers or mobilisers: providing assistance directly to communities and people with disabilities.

The engagement of OPDs across the three roles outlined above is visible from the diversity of their interactions with their partners, which was captured in a survey of 13 OPD partners across both countries.

SURVEY QUESTION: Why does your organisation interact with PWDSI / VDPA, the national OPD?

To gather views from people with disabilities
5/13

To ask technical advice
11/13

For joint advocacy work
7/13

For joint project management and reporting
5/13

To improve my organisation's staff capacity
7/13

For referral purposes
7/13

To coordinate action
9/13

In practice, the classification of various actions across the three roles is sometimes blurred, because certain activities can serve multiple roles. For example, VDPA's data collection activities have been benefiting all three roles, supporting the demonstration of gaps in the response (advocate), facilitating referrals of people with disabilities (implementer), and informing trainings on barriers to inclusion (technical advisor).

All three roles contribute to overcoming barriers for people with disabilities at various levels, including institutional, environmental, attitudinal and information barriers. Yet **not all OPDs play all three roles, especially given the specific skill sets and capacities needed to carry them out**. Whilst the first two roles are reflected in OPDs' strategic plans, the role of implementers appears to be more ad hoc, with OPDs identifying gaps, seizing opportunities to fill these gaps and responding to requests from partners.

These roles are unpacked further below, accompanied by evidence of impact from both countries.

🔊 Self-advocates

OVERALL: In both Vanuatu and Solomon Islands, self-advocacy is the primary objective of OPDs. To perform this role, VDPA and PWDSI have adopted slightly different approaches: **in Vanuatu, prioritising the set-up of networks of people with disabilities across the country, and in Solomon Islands, advocating with government authorities.** The comparison between contexts highlights some key requirements for making a difference via self-advocacy, including securing access and strategic partnerships to allow effective lobbying of decision-makers and developing a strong base and networks to channel voices from a diversity of people with disabilities.

IN VANUATU, VDPA's partners recognise VDPA as the national OPD, and understand VDPA's primary role and function as an advocacy agency that promotes the rights of people with disabilities, in accordance with the CRPD.[53] Networks of people with disabilities and grassroot OPDs in every province of the country, including a few women with disabilities groups, provide VDPA with a strong base for channelling and representing the perspectives and priorities of a variety of people with disabilities. In terms of engagement with government actors, several partners identified VDPA as a key contributor to the National Disability-Inclusive Development Policy (2018–2025), which commits to mainstreaming the rights of people with disabilities in several priority sectors, including DRR.

During the TC Harold response, VDPA's participation in the protection cluster was reported to have contributed to the prioritisation of people with disabilities in the delivery of relief items. This is a significant achievement in meeting the immediate needs of people with disabilities and their ability to recover.

Since the TC Harold response, the maintenance of active networks by VDPA has been reported as being more challenging, especially in the absence of stable resources to ensure continuous reach and activity of provincial and community-based OPDs in the most remote areas of the country. As emphasised in interviews for this study, VDPA knows that there are people with disabilities who remain excluded from preparedness and response efforts and that their identification and referral must be continued.

❞ "VDPA has advocacy skills that strengthen the role of humanitarian actors both [via their] community advocacy and national advocacy. They help humanitarian actors [reflect on] their failures and understand how to best address [inclusion] in various situations." -VDPA partner survey

IN SOLOMON ISLANDS, PWDSI acts as the national OPD representing the voice of a variety of people with disabilities, notably via its affiliates such as the Solomon Islands Deaf Association and the Solomon Islands Blind and Visionary Impaired Association, as well as its connections with self-help groups and resource teams (networks of people with disabilities established under Disaster READY) in five of the nine provinces. **PWDSI is well known for its advocacy for the government to ratify the CRPD**. Whilst its lobbying efforts with the Ministry of Health and Medical Services and Ministry of Home Affairs, both focal ministries for disability, have not yet led to ratification, all government partners interviewed demonstrated understanding of barriers faced by people with disabilities and recognised the benefits of the work of PWDSI in raising awareness of the issue.

Another area of PWDSI's advocacy is inclusive communication. One member of the resource team interviewed remembered watching people fleeing past his house during the 2014 flash flood without being able to understand the reason for such movements or whether he should be joining in. To address such situations, **PWDSI, in coordination with the Solomon Islands Deaf Association, has advocated for greater use of sign language in disaster preparedness and response activities,** leading to the development of disaster early warning messages and all news on the COVID-19 pandemic being shared in sign language.

Technical Advisors

OVERALL: OPDs' role in providing technical expertise has been particularly advanced by the AHP Disaster READY Program encouraging AHP agencies to regularly consult and engage with OPDs to inform the design of their activities and training of staff on inclusion practices. **A large majority of partners surveyed in both countries reported their interactions with PWDSI and VDPA had benefits for their organisations**. Whilst both OPDs have provided technical support to AHP partners on various occasions, this was more systematic in Solomon Islands, where a DRR officer role was more consistently filled since 2019.

SURVEY QUESTION: To what extent have interactions with PWDSI/VDPA benefited your organisation?

