



CARE Australia Disability Framework

August 2015

1. Purpose

Disability inclusion is important for CARE Australia (CA). Over recent years CA development and humanitarian programs have commenced adopting methods to improve the inclusion of people with disabilities. This framework aims to formalise these actions by identifying how the importance CA places on disability inclusion coincides with CA's existing commitments. This framework will also achieve this by outlining objectives, practical tips and an action plan (see Annex 1) that CA will work towards so that people with disability have equal access to, meaningfully participate in, and benefit equally from CA programs.

2. Introduction

This Framework is situated within CA's existing commitments to reducing poverty and striving for social justice, and working towards gender equality and women's empowerment. These commitments are expressed through a number of CARE International and CA policies and demonstrate clear links between these and the necessity of pursuing disability inclusion in programming.

The **CARE 2020 Program Strategy** emphasises "addressing the social inequality that underlies poverty" and that the pursuit of social justice is integral to reducing poverty. The acknowledgement of power differentials between the 15 - 20 per cent of the world's population that have a disability¹ and those that do not, strengthens CARE's focus on gender equality and achieving objectives towards transforming social inequalities.

The **CARE 2020 Transformational Change Strategy** acknowledges the need to be responsive to the changing dynamics of poverty and inequality and that undertaking transformation of the organisation in line with this will increase CARE's impact and sustainability. Being responsive to the extensive evidence that has emerged in recent years regarding the nexus of poverty, disability and inequality and the pursuit of rights based approaches towards disability will further strengthen CARE's relevance and legitimacy.

The **CA International Program 2015-18 Strategy** further consolidates these links by explicitly identifying that addressing disability inclusive development in programming is a program quality mechanism. Furthermore, the **CA Gender and Diversity Strategy 2011-15** identifies people with disabilities as "the world's largest minority" and confirms the close relationship between poverty and disability.

As highlighted by the CA Gender and Diversity Strategy 2011-15, amongst people with disabilities, women and girls frequently experience disproportionately negative outcomes. Thus CARE will integrate its commitment to women's empowerment and its focus on women and girls in the pursuit of disability inclusion. All these commitments provide the basis to advance disability inclusion in CA programming as per the guidance in this Framework.

3. Scope

This Framework will apply to all CA funded development and humanitarian programs and projects. It provides an overview of key issues in disability inclusive development and quick, practical tips for considering disability inclusion within CA programming. The Framework is not intended to provide all the information needed to ensure programs are fully disability inclusive. Rather, it offers a starting-point and includes links to further information that provide additional guidance. This Framework will also be supplemented by a CA Disability Inclusion Training of Trainers guide.

While CA acknowledges the importance of disability inclusion within internal organisational processes such as recruitment and communications, this Framework will presently apply to programming processes only. This is in recognition that CA is in the early stages of its journey towards greater disability inclusion, it wishes to consolidate disability inclusion in programming practices and learn

¹ World Health Survey, 2004, cited in World Report on Disability, 2011

from this experience. The scope of this Framework may then be extended in subsequent reviews to CA organisational practices.

4. Approach to Disability

4. 1 What is Disability and Disability Inclusive Development?

CARE follows the conceptualization of disability adopted by the UN Convention on the Rights of Persons with Disability (CRPD) which is the guiding international framework in understanding and approaching disability. The CRPD considers that "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which *in interaction with various barriers* may hinder their full and effective participation in society on an equal basis with others".

Of key importance is the understanding that disability arises not only from impairments (which are problems in body functions or structures), but also from the barriers present in the environment. A simple way of understanding disability is:

Impairment + Barriers = Disability

The emphasis on barriers (see Box 1) rather than impairment is embodied in the **social model of disability**. The social model recognises that focus should not be on an individual's impairment alone, but on the need for society to be fully inclusive and accessible to all, including people with disability.

A rights-based framework for disability inclusive development emphasises the dignity and worth of persons with disability, their rights to access all life opportunities on an equal basis with others, and their role as active participants in their own development.

In the context of development and humanitarian programming CA follows the **twin-track approach** which is recommended for ensuring that development is inclusive of and beneficial to people with disability. This approach requires the implementation of concurrent initiatives:

Disability-specific initiatives are activities specifically targeted at people with disability, in order to increase their empowerment and participation (e.g. support for Disabled People's Organisations, building referrals pathways to disability specific organisations).

Box 1: Key barriers to inclusion

Physical barriers – physical or other barriers, such as lack of ramps, which prevent people with disability from accessing services

Communication barriers – information and resources not being available in accessible formats such as Braille, sign language or simple language

Attitudinal barriers – negative assumptions about the capabilities of people with disability, or stigma against those with disability and their families

Institutional barriers (policy and economic barriers) – laws or regulatory frameworks which discriminate against, or fail to protect the rights of, people with disability.

Disability mainstreaming entails ensuring that all development and humanitarian programs, whatever their focus, include a disability perspective and are fully accessible to and inclusive of people with disability.

While disability mainstreaming is the primary arena for CA action, CA also acknowledges that undertaking disability specific initiatives can improve the ability of people with disability to participate in society and mainstream development activities. Hence disability specific actions will be considered as necessary to facilitate access of people with disabilities to CA development and humanitarian programs.

While the aim is to ensure that people with disabilities are ultimately included as an end goal, the process (how this is achieved) is just as important as the outcome. For example if a person with a disability is invited to a meeting, however is given no opportunity to contribute or share their ideas, this is not inclusion. Disability inclusive development is not only about ensuring people with disabilities benefit from development programs, but ensuring they are included in the process of development

itself. Including people with disabilities in development program processes will also ensure greater contextualisation of methods to improve participation of people with disabilities.

4.2 Why is disability inclusive development important?

There is significant momentum towards disability inclusion in development and humanitarian programming resulting from greater awareness and evidence of the situation of people with disabilities around the globe. While 15 per cent of the world's population, or 1 billion people, have a disability; amongst the poorest communities, it is closer to 20 per cent of people and when family members are taken into account, 25 per cent of people living in the poorest communities are impacted by disability².