Significant benefits to my organisation	6
Some benefits to my organisation	5
Little benefits to my organisation	2
No benefit at all	0

IN VANUATU: VDPA has been providing AHP partners and government staff with training on the use of the Washington Group Short Set of Questions as well as on the identification and removal of barriers to inclusion. However, VDPA's staff reported not knowing the outcomes of these trainings and the extent to which agencies trained have adopted tools for greater inclusion in their programming as a result.
The DRR officer position within VDPA was also vacant for a year, limiting somewhat the capacity of the OPD to build in-house disaster-specific technical skills and develop partnerships. **Most partners interviewed praised VDPA's capacity to raise awareness and address stigma and attitudinal barriers** within both the humanitarian sector and at the community level.

IN SOLOMON ISLANDS: There are several examples of PWDSI's inputs in AHP partners' preparedness activities, such as PWDSI's DRR officer's contributions to disaster management plans for schools and communities. PWDSI's DRR officer has been accompanying AHP partners to various communities and schools across the Solomon Islands to take part in simulation exercises, and subsequently providing feedback to AHP partners on issues such as accessibility during evacuations. **Partners interviewed appreciated PWDSI's technical support and cited improved accessibility of evacuation centres as a key result of this engagement.**

Partners surveyed also identified **PWDSI's strengths in seeking to change the attitudes and behaviours of humanitarian actors.** For example, a training on disability inclusion to all AHP agencies in March 2022 (co-facilitated by PWDSI and CBM Global IAG) **demonstrated PWDSI's technical capacity to deliver powerful messages.** Feedback from participants was particularly positive, and whilst it is too early to demonstrate change in practices, some trainees have been reaching out to PWDSI to explore opportunities to further work together.

> **"PWDSI brings a lot of expertise for disability-inclusive disaster response. The challenges are accessibility and evacuation centres (i.e., school halls), and access to facilities. PWDSI is able to support people to effectively access the evacuation centres." -PWDSI NGO partner**

Implementers or Mobilizers

OVERALL: In contexts where services for people with disabilities are stretched, **OPDs tend to step in as service providers, responding to the demands and needs of their community.** During a response, OPDs' networks are a resource that can be leveraged to reach out to people with disabilities. However, this role has implications in terms of capacity (such as logistical strength and range of relevant skills, given that OPDs are not primarily emergency response organisations) and can affect their independence to advocate for increasing quality of service delivery.

In Vanuatu and Solomon Islands, OPDs have been delivering services on an ad hoc basis, including as part of the delivery of Disaster READY program activities. **The ability of VDPA's networks to mobilise was demonstrated during the TC Harold response in Vanuatu. In Solomon Islands, PWDSI's DRR officer has been** particularly active in the delivery of preparedness activities, **going beyond her primary mandate as an advisor on lived experience of disabilities for AHP partners.**

IN VANUATU: **Despite being affected by TC Harold themselves,**[54] **VDPA staff were involved in the response, first by mobilising VDPA's networks to identify people with disabilities and needs, then coordinating and delivering parts of the response to people with disabilities.** Notably, VDPA in collaboration with the Vanuatu Society for people with disability (VSPD), co-led a data validation activity identifying people with disabilities in affected provinces. VDPA then supported the delivery of **assistance** to people with disabilities by sharing information, such as how to access cash assistance, facilitating referrals, co-leading small-scale distribution of dignity and hygiene kits to people with disabilities (together with service provider VSPD) and facilitating access to monthly cash assistance by providing transport for six months post-cyclone. VDPA **led the first disability sub-cluster meeting**, attended by another four local organisations, to assess resources available and ensure the coordination of efforts to support recovery for people with disabilities.[55] **There is evidence that the collection of such information, as well as VDPA's contributions to the response, have contributed to the relatively large reach of people with disabilities under the AHP response**- including report of nearly 9% of people reached identified as having a disability.[56]

Government partners interviewed complimented the skills and contribution of VDPA in establishing referral networks for people with disabilities during the response. One NGO partner reported that **access to cash assistance helped to reduce stigma and discrimination against people with disabilities** because they became more visible through this scheme, but systematic evidence was not collected.

> **'Because of the right help and support many people with disabilities came out and went to VDPA to get registered [to access the] cash transfer response. This broke down a lot of stigma and discrimination towards people with disabilities.' -VDPA ANGO partner**

IN SOLOMON ISLANDS: **During the 2014 flash floods, PWDSI supported access to information, broadcasting messages through the Solomon Islands Broadcasting Corporation, to alert people to move to higher ground.** Their role in facilitating referrals for people to access services was also cited multiple times by partners, but there is **no information on how many people were referred** or the outcomes of these referrals. In fact, PWDSI staff expressed frustration with the delays for people with disabilities to access assistive devices from government health services at the time, highlighting that their impact is dependent on other actors playing their part.

The PWDSI DRR officer has also been involved in AHP partners' preparedness activities, delivering training to community disaster committees, joining exercises for the identification of people with disabilities and supporting the development of community disaster management and evacuation plans **beyond the advisory input focus of her job description.**

Because of their composition, mandate, establishment and multiple engagements as advocates, technical advisors and implementers, **OPDs in Solomon Islands and Vanuatu are making a difference via tackling several barriers to inclusion for people with disabilities.** Whilst it is evident that OPDs are in a unique position to contribute through their networks, expertise and identity as self-advocates, there remain several challenges to measuring and maximising their impact, explored below in findings 2 and 3.

FINDING 2: Lack of systematic data collection hampers measurement of the impact of OPDs and other actors for people with disabilities.

Change from OPDs' actions is expected at various levels, but ultimately aims to benefit people with disabilities and their families. However, collecting evidence about this, across all three roles of OPDs, is very difficult.[57] **The lack of systematic data collection to enable understanding and monitoring of the impact of OPDs and other actors for a diversity of people with disabilities limits evaluation of their roles and the ability to improve practices over time.**

Similarly, there was a lack of data enabling this study to determine the impact of the work of OPDs, all the way through to direct improvements in the preparedness and recovery of people with disabilities facing disasters. **It is our hope that outlining these gaps will contribute to them being addressed eventually.**

Collection, retention, and analysis of data is essential for accountability, demonstrating positive outcomes and understanding how change occurs. It is also essential for actors to adjust and improve practices to maximise impact over time. The absence of these practices presents a challenge to OPDs' ability to promote change.

Lack of disaggregated data and analysis to reveal the experiences of diverse people

Currently, **monitoring and evaluation (M&E) practices in the case study countries do not account for the specific and diverse experiences of people with disabilities.** This was identified in the 2020 AHP Disaster READY evaluation, which identified challenges in being able to measure impact of interventions for people with disabilities meaningfully, including inconsistent collection of disaggregated data across partners.[58]

Both OPDs are well aware of this limitation and have developed trainings for various humanitarian actors on the use of the Washington Group Short Set. This is expected to facilitate the identification of a diversity of people with disabilities, and when incorporated into other M&E tools has the potential to capture and reflect their experiences, including highlighting which groups might continuously be excluded from a response. With improved data collection, agencies will need the ability to analyse the information with a disability-sensitive approach, likely requiring the technical support of OPDs for the development of relevant knowledge and skills.

Lack of partner reports at outcome level

Reporting at outcome level is a common challenge in the humanitarian sector, where programs are often limited to the short to medium term[59]. In particular, the collection of **qualitative data to demonstrate how change happens over time is neglected.** The role of pre-post studies and project evaluations to fill such gaps is therefore essential to generate greater understanding of the impact of various practices. **Measurements to understand the extent to which people are aware, able and willing** to follow recommended safety steps in the event of a disaster would be valuable for demonstrating the impact of preparedness activities for people with disabilities.

For example, this study was unable to access data on the outcomes of cash assistance for people with disabilities after TC Harold in Vanuatu and the extent to which this assistance

effectively supported their recovery. It was also unable to find any assessment of the extent to which simulation exercises and improvements to evacuation centres in Solomon Islands might be resulting in people with disabilities being able and willing to access them in the event of a disaster. This highlights **gaps in partner organisations' monitoring and evaluation systems to effectively track and measure disability inclusion efforts**.

Lack of research on the implementation of policies and how they affect people with disabilities

Similarly, to the point above, **the impact of OPDs' efforts to influence policy is difficult to measure in the absence of data** on the extent to which policies are being implemented and resulting in positive outcomes for people with disabilities.[60] Useful analyses would include a comprehensive review of government measures and resources in place to implement principles of inclusion and non-discrimination, as well as the extent to which these measures result in the meaningful participation of people with disabilities in decision-making and the consideration of their needs in state-led DRR initiatives.

Lack of OPDs' M&E systems to track and progress organisational objectives

Whilst both OPDs have defined strategic objectives for their organisations, **the absence of in-house M&E systems and capacity has limited their ability to track the outputs and outcomes of their work.** While recognising there are limits to what OPDs can or should be responsible for producing, greater definition and tracking of priority indicators for the organisations, and/or at the sector level, could support OPDs' overall strategies, as well as enable them to hold various partners and actors accountable for the uptake of inclusion practices and demonstrate impact for people with disabilities. Partners can also support this by ensuring greater communication and transparency on commonly achieved results as part of their partnerships with OPDs.

Lack of records of minutes and actions from protection cluster meetings

Whilst OPDs have been particularly active in coordination of protection clusters during disaster response, the **lack of minutes and key outcomes from meetings means that years later, it is hard to collect evidence of specific outcomes from these coordination efforts**. It is common for cluster minutes to be made public, yet the picture remains only partial. For example, minutes from the Vanuatu shelter cluster were accessed for this study; they show that the theme of inclusion of people with disabilities was absent from discussions during the TC Harold response, and that VDPA did not attend this cluster.[61] Analysis of other critical cluster minutes could have highlighted the impact of OPDs' participation in such coordination mechanisms, were these minutes available.

OVERALL: These challenges and gaps in monitoring and evaluation systems to enable the collection of and access to important data does not mean that OPDs are not playing an important role but **may undermine their ability to demonstrate their contribution** and thus secure further resources and support. **Shared prioritisation across stakeholders to enhance data collection can elevate the role of OPDs and the ability to meaningfully determine impact and gaps for people living with disabilities with respect to DRR.**

FINDING 3: OPDs are not being resourced sufficiently to operate effectively in disaster preparedness and response. This constrains their ability to drive change at multiple levels.

Applying a localisation lens highlighted several challenges for OPDs to fulfill the role they have set for their organisation and in response to an increased demand from partners. Overall, **OPDs lack the funding and capacity to meet both their own objectives and the needs of AHP partners**, limiting their overall effectiveness. This **constrains their ability to drive change** at multiple levels.