This situation results from the **cycle of poverty and disability**, whereby disability contributes to and deepens poverty on individual, family and community levels due to institutional and attitudinal barriers. Hence a person with a disability and their family are less likely to have access to rehabilitation, education, skills training and employment opportunities - opportunities which could otherwise reduce poverty. Extreme poverty also causes disability for many reasons such as lack of access to adequate nutrition and unsafe working conditions.

Disability inclusion within development is also mandated by Article 32 of the **CRPD**, which requires that development programs are "inclusive of and accessible to persons with disabilities". It is increasingly expected by donors, including the Australian Department of Foreign Affairs and Trade, that the organisations and programs that it funds will explicitly address disability inclusion. Please see Annex 2 for further information on 'Drivers of Disability Inclusion in Australian Funded Programs'.

CARE's particular focus on women and girls in our efforts to reduce poverty as well our emphasis on building more resilient communities in the face of climate change and humanitarian emergencies are issues which have particular significance for people with disabilities as well. The connection between these issues and disability further highlights why disability inclusion is important for CA. Please see Box 2³ and Box 3⁴ for key facts regarding these issues.

Box 2: Women, girls and disability

- Disability is **more prevalent** amongst women (19.2%) compared to men (12%) aged 18+
- Girls with disability are **less likely to attend school** than boys with disability
- A significant majority of girls with a disability in developing countries **remain illiterate**
- Women with disability are **less likely to be employed** (only 19.6 per cent of women with disability are employed, compared to 52.8 per cent of men with disability), and earn lower wages
- Women with disability are 2 to 3 times **more likely to experience physical and sexual abuse** than those without disability.

Box 3: Resilience and disability

- Approximately **18 million people with disabilities will be displaced** by climatic events by 2050
- People with disabilities are typically amongst the **most 'resource poor'** within a community as a result of a lack of income, poor education, social exclusion and exclusion from decision-making authorities or structures. They hence have little access to, or control over, the resources that would facilitate adaptation to climate change.
- The **prevalence of disability is projected to be affected by climate change** through increases in malnutrition and increased diseases and injury due to extreme weather events.
- People with disabilities will be **particularly vulnerable to the negative impacts of increasing urbanisation**, such as lack of improved water, sanitation and durable housing, as a result of climate change related migration.
- Persons with disabilities are among the **most vulnerable in an emergency**, sustaining disproportionately higher rates of morbidity and mortality, and at the same time being among those least able to access emergency support.

² World Health Survey, 2004, cited in WHO & World Bank, *World Report on Disability*, (2011).

³ WHO & World Bank, (2011) *World Report on Disability*, p 28, p 237; Lewis & Ortoleva, (2013) *Forgotten Sisters - A Report on Violence Against Women with Disabilities: An overview of its nature, scope, causes and consequences*.

⁴ CBM "Disability and Climate Change".

5. CARE Australia Goal and Objectives for Disability Inclusion

CA will pursue disability inclusion in programming through striving towards progressive realisation of four objectives that will contribute to one overall goal as follows.

GOAL: CARE's development and humanitarian programs ensure the active participation and consideration of people with disabilities throughout the project cycle.

Objective 1: CARE staff⁵ have **increased awareness** of the importance of disability inclusion.

Objective 2: CARE staff have developed an **increased capacity** to integrate disability inclusion in programming.

Objective 3: CARE staff have **established partnerships** and linkages in country to improve the context sensitivity of disability inclusive action.

Objective 4: CARE Australia **program management processes and tools** include a disability perspective to support mainstreaming of disability inclusion.

Under each of these objectives, a number of tasks have been prioritised as per the Action Plan in Annex 1.

6. Disability Inclusion Key Asks

The following actions are expected of all CA projects and programs. Further guidance relating to these actions is contained throughout the Framework.

Box 4: ENABLED – Disability Inclusion in CARE's projects and programs

Engage people with disability

- a. Voices of people with disability are reflected in design processes, ongoing implementation activities, monitoring and evaluations.
- b. People with disability are meaningfully included as part of the target group of projects.

Network with other organisations and groups

- c. Organisations working in the area of disability, including Disabled People's Organisations (see Box 5), have been contacted and included in the project as appropriate.

Assess activities to ensure they are accessible

- d. All community consultations are conducted in a way that facilitates the full participation of people with disabilities (i.e. through choice of physically accessible locations and provision of information in varied formats).

Build in actions

- e. Program designs incorporate actions to promote disability inclusion with corresponding indicators to monitor their implementation.

Learn from our work

- f. Data has been disaggregated by disability in baseline measures, ongoing monitoring mechanisms and evaluations.
- g. Ongoing project reporting, particularly endline evaluations address how the project has impacted people with disabilities.
- h. Formal and informal project feedback and complaints mechanisms are accessible to people with disabilities.

Empower people with disability to know their rights and gain decision making roles

Develop capacity on disability inclusion

- i. CARE staff have received training on disability inclusive development practices and guidance from CA on disability inclusion within the project

⁵ By "CARE Staff" we mean both CA and CO staff.

- **ENGAGE people with disability** – People with disability are the experts in their lives and lived experiences. Use the Washington Group questions in project baselines to identify people with disability and also to get a sense of disability prevalence in the project area. Ask people with disability and/or their representatives what is enabling them or preventing them from accessing and equitably benefiting from CARE’s activities, e.g. understanding underlying causes of poverty and vulnerability, needs assessments, baselines, gender and power analyses and other forms of analysis should include consideration of disability. Ensure the voices of people with disability are reflected in design processes, ongoing implementation activities, monitoring and evaluation and ensure that are meaningfully included as part of the project target group.
- **NETWORK with other organisations and groups** – Linking with Disabled People’s Organisations and self-help groups, can assist us to make our projects more inclusive of people with disability. Also networking with peer agencies on disability inclusion can be a valuable source of learning so it is important CA offices contact Disabled People’s Organisations as early as possible and are included in the project as appropriate.

Box 5: How to find a Disabled People’s Organisation

Disabled People's Organisations (DPOs) are set up and led by people with a disability to represent and support their members who are people with disabilities. Some are impairment- or disability-specific while others are ‘cross-disability’ DPOs that represent a variety of members. To find DPOs check:

- Global and Regional DPOs– International Disability Alliance (IDA)
<http://www.internationaldisabilityalliance.org/en/about-us/ida-members-organizations>
- By national umbrella organisations – Disabled People’s International (DPI)
<http://www.dpi.org/RegionalOffices> (regional DPI offices)
<http://www.dpi.org/AllNational> (All National associations of DPI)
- DPOs representing women with disabilities (relevant to GBV) - The International Network of Women with Disabilities <http://inwwd.wordpress.com> - <http://inwwd.wordpress.com/network/> (member organisations by region)
- This link takes you to a list of Regional Development Offices of Disabled People's International: <http://www.dpi.org/RegionalOffices> - after clicking on the region you are looking for, click on "view a list of all National Assemblies in this Region".
- This link lists member DPOs of the Pacific Disability Forum:
<http://www.pacificdisability.org/Members/Our-Members.aspx>
- Information about DPOs contained in 'Disability Country Briefs'.

- **ASSESS activities and ensure they are accessible** – As far as possible, CARE projects should consider not just physical barriers to participation but also other barriers such as communication, policy and attitudinal barriers. For example, ensuring that information, education and communication materials are provided in multiple formats (e.g. written and verbal). This could be as simple as including written information on community noticeboards or in a handout and then sharing the information in meetings with project participants. For infrastructure, projects should consider DFAT’s Accessibility Design Guide: Universal Design Principles for Australia’s Aid Program.
- **BUILD IN actions** – CARE projects should build in specific actions to ensure people with disability can actively participate in activities and program designs should reflect this with corresponding indicators. CARE-managed COs are also encouraged to reflect on existing projects and look at opportunities to adapt actions to make them more disability inclusive. For example, CARE Vanuatu was implementing garden plots and then realised that people with disability were not participating so trialled disability-accessible garden plots. This also helped to raise awareness among the broader community that people with disability have the right to participate in project and other community activities.

- **LEARN from our work** – It is important for us to understand the barriers and enablers to involving people with disability in our projects but we also need to learn from our experience to inform current project implementation strategies as well as future programming. This requires not only that people with disability are involved in baseline studies but that people with disability and disability considerations are included in the project Monitoring Evaluation, Accountability and Learning systems. For example, ensuring sex and disability-disaggregated data is collected over the course of the project, ensuring people with disability are involved in qualitative data and information collection, ensuring that complaints/feedback mechanisms are accessible in multiple formats, ensuring there are questions in evaluation ToRs on the extent to which the project has enabled the participation of people with disabilities and what the enablers and barriers were to that.
- **EMPOWER people with disability to know their rights and gain decision-making roles** – CARE projects should ensure that people with disability and other community members are aware of their right to participate in the project, and projects should look at ways they can empower people with disabilities, especially women with disabilities, to gain leadership roles in their community. For example, due to CARE promoting the importance of including people with disabilities in project activities and in decision making roles, a person with disability was chosen to be on a Community Disaster Preparedness Committee in Vanuatu and is playing an active role.
- **DEVELOP capacity on disability inclusion** – CA and CA-managed Country Offices need to look at ways in which they can build and develop capacity on disability inclusion internally, with partners and with the communities we work with. For example, CARE Timor-Leste had a specific budget line in one project to develop the capacity of staff on disability inclusion.

These actions are now considered across the project cycle.

7. Disability Inclusion Across the Project Cycle

This section provides guidance on core principles and actions to consider during the project cycle. Further resources and checklists regarding disability inclusion in the project cycle are available at:

- "Section 3: Inclusive Development Practice Within the Project Cycle"
http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_Part_A.pdf
- Annex 3 of this Framework which list sector specific resources and checklists

7.1 Design

If a disability perspective is left out of the design and planning phase, people with a disability can be unintentionally excluded from any benefits the project aims to deliver. Good design of development programs is inclusive of people with a disability from the start which saves time and resources. This section should be read in conjunction with Box 5: 'Why is it important to disaggregate data by disability' and Box 6: 'Identifying people with disability'.

1. Identifying the contribution and needs of people with a disability is not about assuming what such requirements may be. Instead people with disability should be meaningfully involved in design processes, including baseline data gathering. This means:
 - Regular community consultations should be disability inclusive, as well as considering the need for whether any additional disability specific consultations are required to identify how people with disabilities will be included in the program.
 - Consider how people with a disability could participate in the program as decision makers, leaders and agents of change, rather than as beneficiaries only.
 - People with disabilities are not a homogenous group. As with any group of people, the perspectives, experiences and needs of people with disability will differ. If possible, consult widely and link with a range of DPOs to ensure inclusion of people with different kinds of disability.

TIP: Ensure community consultation activities are inclusive. See the "Disability Inclusive Consultations and Events" checklist on page 30 - 34 of CBM's Inclusion Made Easy Guide:
http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_Part_A.pdf