The comparison between Vanuatu and Solomon Islands also shows **a tension between the OPDs' primary roles as advocates and their roles in fulfilling their international partners' priorities**. In Vanuatu, structural challenges have limited VDPA's organisational capacity and provision of technical services to AHP partners, leading to weaker relationships with most AHP agencies. In contrast, in Solomon Islands, PWDSI's DRR officer has dedicated most of her time to supporting the implementation of AHP activities, building stronger relationships with AHP partners, however limiting her capacity to contribute to PWDSI's strategic objectives more broadly.

" **"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."**[62]–An Evaluation of Disability Inclusion in the Disaster READY Program, 2021.

IN VANUATU: VDPA faces several structural challenges to developing its organisational capacity. These include finding qualified staff, which is a challenge in contexts where people with disabilities continue to be disadvantaged in accessing education,[63] and local organisations are generally less attractive and cannot afford experienced staff. One DRR officer is funded by the Disaster READY program, but this position remained vacant for a year, increasing the workload and reliance on the National Coordinator to act as technical adviser.[64] The ability to train, retain and support the needs of staff with a disability to perform in the workplace also requires a minimum of funding security for organisational running costs. Currently the position of VDPA's National Coordinator itself is only secured quarterly, creating uncertainty about her capacity to lead activities from one year to the next.[65] Such challenges are likely to contribute to a few partners expressing concerns with the fact that VDPA relies heavily on its head management to approve and lead activities, creating delays.[66]

VDPA's capacity to carry out priority activities is also limited by the size and financial resources of the organisation, including a total of eight paid staff. VDPA relies on volunteers to run networks of OPDs throughout the country, and whilst this can be seen as a strength, VDPA staff and volunteers reported insufficient funding and capacity-building support to volunteers to be able to conduct various activities and reach out to people with disabilities in more remote parts of the country.[67] This is particularly striking given that studies in other contexts have highlighted the cost-effectiveness and the benefits such networks can bring, increasing people with disabilities' overall well-

being, connectivity and access to services.[68] Limited organisational capacity has pushed some actors to prefer funding a service provider, VSPD, due to its stronger operational systems and capacity, and which in several instances sub-contracted VDPA for specific activities. However, such practices were reported to ignore the very different role VDPA plays as an OPD and to prevent the formation of meaningful partnerships and limit engagement with VDPA.

> "Funding is important for transportation and to run a meeting. We should have an annual project fund to help us in our daily activities. [Local OPDs] should be trained on report writing and other important skills [to help us] report back to VDPA on how we've used the fund." -Local OPD representative in Vanuatu

Finally, with most of its staff (7 of 8) based in the Santo province and only the DRR officer recently based in the capital, Port Vila (hosted by VSPD), the capacity of VDPA to engage with multiple actors at the central level and attend multiple clusters has been low.

IN SOLOMON ISLANDS: PWDSI's capacity has increased significantly in recent years, partly thanks to support from AHP partners for a DRR officer position since 2019, and the securing of other funding sources. Two additional staff are in the process of being hired, bringing the total number of paid staff to 11 in 2022. **This increase in staff, as well as their specialisation, including a DRR officer and a Gender officer, are positive strategies to adjust to the increase in demand from multiple partners.** Overall, partners spoke very highly of PWDSI, demonstrating strong relationships and recognition of the organisation, also facilitated by the time dedication of maintaining such relationships by the DRR officer. One challenge has been to ensure the DRR officer position would serve both AHP partners' priorities and PWDSI's strategic goals. In fact, it was originally planned for AHP to fund two staff at 50% capacity to better allow for a dual function and transfer of capacity to the organisation. However, due to a lack of qualified candidates, only one position was funded at 100% to provide technical support to the Disaster READY Program.[69]

Whilst the role is defined primarily as a technical resource for AHP partners, **partners continue to rely on PWDSI to lead the implementation of most inclusion activities.**[70] This is problematic, not only from the perspective of the OPDs' capacity to pursue its role as an advocate, but also due to the **risk to discharge AHP partners from their own responsibilities to advance and mainstream disability inclusion** as part of their programming. The 2020 Disaster READY Progress Report notes that of 22,470 people reached, **just 1.1% of the beneficiaries were people with disabilities**,[71] despite a population prevalence estimate of 14%. These results are far from satisfactory, and it is the responsibility of all actors, not just OPDs, to advance inclusion.

Finally, whilst PWDSI has been able to communicate to partners the need to support its staff with reasonable accommodations for their engagement in activities (e.g., covering cost of carers to accompany staff with a disability to the field),[72] other **running costs to**

maintain a functional workplace with the necessary access and IT material have been difficult to cover. As part of this study, PWDSI staff had to use the office space of one AHP partner to ensure connectivity to join an online workshop, illustrating the material challenges facing smaller organisations.

> "Although NGOs include PWDSI on preparedness and response, NGOs are **leaning on PWDSI to lead** their disability inclusion work." -PWDSI international partner

OVERALL: **Expectations from partners continue to exceed OPDs' capacity to meet all priorities**. This was confirmed in the survey of partners: several partners suggested activities OPDs should be doing, including the development of community disaster management plans, participation in an increased number of clusters, and monitoring of implementation of policies. These suggestions ignore the shared responsibility of various actors to advance inclusion of people with disabilities.