- Remember that DPOs are often small, overstretched organisations run by volunteers. Seek opportunities to build their capacity if appropriate. Pay DPOs if you are using them as consultants; and consider offering per diems or covering transport costs for members who are participating in program consultation and planning activities.
2. Concept, proposal and design documents should demonstrate that CARE has sought to understand the local context on disability, including an understanding of what local DPOs and other disability-focused organisations exist in the program area and may be drawn on for support. At this stage those involved in design could:
 - Draw on sources of information including: census data; local services including health or community based rehabilitation programs; local or national DPOs; relevant government departments.
 - Consider the full range of barriers (see Box 1) to participation of people with disabilities and work with them and DPOs to plan strategies to overcome and mitigate potential barriers.
 3. Design peer review processes will consider disability inclusion as part of effectiveness and quality criterion.
 4. As awareness of the importance of disability inclusion is frequently absent, take opportunities during planning and design to highlight the value and contribution people with a disability can make to development programs and their wider community and ensure CARE staff and other program stakeholders have a basic understanding of why disability inclusion is relevant.
 - Refer to section 4.2 of this Framework for messages that can be shared about why disability inclusion is important.
 - Induction of project staff and project inception workshops should include orientation to this framework and disability inclusion.
 5. Baseline data for new projects, including data collected through Rapid Assessments, Situation Analyses and Women's Empowerment Analyses should include a disability perspective and be disaggregated for disability, including men, women, boys and girls with disability⁶. People with disabilities and DPOs should be involved in the process of collecting this data, and should be adequately trained in the use of SADD data collection tools.
 6. Terms of reference for baseline studies should specifically state that a disability perspective, including, but not limited to, disaggregation of data by disability is required.
 7. Budgets should consider incorporating a line item for disability inclusion, to cover costs that might arise in improving accessibility of program activities for people with disabilities. Sometimes creative locally sourced solutions can minimise the need for more expensive modifications. Additionally, some modifications require no budget, such as ensuring information communicated

Box 6: Why is it important to gather disability data?

- Disability disaggregated information will allow you to compare and contrast the responses of people with disabilities with the responses of people without disabilities.
- Having this information presents the opportunity to analyse how people with disability may be excluded from particular opportunities.
- This in turn helps with the design of programs that will overcome the various barriers that people with disabilities may face in a particular context.
- Asking about disability and identifying people with disabilities shows the household and community you and your project care about disability inclusion.
- It creates opportunities for relationship building and later follow up, referrals and linking people with disabilities with self-help groups, DPOs, services and other supports that may benefit a person with disability and their family.
- It can help you identify people with disabilities so that you can report on how many beneficiaries or project participants have a disability.

⁶ As identified in Box 6, the *Washington Group – Short Set of Questions on Disability* are useful in improving identification of people with disabilities. The questions aim to identify who in a population has functional limitations that have the potential to cause disability. They will not identify every single person with a disability in every community and are less suitable for use with very young children as they may underestimate functional limitations in children. For more information visit http://www.cdc.gov/nchs/washington_group/wg_questions.htm

throughout programs is conveyed in both visual and verbal modes (to accommodate the communication modalities used by people with hearing and visual impairments).

Box 7: Identifying People with Disability

It can be difficult to identify people with disability when they are not visible in a community, and people may choose not to disclose their disability due to issues of stigma or shame. The following are suggestions to assist in identifying people with disabilities and to disaggregate data by disability:

Methods involving self-reporting of disability

- Include disability data in baselines studies for new projects.
- When doing so, ask appropriate questions to find out if a person or family member has a disability. Directly asking people to identify if they have a disability by providing a 'yes/no' option will produce inaccurate data. Instead, ask about a person's 'difficulties in functioning'. *The Washington Group – Short Set of Questions on Disability* are widely recognised and validated questions to help identify disability within a community, based on asking about people's functional limitations (such as seeing, hearing, movement, understanding). These can be incorporated into documents such as baseline surveys, as well as qualitative questions that explore barriers to participation of people with disabilities in development programs.

Methods not involving self-disclosure of disability

- Using methods involving self-reporting of disability is preferred. If this is not feasible, key informant methods may be used. If taking this approach, it is best to ask functional questions such as “do you know of anyone who has difficulty walking/seeing/hearing etc?”, rather than directly asking if they know of anyone with a disability. Potential key informants include:
- Staff of local DPOs or disability NGOs People with disabilities (who may be able to refer you to other people with disabilities in the community)
- Community and religious leaders.

7.2 Implementation

1. As a result of baseline data triggering identification of people with disability, ensure field staff involved in program implementation and monitoring follow up with those participants identified as having a disability to ensure they are able to access the program on an equal basis with others.
2. Remember: people with disabilities are the experts on their own needs - so staff do not need to make assumptions about the best ways to include people with disabilities. Ask people with disability who are participating in the program about the best ways to adapt activities to ensure their inclusion and continue to work with DPOs throughout the process.
3. In line with the disability specific track of the twin-track approach, look for opportunities to build the capacity of DPOs and people with disability: for example by inviting DPO representatives to CA staff training activities.
4. Develop partnerships and referral networks with DPOs and government and NGO disability services in order to facilitate disability-specific measures that may be beyond the scope of the program (e.g. provision of rehabilitation or aids and devices).

7.3 Monitoring

1. Monitoring processes should be inclusive of and accessible to people with disabilities. Relevant indicators for monitoring program implementation and outcomes should be disaggregated by disability.
2. Disability specific indicators should also be set where appropriate and monitored, particularly with regard to monitoring the implementation of strategies undertaken to improve disability inclusion.
3. Opportunities should be made for people with disability to participate in monitoring processes, such as through being recruited as data collectors.
4. Check how disability specific budget lines are being spent and review budgets to determine whether estimates of inclusion costs are accurate.

5. If monitoring processes identify that people with disabilities are not participating, or are participating but are not benefiting to the same extent as people without disabilities, follow up by project staff must occur to determine why this is the case. Project staff should identify entry points in their regular monitoring processes to examine this and work with people with disabilities and DPOs to consider some of the following questions:
 - Were there potential barriers to participation of people with disabilities identified during consultations that have not been addressed?
 - Are there unforeseen factors limiting involvement of people with disabilities? This may include: attitudes of family, staff or other participants; lack of affordable transport; inaccessibility of the venue; lack of awareness about the program. Remember to consider the range of potential barriers that might limit participation (see Box 1).
 - Are people with specific types of impairments particularly excluded? Why?
 - Were some of the inclusion strategies implemented unsuccessful? Why? What else can be implemented to increase efforts in this area?
6. In addition, reflection regarding inclusion and participation of people with disabilities in the program should occur during the following program milestones:
 - a. Annual project planning and reflections
 - b. Mid-term reviews
 - c. Project Support and Monitoring Visits

7.4 Evaluation

1. Evaluation processes should seek to capture and document whether and how people with disabilities were impacted by the program, recognising that their experiences may differ from those without disability.
2. Terms of reference for evaluations and any consultants contracted to undertake these should specifically address how evaluations will seek to ascertain the impact of the program on people with disabilities.
3. People with disabilities should be meaningfully included in evaluation processes:
 - a. Opportunities for people with disability and/or DPOs to be involved as evaluation team members should be considered.
 - b. Evaluation methods such as focus group discussions should be inclusive of and accessible to people with disabilities using the "Disability Inclusive Consultations and Events" checklist⁷.
 - c. Consider if a disability specific consultation involving a range of people with disabilities and their families that may have been affected by the project is necessary to understand the impact of the program on them.
 - d. If case studies are being collected to contribute to the evaluation, case studies featuring program participants with a disability should be collected also.
4. Evaluation data should be disaggregated for disability, including men, women, girls and boys with disability.
5. Lessons learned regarding disability inclusion in the program should be shared within CARE to feed into future program design.
6. To measure impact, during evaluation processes ask specific questions about the involvement of people with disability. Examples of evaluation questions are provided in CBM's Inclusion Made Easy Guide⁸.

8. Disability Inclusion in Humanitarian and Emergency Response

Disability inclusion in emergency situations requires measures that are in addition to or different from those in development programming. When emergencies hit, people with disabilities may have difficulty reaching safe areas, may become separated from family and friends, and may have trouble

⁷ See page 30 - 34 of CBM's Inclusion Made Easy Guide
http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_Part_A.pdf

⁸ See page 53 of Part A of CBM's Inclusion Made Easy Guide:
http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_Part_A.pdf

accessing vital emergency information, or lose assistive devices such as wheelchairs, white canes,⁹ glasses or hearing aids. Hence they experience heightened vulnerability. Undertaking the following actions during Preparedness and Response phases will help mitigate this vulnerability. Additional resources and checklists have been included in Annex 3 to support disability inclusion in humanitarian programming. CARE has an overarching focus on gender in emergency response, and it is most likely that disability inclusion would be integrated within preparedness efforts as part of sessions focusing on achieving a gender focus in CARE's response.

8.1 Preparedness

1. People with disabilities, their families and where feasible DPO representatives should be included in the below processes to ensure their needs are taken into account:
 - a. All disaster risk reduction or management committees. Particularly in instances where CARE works with local authorities (for example Provincial Disaster Committees), these committees should be encouraged to include people with disabilities as members.
 - b. Community disaster risk assessments and contingency planning processes
 - c. Search, rescue and evaluation mock drills
2. Identify people with disabilities in the community noting where they live and their needs during humanitarian situations to enable appropriate planning for inclusion in disaster response. Community based disaster management committees should collect this information.
3. Make sure disaster risk reduction information, education and communication materials are accessible for people with different types of impairments through ensuring all messages are communicated using multiple formats (leaflets, posters, radio, loud speaker announcements, simple language and drawing or symbols).
4. Consult with people with disabilities in the development of early warning systems to ensure accessibility. Use multiple formats including visual and auditory modalities for early warning signals to ensure people with different impairments receive the message.
5. New disaster shelters and infrastructure, including WASH points should be designed and built in a disability accessible manner. Advocate for existing facilities used for shelter during a disaster such as schools or public buildings to be made accessible (see further resources in Annex 3).
6. Disability inclusion should be considered when conducting training on disaster preparedness. When this training occurs in-country it should be delivered where feasible in collaboration with DPOs. Within CARE, entry points for such capacity building include:
 - a. Emergency preparedness plans (EPP) and EPP workshops.
 - b. Disability inclusive disaster response capacity building for Emergency Response Teams.
 - c. Training provided for CA staff who may be involved in disaster response activities.

8.2 Response

1. Ensure community decision making, planning and operation processes are accessible to and welcoming for people with disability. When included in community decision-making, people with disabilities can make suggestions on communication or environmental adaptation which may also benefit elderly people and pregnant women.
2. Registration processes within disaster shelters, rapid needs assessments and rapid gender analyses should incorporate a disability perspective. Data collected through these processes should be disaggregated by disability. As per guidance in Box 6, use of an expanded set of questions to identify potential disability, such as the Washington Group Questions, is recommended.
3. People identified as having a disability should be specifically followed up with to discuss their needs and ensure that appropriate referrals for additional supports are made. Recognise that nutrition and water, sanitation and hygiene requirements may differ for some people with disabilities and that they may also require suitable assistive devices such as wheelchairs, white canes or glasses that may have been lost or destroyed during the disaster.
4. Drawing on existing sources of local disability data can complement response planning efforts, however local data may underestimate the disability prevalence rate. Due to the fact that disaster

⁹ White canes is the universal term given to the white coloured cane often used by people with vision impairment to assist in orientation and mobility (as opposed to canes for physical disabilities).

situations may lead to people acquiring new disabilities, set indicators which identify approximately 15% of the target group as persons with disabilities.

5. During distribution of food and non-food items, consider how people with disability will collect and transport items and develop strategies to meet these needs, such as “fast track” queues, allowing family members to make collections on behalf of people with disabilities, or delivery of goods directly to persons with disabilities.
6. Ensure distribution points, water, sanitation and other facilities are physically accessible, through the provision of ramps, rails, appropriate seating and adapted water and food storage containers.
7. Provide information about the availability of food, shelter and services through various formats accessible to people with vision, hearing or intellectual impairments.
8. A designated proportion of temporary shelters that are provided for individual family units should be disability accessible and absolute priority given to people with disabilities for these.
9. Within camps, people with disability and their families should be located close to water, sanitation, health posts, food and fuel distribution points, and to well lit, secure areas.
10. Recognise that people with disability may be separated from family members or carers who they rely on for help, and prioritise reunification processes for them.
11. Prioritise children with disabilities for routine protection monitoring and ensure they are able to access and do access ‘child friendly spaces’.
12. Sexual and reproductive health measures that are integrated into response programming should include strategies to make sure women with disabilities are included in these activities.
13. CARE's Gender in Emergency briefs should incorporate a disability perspective.