Whilst the increased recognition of OPDs' capacity to lead and participate in disaster preparedness and response is positive, this must be accompanied by adequate support for OPDs to fulfill their role. In the case of Disaster READY, it appears **the financing of one OPD DRR officer per country cannot ensure mainstreaming of inclusion in the response.**[73] This is without accounting for capacity-building requirements of OPD staff to perform their roles, via adequate training, continual staff support, and access to reasonable accommodations to help with barriers to the workplace.

While the above challenges are not new[74] and were acknowledged by both partners and OPDs, participants in the study also identified 'enablers' or positive practices in place, or in the process of being implemented, to better support the role of OPDs. These practices are presented in the next section, and it is hoped they will be adopted more broadly.

FINDING 4: Partnership approaches are a critical factor for OPDs' success in their roles.

Partnership approaches are a critical factor for OPDs' success – perhaps more so than for other local actors. **Equal partnership practices that lower attitudinal barriers and support the capacity of OPDs to participate in decision-making are strong enablers of maximising OPDs' engagement and contribution to the DRR sector.**

Despite the increased demands and expectations from partners, **OPDs and several partners reported that OPDs continue to be insufficiently involved in decision-making processes**. OPDs demanded greater inclusion in AHP partners' planning and evaluation processes. The present study identified four positive practices in place or in the process of being implemented across Solomon Islands and Vanuatu, with the potential to support OPDs' meaningful participation.

> **"A person with disabilities and their caretaker should be included in the writing of project plans. These two people know exactly what a person with disabilities needs. [Humanitarian actors] should ask them to talk and [they] should listen and take note of what is being said." -Local OPD representative in Vanuatu**

Establishment of long-term flexible partnerships

In 2017, the Grand Bargain called for 'organizations and donors to increase and support multi-year investment in the institutional capacities of local and national responders, including preparedness, response and coordination capacities'.[75] Whilst more and more agencies are adhering to the principles of the Grand Bargain, changes in practices are slow to materialise. Nonetheless, positive examples were captured as part of this study and should be encouraged, given their potential to support local OPDs' long-term capacity and participation.

In Vanuatu, continuous partnership (under the form of renewed annual partnership agreements) between VDPA and Oxfam has led to institutional support being provided, as well as secured systematic inputs from the DRR officer into various stages of Oxfam's programming.[76] Oxfam reported lobbying for other AHP organisations to reach out and ensure technical input from the new DRR officer at VDPA, and is thereby leading the way in building confidence in the OPD's capacity. This is a very different dynamic from other partners channeling indirect support from VDPA via a formal partnership with VSPD, however remains project focused (as opposed to long-term partnership practices).

In Solomon Islands, PWDSI's recent securing of **multi-year flexible funding** from the European Union is also expected to support overall organisational costs as well as support its advocacy role, continuing activities to promote the ratification of the CRPD.

> **"To have a successful engagement with an organisation partner, we should be included in their plans and activities in order to inform them on how to reach people with disabilities. [However] humanitarian organisations can only include VDPA in their activities until the end of their projects. It is therefore better for VDPA to have its own fund so that it can go on with the programs and activities to focus on the people with disabilities." -VDPA staff**

A localisation study in Vanuatu also identified several positive partnership practices that would be worth considering for engaging with OPDs, such as the use of umbrella partnership agreements to minimise reporting, the framing of agreements by ethical partnership principles, and securing core funding. An example of good practice is a partnership guideline as a complement to an international–national agreement. Such a guideline can inform the way partners work together through key principles such as mutual respect and trust, adaptability, transparency and accountability.[77]

Stability in partnership and established long-term partnership beyond the timeframe of specific funding cycles are also found to make a key difference for local actors in the Pacific. A recent localisation review of Care programs in the Pacific stressed the need to dedicate specific resources as well as create a dedicated staff position capable of retaining and nurturing such partnerships.[78] This finding is particularly relevant to the context of OPDs that have to overcome attitudinal barriers in addition to other challenges common to those local actors face. Face-to-face interactions were also reported as being more effective in developing such partnerships and overcoming communication barriers.[79]

Partners having an in-house inclusion specialist or focal point

Recognising that **mainstreaming of inclusion is a shared responsibility** rather than the sole responsibility of OPDs is the first step for greater engagement from OPDs and maximising outcomes from this engagement. Partners that have demonstrated the capacity to dedicate resources to mainstreaming inclusion internally are naturally more receptive and likely to include OPDs in decision-making, as well as more able to pursue change in practices internally with reduced level of reliance on OPDs to implement activities.

This was visible in Solomon Islands, where a strong relationship between PWDSI and the NDMO was facilitated by the dedication of a staff member as the main focal point for engagement with PWDSI. This relationship was also reported to have contributed to the inclusion of PWDSI in the NDMO-led National Protection Committee, providing a unique opportunity for PWDSI to advocate for greater inclusion in government-led response and preparedness activities and policies.

In the case of AHP partners, **the 2021 AHP evaluation called for Australian NGOs to build up and preserve their internal disability expertise instead of only relying on OPDs as disability experts.** Whilst few partners retain such expertise, the identification of focal points for engagement with OPDs, such as gender advisers, appears to be contributing to stronger partnerships; this is the case for the main partners engaging with OPDs in each country.