CARE's Typhoon Haiyan Response

In CARE's Typhoon Haiyan Response people with disabilities, along with other vulnerable groups were given priority in food distribution queues and CARE staff members ensured assistance was provided to them to carry food packs home. This assistance came not only from community members, but CARE staff as well where required.

9. Review and Accountability for this Framework

The review period of this Framework will be aligned with timeframes for review of the overall CA Strategy. Hence the next review of this Framework will occur in 2018, unless it is decided to review the Framework prior to this.

Resourcing for the plan will be considered in line with the development of CA annual operating plans and overall accountability for dissemination and implementation of the Framework will rest with the CA International Programs Department.

Annex 1: CARE Australia Action Plan for Implementation of CA Disability Framework

Objective #	Task	Actions	Responsibility	Indicators/Evidence	Timeframe
Objective 1: CARE staff have increased awareness of the importance of disability inclusion.	High Priority				
	1.1	All IP staff receive a 1 day training on disability inclusive development	Principal Executive to sign off. (Training arranged by the Gender and Diversity Working Group)	% of relevant IP staff who have received training (IP PO, HERU, CP and QI)	Annual
	1.2	CA acknowledges International Day of Persons with Disabilities (IDPWD)	Secondary Disability Inclusion Focal Point to prepare and send out material, in consultation with the Primary Disability Inclusion Focal Point	Internal emails document acknowledgement of IDPWD	Annual (December 3 rd)
	1.3	Disability inclusion related discussions are incorporated in CA Gender and Diversity week activities	Gender and Diversity Working Group	Internal news articles regarding Gender and Diversity week document disability related discussions	Annual
	1.4	The SMT presents to the Board on CA's approach to disability following finalisation of the Disability Framework	SMT, with IP Principal Executive leading (Primary Disability Inclusion Focal Point to prepare material, in consultation with the Secondary Disability Inclusion Focal Point)	Board meeting minutes document SMT's presentation	Q1 FY16
Medium Priority					
	1.5	New CA staff orientations on GED covers disability inclusion	CA Gender Advisor with support from the Primary and Secondary Disability Inclusion Focal Point, as required	The Gender and Development orientation session to outline CA's Disability Inclusion Framework, the role of the Disability Inclusion Focal Points and the GED Strategy.	3 to 4 times per year

	1.6	Experiences regarding disability inclusion in programming are shared with IP in the fortnightly IP Meeting. These could be shared with COs if deemed appropriate.	IP Principal Executive (IP staff to present in coordination with the Secondary Disability Inclusion Focal Point)	Once every quarter, IP staff share experiences (5-10 minute update) regarding disability inclusion (e.g. from a PSMV, baseline or evaluation)	From Q1 FY16 onwards
Objective 2: CARE staff have developed an increased capacity to integrate disability inclusion in programming.	High Priority				
	2.1	A training of trainers (ToT) is conducted for CA staff (CP, HERU and QI) who will be training staff in country. This will be a general ToT exploring for example, adult learning principles.	CA Primary Disability Inclusion Focal Point, with support from the Secondary Disability Inclusion Focal Point	ToT completed	Q3 FY16
	2.2	Conduct disability inclusion training for in-country staff using Disability Inclusion ToT toolkit developed by CBM (adapting it to the local context as required)	CP Desk Officers (with Coordinator and/or Manager providing overall oversight when reviewing PSMV ToRs) CD or ACD-P to approve that the training can be implemented as part of a PSMV	By end of FY17, every CO has had a disability training in the last two years	One training per CO every two years
	2.3	Include discussion of disability inclusion as a recurring item in PSMV terms of reference (ToR)	CP Desk Officers (with Coordinator and/or Manager providing overall oversight when reviewing PSMV ToRs)	In FY16, 75% of PSMVs have conducted discussion on disability inclusion (and points covered including capacity gaps and areas for support are recorded in PSMV report) In FY17 and FY18, 100% of PSMVs include a discussion on disability inclusion	75% of PSMVs in FY16 100% of PSMVs in FY17 and FY18
	2.4	Formalise Primary and Secondary Disability Inclusion Focal Points' role (through email) and clarify CA's offer of support in relation to disability inclusion	IP Principal Executive (Primary/Secondary Disability Inclusion Focal Point to prepare email)	Email sent to COs about Disability Inclusion Focal Point	Q1 FY16
	2.5	Adapt existing tools for emergency data collection to include disability data:	Manager, CA Humanitarian Emergency Unit		Q2 FY16

	<ul style="list-style-type: none"> GIB to include a requirement for one or two key disability statistics EPP guidance Guidance on collecting SADD 	GiE advisor HERU SPOs	Existing guidance/tools have disability included	
2.6	Pilot inclusion of a session on disability inclusive emergency response within EPP workshops	Manager, CA Humanitarian Emergency Unit (Workshops undertaken by Pacific or Mekong Senior Program Officers)	EPP workshops in 2 COs include at least a session on disability inclusion or an integrated disability/ gender session	Q3 Q2 FY16
Medium Priority				
2.6	A community of practice on disability inclusion is formed and held once yearly	QI (Program Quality Coordinator as lead) with Primary/Secondary Disability Inclusion Focal Point supporting	Forum held once yearly	1 in FY16 1 in FY17 1 in FY18
2.7	The CA Disability Inclusion Focal Point participates in disability and development forums with peer agencies and CA's experience in implementing disability inclusion is shared as appropriate through these forums	CP Manager to sign off time permitted for Disability Inclusion Focal Point to attend forums and other learning events	At least 2 forums participated in yearly	Ongoing
2.8	Pilot disability inclusive measures in humanitarian response under the next HPA activation arising following finalisation of this Framework	Manager, CA Humanitarian Emergency Unit	Reporting includes documentation of the specific disability inclusive measures taken during the emergency response.	Next HPA activation in which CARE receives an allocation
2.9	Emergency preparedness plans (EPP) document disability inclusion measures that will be taken	Manager, CA Humanitarian Emergency Unit (Drafting of EPPs undertaken by Pacific or Mekong Senior Program Officers)	Disability inclusive actions are documented in 100% of EPPs	Q4 FY16

Objective 3: CARE staff have established partnerships and linkages in country to improve the context sensitivity of disability inclusive action.	High Priority					
	3.1	Identify potential partners (disability organisations and DPOs) through mapping of organisations aligning with CARE's values in the countries CA works in	CA Desk Officers in coordination with the CO, using Disability Country Briefs supplied by CBM	All CA COs will have identified disability organisations and DPOs	Q1 onwards	FY16
	3.2	Reach out to DPO and/or disability organisations to commence forming relationships and identifying partnership suitability	CO with the support of CP project desk officer	All CA COs will have reached out to DPO and/or disability organisations to form relationships and identified partnerships	Q2 onwards	FY16
	3.3	Recognising that each CO is at different stages in the disability-inclusive development journey, CP Desk Officers will work with respective COs to identify their priority actions for the financial year	CP Desk Officer and respective COs CO, CP Desk Officer and Disability Focal Point	All CA COs have identified priority actions for the financial year Progress against these actions are recorded by the CP Desk Officer along with the Disability Focal Point and reported to the CARE Australia SMT on an annual basis	Q2 FY16 Q1 FY17 Q1 FY18	
	Medium Priority					
	3.4	Identify potential activities that could be conducted jointly by CARE and the DPO and/or disability organisation	CO with the support of CP project desk officer	All CA COs will have identified potential activities that could be conducted jointly by CARE and the DPO and/or disability organisation	Q3 onwards	FY16
	3.5	Undertake joint activities or invite the DPO and/or disability organisation to participate in CARE activities.	CO with the support of CP project desk officer	All CA COs will have undertaken joint activities or invited the DPO and/or disability organisation to participate in CARE activities	Q3 onwards	FY16

Objective 4: CARE Australia program management processes and tools include a disability perspective to support mainstreaming of disability inclusion.	High Priority				
	4.1	An indicator regarding disability inclusion is incorporated in the IP Annual Operating Plan FY 2015-16 and every year thereafter	IP Principal Executive (Disability Inclusion Focal Point to prepare indicator)	Indicator is included in IP AoP	Q1 FY 16 and ongoing
	4.2	PQF tools and associated guidelines are reviewed to ensure disability inclusion guidance is mainstreamed within them with a specific focus on: <ul style="list-style-type: none"> - PSMVs - Inception/annual working plans - Situation analyses, including gender and power analysis guidance and beneficiary identification processes - Baseline, mid-term reviews and evaluations Evaluation policy and 'Monitoring and Evaluation Good Practice Guidance'	QI (Program Quality Coordinator)	Each component includes at least two tools or pieces of guidance on disability inclusion	Q1 FY16
	4.3	Training on PQF processes includes training on disability inclusion measures incorporated in these processes	QI (Program Quality Coordinator)	Project reporting addresses disability inclusive guidance incorporated in PQF processes	Q2 FY16
	Medium Priority				
	4.4	Conduct an annual desk-based review of the disability inclusiveness of new project designs through reviewing final designs and associated design peer review minutes	QI (Program Quality Coordinator to develop basic scale and conduct desk-based review)	Documentation of review, including feedback provided to those responsible for project designs.	First review: Q4 FY16 Second review: Q4 FY17
4.5	Develop a standard set of disability inclusive indicators that can be adapted for use in projects as appropriate	QI (Program Quality Coordinator, and Monitoring and Evaluation Advisor)	Set of disability inclusive indicators are developed and appended to the PQF	Q2 FY16	

Annex 2: Drivers of Disability Inclusion in Australian Funded Programs

DFAT DEVELOPMENT FOR ALL STRATEGY

On the 25th May 2015, the Hon Julie Bishop MP, Australian Foreign Minister launched *Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia's aid program*¹⁰. This strategy reaffirms that disability-inclusive development is a priority for Australia's international engagement and for DFAT funded development and humanitarian programming. The strategy highlights some areas that are particularly pertinent for CARE including taking into account the interaction of gender and disability and the opportunity to strengthen disability inclusion in humanitarian assistance and disaster risk reduction. Other items in the strategy strongly reinforce the actions recommended in the CARE Australia Disability Framework. These have been extracted and listed below.

PRINCIPLES

Support an active and central role for people with disabilities

The Australian Government recognises the important role of people with disabilities and their representative organisations (known as disabled people's organisations) in development. To support an active and central role for people with disabilities, we will actively work with people with disabilities and disabled people's organisations to support meaningful engagement, leadership and decision making at community, national and international levels.

Develop policies and programs based on evidence

Data that is disaggregated by sex and disability status in service delivery is...critical in understanding and assessing the extent to which development efforts reach and benefit people with disabilities...We will strengthen evidence-based policy making, programming and service delivery by...working with implementing partners to disaggregate data by disability status to understand how well our investments are reaching people with disabilities.

Take into account the interaction of gender and disabilities

Women and girls with disabilities experience multiple disadvantages resulting from the interplay between poverty and discrimination on the basis of gender and disability. This limits women's and girls' voices and agency and constrains their opportunities for economic, political and social advancement...Disability can perpetuate poverty and accentuate gender inequality within a family or household. ...

We will therefore take the interaction of gender and disabilities into account in our disability-inclusive development efforts and will include women with disabilities in programming on leadership, women's economic empowerment and ending violence against women...In ensuring development is inclusive of all people with disabilities, our efforts will be gender sensitive as well as disability-inclusive.