Provision of targeted capacity-building and technical support

The provision of **organisational capacity support and targeted technical support improves OPDs' ability to grow into their role and overcome the barriers to access to education and access to funding** faced by people with disabilities. PDF's lead on the development of a Pacific Disability Inclusive Preparedness for Response Strategy in 2017 was instrumental in securing AHP funding for one DRR officer per country by identifying the need for proper resourcing in anticipation of the roll-out of the Disaster READY program. The strategy, which identifies six key change areas for preparedness and response in the Pacific, has served as a guide for OPDs' action in the sector and is still relevant in many aspects today.[80]

PWDSI's experience is an example of success, in which several partners played a role by supporting the organisation's development over the years. In contrast, VDPA's weaker organisational capacity and turnover of staff has limited the organisation's ability to retain and access necessary support.
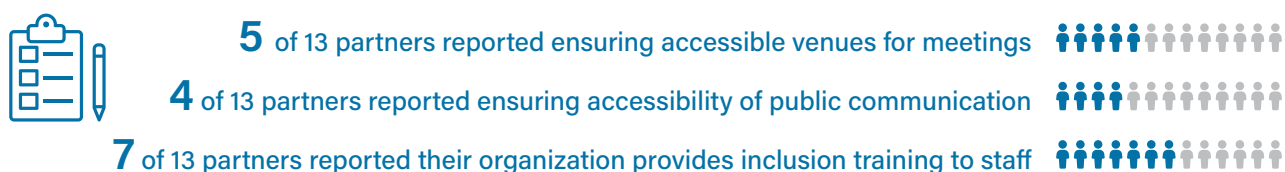
PDF and CBM's technical capacity support was found to have equipped OPDs with tools and regional strategies to deliver quality work.[81] CBM's support in the design and delivery of training by OPDs is one example of this, ensuring the tools are accessible and remain with OPD members to use and modify for several purposes. Additional support from CBM and PDF during a field visit in 2019 led to the development of an engagement plan for the PWDSI DRR officer to provide technical support to AHP partners under the Disaster READY program.[82] This support and plan were reported as helpful in guiding PWDSI's engagement with AHP partners in 2020, but there have been few opportunities for CBM and PDF to support the review or adjustment of this plan, or the development of new plans for engagement. This highlights the ongoing need for continuous support, because OPDs also accompany their partners' needs in a changing context.

> "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." -2021 Evaluation of Disability Inclusion in the Disaster READY program.

Ensuring inclusive practices when interacting with OPDs

Being composed mostly of people with disabilities, **OPDs' staff face barriers in the workplace that partners can alleviate by incorporating basic inclusion practices into their engagement with OPDs** (and ideally beyond, as disabilities may not be visible, and affect an estimated 15% of the population). When asked what inclusion practices were in place to engage with OPDs, survey responses showed few actions (see figure below). One partner interviewed in Solomon Islands also reported being aware of the need to provide for a carer to accompany PWDSI staff to the field, however this was raised as a challenge given budgets weren't made to accommodate this need.

SURVEY QUESTION: what does your organization do to support OPDs engagement?

5 of 13 partners reported ensuring accessible venues for meetings

4 of 13 partners reported ensuring accessibility of public communication

7 of 13 partners reported their organization provides inclusion training to staff

Needs for engagement can be diverse, from transportation to sign language interpretation. In order to be prepared to respond to this variety of needs, it is best practice to **systematically ask individuals what could be done to facilitate their participation**, as well as **include a budget line for the provision of reasonable accommodations**.

While enabling partnership practices are essential, they must be founded on recognition that **OPDs have priorities that are independent of these partnerships – and that partners are in a position to support these priorities too.** These priorities are discussed in the next Finding 5 section.

FINDING 5: OPDs' strategic visions and objectives pave the way forward and invite partners to align their support

The role of international partners in **supporting the capacity and strategic development of OPDs in line with OPD's own strategic plans is central to localisation** (the empowerment of local actors to lead and contribute to development in the long term). The push for inclusion practices in DRR in the Pacific is visible in the Sendai framework and DFAT's prioritisation of disability inclusion in its aid policies and as a major donor in the sector.[83] This has led to an increased demand on OPDs to participate in multiple actors' programming, which can distract them from pursuing their own agendas.

OPDs' strategic objectives

In Vanuatu and Solomon Islands, **OPDs have developed strategies to guide the direction of their organisations as a whole.** These strategies include three (PWDSI) and four (VDPA) strategic objectives or key result areas (see Box E). PWDSI's strategic plan 2020–25 also identifies key activities and expected outcomes under each objective, demonstrating their focus on promoting the rights of people with disabilities in general, as well as specifically in the education and health sectors. These should be recognised as important to the DRR sector, because progress in these areas will strengthen support for people with disabilities when preparing for or responding to disasters.

Box E. OPDS' STRATEGIC OBJECTIVES

VANUATU – VDPA's strategic objectives for 2018–23.[84]

1. To ensure strong and coordinated awareness-raising and advocacy to stakeholders at the community, provincial, national and international levels on the rights of people with disabilities in line with the CRPD.
2. To strengthen the capacities of government, CSOs and NGOs to address the rights and needs of people with disabilities in programs, policies and plans.
3. To ensure communities understand the rights and abilities of people with disabilities, and that people with disabilities have support groups and can advocate for their rights.
4. To be an effective, reliable and well-known organisation that can fulfill its mandate as the national organisation of and for people with disabilities in Vanuatu.

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1. Advocacy and Disability-Inclusive Development: to keep working on producing information, education and communication materials on the Convention of the Rights of Persons with Disabilities and stimulating discussion on disability issues.

2. Strengthening Partnerships with Government, development partners, INGOs, and private sectors: undertake specific and targeted systemic advocacy work in the public and private sectors in terms of infrastructure, inclusive education and social engagement of young people with disabilities.

3. Strengthening Governance and Operations Management: continue to design internal mechanisms, both management and governance, to support the growth and needs of PWDSI to accomplish our goals.

When asked about localisation priorities for working with OPDs, there was no consensus across partners on what they should be. **Each partner raised perceived priorities for working with OPDs, but none referred to aligning with OPDs' own visions and plans directly.** Most partners' concerns and suggestions are, however, covered in these plans, with one missing element – the commitment to support and resource them.

OPDs' top two priorities to support their work in the DRR sector

At present, OPDs' vision and objectives are not articulated specifically in relation to the DRR sector, except for VDPA's objective 2 which includes specific references to working with DRR actors. Doing this could help OPDs to seek and receive support for their ambitions and roles related to disaster preparedness, response and recovery, as well as would support the communication of OPD's own priorities and role in relation to DRR.

> **"There has to be cooperation at all levels starting from the government, NGOs, partners to come together and make some planning for change"**
> **-VDPA Staff**

> **"Organisations get information from OPDs, then forget them or give them only a small amount of money to work with. Going forward organisations need to sit with OPDs and talk and plan well with them. The partnership has to make clearly what each of them will do and how they will benefit from it. Transparency has to be on the table starting from the design stage." -VDPA International Partner**

The present study identified the top two priorities for furthering OPDs' work in disaster response and preparedness, based on discussions with OPDs and the review of their organisational strategies.

IN VANUATU

Priority 1: **Strengthen and activate networks of people with disabilities across the country to support advocacy for the rights of people with disabilities by people with disabilities themselves.** This is likely to benefit the DRR sector as well as other sectors, and could also support channels of communication and access to information by people with disabilities.

Priority 2: **Increase capacity to provide technical services and secure strategic partnerships to support NGOs' and government actors' inclusion practices in the DRR sector.** VDPA's 2018–23 strategy, objective 2, plans to support various stakeholders with 'disability inclusion within VDPA's areas of sectoral expertise, including disaster risk reduction and the rights of women and girls with disabilities'. This remains relevant to advancing the rights of people with disabilities in the DRR sector, and the filling of one DRR officer position based in Port Vila is a good start in developing and maintaining strategic partnerships at national level to allow this.

IN SOLOMON ISLANDS

Priority 1: **Strengthen advocacy work by securing strategic partnerships at all levels – including links to communities via partnering with faith-based organisations.** PWDSI has deployed significant efforts in building relationships with stakeholders at national level, identified key ministries to continue lobbying for the ratification of the CPRD, and in that sense advanced its key result area 2 – to 'strengthen partnership with government, development actors, INGOs and the private sector'. However, links to communities, including via resources teams and other grassroots partners, are missing from its plan, and have been discussed as a way to benefit multiple sectors of advocacy, including the DRR sector.

Priority 2: **Strengthen internal organisational capacity including governance and operational systems to accompany growth of the organisation.** PWDSI key result area 3, 'Strengthening Governance and Operations Management' is expected to benefit the organisation's overall operations, including in the DRR sector.

The tension between competing priorities – OPDs having to choose between serving their own objectives as advocates and supporting their partners' objectives – can be overcome when these objectives and priorities align. There are a few examples of collaboration with partners that have served the objectives of OPDs as advocates, and it is recommended that these be pursued more intentionally.[86] Recommended approaches and specific key steps for OPDs and their partners are outlined in the next section.

Recommendations

For OPDs	For partners
Define and measure success Define success against strategic objectives and determine the resources required to support priorities. This could include positive changes in specific sectors or areas (including DRR). Questions for OPDs to consider: 1. What does success look like with respect to the strategic objectives of your organisation? What changes are you expecting to see in which sectors/areas? 2. How will you know that you are moving in the right direction? What tools, or indicators can you use to track progress? 3. What resources are required to ensure that you can achieve your goals?	**Ensure mainstreaming of inclusion practices and strategic engagement with OPDs** Ensure that in-house technical resources are available (or built over time) to support mainstreaming across programs. These resources should: - Support mainstreaming of inclusion across programs and M&E systems - Be a point of contact with OPDs - Mitigate requests from OPDs for implementation and technical support - Coordinate requests for support from OPDs with other partners.
Prioritise strategic partnerships Prioritise new long-term strategic partnerships with key actors and at various levels (e.g. community vs provincial or national levels). Use organisational strategies as foundational documents for the partnerships. Review, and if necessary renegotiate, existing partnership agreements to align with strategic objectives and resources gaps, needs and priorities.	**Support and adequately resource long term partnerships with OPDs** Ensure that partnerships with OPDs align with best practice standards and guidance,[87] supporting local actors' leadership and long-term capacity. Partnerships should: - Be long term - Provide quality, flexible funding - Contribute towards organisational priorities as articulated in strategic documents - Adhere to the principles of equal and accountable partnership (including regular review processes) - Provide for targeted technical and organisational support as needed and jointly agreed to - Support the visibility of OPDs contributions.

Strengthen collection and use of impact data

Work with partners to develop measurement tools to capture outcomes/impact for people with diverse disabilities.

Priority areas include:

- Disaggregated DRR sector and response indicators (including intersectionality)
- Qualitative data on the outcomes of policies, programs, and inclusive practices for diverse people with disabilities
- Quantitative and qualitative data on the participation of people with disabilities in decision-making mechanisms at various levels.

Socialise role of OPDs

Actively, intentionally and widely socialise the role of OPDs with all stakeholders in disaster management in order to:

- Continue to advance the rights of people with disabilities
- Clarify the scope and mandate of OPDs in disaster management
- Strengthen alignment of partnerships with organisational mandate and priorities.

Supporting participation in decision-making

Promote systematic engagement of OPDs in all phases of decision-making through: 1) timely and appropriate communication, 2) ensuring accessibility of information and events, 3) appropriate resourcing for reasonable accommodations (3% of budget, in line with best practice), and 4) facilitate OPDs to participate in relevant fora and thereby benefit the DRR sector more broadly.

Conclusion

It is testament to OPDs' success that they have become sought-after partners for international agencies in the Pacific, as seen in the Solomon Islands and Vanuatu. This is allowing them to make valuable contributions as self-advocates, technical advisors and implementers.

However, for these roles and the work of OPDs to be sustainable they must be strategically conceived and properly resourced. As part of this, **it is vital that international partners such as the AHP agencies recognise that the DRR activities in which they collaborate with OPDs are only one part of those organisations' larger roles in lowering barriers facing people with disabilities and supporting them to thrive.** Recognising this reality is important for two reasons. First, because that will allow partners to acknowledge OPDs' own visions and strategic objectives and develop ways of supporting them in line with localisation principles. Second, because the wider goal of advocating for the rights of people with disabilities in their diversity is tied to supporting those same groups in times of disaster.

Long-term flexible partnership practices can eliminate attitudinal barriers and support the capacity of OPDs to lead advocacy and promote inclusion beyond the timeframe of specific programs. **These practices must include the provision of sufficient financial and technical support for OPDs to operate in line with their own objectives** and where the priorities of OPDs and partners align. Walking alongside OPDs also requires partners securing in-house capacity to capitalise on such partnerships and apply better inclusion practices when interacting with OPDs.

This study has highlighted the need for more detailed and systematic M&E on the roles and impacts of OPDs and of activities to promote disability inclusion during disaster preparedness and response. At present, not enough is known about what really makes a difference to the experiences of the wide range of people with disabilities, including how intersectionality shapes experiences and outcomes. **This is preventing actors in the sector and more widely (such as service providers or governments) from learning and improving their programs over time.** While the present study makes a contribution to this area, the lack of proper reporting to draw on and the limitations of scope prevented the kind of analysis that is required in this area. Numerous other studies have made similar points about the need for stronger M&E and improved accountability. Agencies need to take action.

While research in the Solomon Islands and Vanuatu highlighted shared patterns, especially their stretched capacity to play multiple roles and the challenges of resourcing them, the comparison between the two can also be used to inform future practice. **Exchanges on PWDSI's lessons learnt after a few years of dedicating its DRR officer's time to supporting AHP partners with technical advice, and PWDSI's plans to strengthen its organisational governance systems, would likely benefit VDPA. Conversely, VDPA's experience in mobilising networks of people with disabilities across the country for advocacy and other purposes should inspire PWDSI.**

This study has contributed to understandings of localisation by casting light on the roles of local actors, government and international partners with respect to DRR and OPDs, and opportunities for collaboration between them. **Greater inclusion in disaster response requires change to occur at multiple levels (from the community to systems and policy), which is clearly a shared responsibility and beyond OPDs' role and mandate.** Whilst it would be wrong to carry it out without them, OPDs should not have to lead on all fronts; partners have a responsibility to integrate inclusion practices whilst respecting and supporting the roles OPDs want to and can play.

Annex I: List of Stakeholders

VANUATU

Type of Organisation	Number of participants
VDPA	3
OPDs	6 (resource team members)
National/local government	3
National/local NGOs	2
International NGOs	5

SOLOMON ISLANDS

Type of Organisation	Number of participants
PWDSI	2
Resource team	5
National/local government	3
National/local NGOs	1
International NGOs	3

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Annex III: Acronyms

ACFID	Australian Council for International Development
AHP	Australian Humanitarian Partnership
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Community Service Organisation
DFAT	Department of Foreign Affairs and Trade [Australia]
DRR	Disaster Risk Reduction
HAG	Humanitarian Advisory Group
IAG	Inclusion Advisory Group
M&E	Monitoring and Evaluation
NDMO	National Disaster Management Office
NGO	Non-Governmental Organisation
OPD	Organisation of Persons with Disabilities
PDF	Pacific Disability Forum
PIANGO	Pacific Islands Association of Non-Governmental Organisations
PWDSI	People with Disabilities Solomon Islands
VNSO	Vanuatu National Statistics Office
SPC	Secretariat of the Pacific Community
TC	Tropical Cyclone
UN	United Nations
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
VDPA	Vanuatu Disability Promotion and Advocacy Association
VSPD	Vanuatu Society for Persons with Disabilities

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