Improve inclusion of a diverse range of people with disabilities

We recognise that some groups within the disability community are at heightened risk of marginalisation, particularly those with psychosocial and intellectual disabilities...We will give greater attention to people with psychosocial and intellectual disabilities by...supporting greater inclusion, participation and empowerment, enabling people to be contributors, leaders and decision makers in all areas of public life, such as education, health and employment [and] promoting awareness of psychosocial and intellectual disabilities to reduce stigma.

¹⁰ <http://dfat.gov.au/about-us/publications/Pages/development-for-all-2015-2020.aspx>

OPPORTUNITIES - HOW AUSTRALIA CAN MAKE A DIFFERENCE

Supporting governance for equality through the implementation of the Convention on the Rights of Persons with Disabilities

Discrimination and stigma commonly prevents people with disabilities accessing appropriate healthcare, education, transportation and employment...The CRPD outlines the responsibilities of countries to ensure people with disabilities can participate and benefit as equal members of society. Governance reform is required to ensure people with disabilities have equal opportunities and equality of outcomes in all areas of public life, with the provision of additional support as required.

To build on the existing capacity of disabled people's organisations and their members, we will support them to:

- provide technical advice to government and donors to support effective, context-specific disability-inclusive development.
- raise awareness of people with disabilities' rights and abilities, to address stigma and encourage acceptance amongst government, employers, community members and households
- provide opportunities for people with disabilities (including women) to develop leadership skills and take on leadership roles within disabled people's organisations, community, government and the private sector

Accessible water, sanitation and hygiene

People with disabilities and their families commonly lack access to these basic necessities...To support accessible WASH, we will involve people with disabilities and their representative organisations in WASH design, provide educational and promotional opportunities to ensure facilities within communities, schools and workplaces are accessible [and] apply the *Accessibility Design Guide* to ensure new WASH facilities take into account international good practice.

Inclusive education and skills

People with disabilities are particularly disadvantaged by poor quality, inadequate and inaccessible education...To support inclusive education and skill development, we will...encourage and support the implementation of inclusive education in Australian-supported education programs from early childhood education to technical and vocational training.

Inclusive humanitarian assistance and disaster risk reduction

Australia supports disability-inclusive humanitarian practice, in line with our obligations under the CRPD. People with disabilities are disproportionately affected by conflict and disasters, yet their specific needs are often overlooked in disaster planning...To support inclusive humanitarian assistance and disaster risk reduction, we will consider, include and support people with disabilities in disaster risk reduction and humanitarian planning and implementation, as outlined in DFAT's humanitarian and disaster risk reduction policies, such as the *Protection in Humanitarian Action Framework*, and in line with the *Accessibility Design Guide*.

ACFID CODE OF CONDUCT

Below are the relevant provisions of the *ACFID Code of Conduct*¹¹ which address the obligations of Signatories in respect of disability inclusion:

Preamble: Values

All signatory organisations are committed to: "6. Respecting, protecting and promoting internationally recognised human rights including civil and political, economic, social and cultural rights and with

¹¹ACFID Code of Conduct, Approved October 2014 (*Effective from 1st January 2015*).
<http://www.acfid.asn.au/code-of-conduct/files/code-of-conduct>

particular emphasis on gender equality, the protection of children, people with a disability and the rights of minorities and vulnerable and marginalised groups”

B. Program Principles

B.1.1 Accountability to primary stakeholders

Obligation:

1. Signatory organisations will prioritise accountability to local people and those directly affected by aid and development activities, prioritising their needs and rights with specific reference to gender, age, disability and other identified vulnerabilities.

B.3 Human rights

B.3.2 Rights of vulnerable and marginalised people: Signatory organisations are committed to including and addressing the needs and rights of vulnerable and marginalised people and their representatives in all aspects of their aid and development activity. These groups may include women, children, people with a disability, Indigenous Peoples, minorities, refugees and displaced people, and those most at risk of HIV and HIV positive people.

Obligation:

1. Signatory organisations will ensure that they respect and protect the human rights of people from vulnerable and marginalised groups and an appropriate focus is given to promoting these in their aid and development activities.

B.3.3 Working with people with a disability: Signatory organisations are committed to including and addressing the rights of people with disabilities and their representatives in their aid and development activity.

Obligation:

1. Signatory organisations will ensure that an appropriate focus is given to understanding the rights of people with a disability and addressing these in their aid and development activities.

C. Public Engagement

C.1.3 Portrayal of local people

Obligation:

2. Images and messages will honestly portray the diversity of local people including age, disability and other marginalised groups.

D. Organisation

D.5.3 Training and development

Obligation:

2. Signatory organisations will ensure their staff and volunteers and are aware of the rights of people with a disability and those from vulnerable and marginalised groups and are provided with training on these issues, as appropriate and desirable.

D.5.4 Human rights and anti-discrimination: Signatory organisations will apply human rights principles to their own organisations.

Obligation:

3. Signatory organisations will have comprehensive gender equity policies and disability guidelines in place that aim to produce equitable outcomes between women and men, and people with a disability, in all activities of the organisation, including:

- a. Engagement of volunteers and staff;
- b. Engagement of partner agencies;
- c. Senior management and governance.

ANCP MANUAL

Below are the relevant provisions of the *Australian NGO Cooperation Program (ANCP) Manual*¹² which address the obligations of ANCP accredited organisations in respect of disability inclusion.

3. Development Approach

Objectives and Focus

- Activities funded by the ANCP must aim to alleviate poverty. Organisations should give priority to activities which focus on one or more of the following:...disability inclusion

4. Sectors and Development Principles

Disability Inclusion

The Australian Government aims to ensure that people with disability are included in and benefit equally from Australia's aid program, consistent with our obligations under the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD). The CRPD definition is "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

The Australian Government is currently in the process of producing guidance to support implementing partners to disaggregate data by disability. In the interim DFAT can provide technical advice to partners who require assistance designing a process for collecting disability data which is program relevant. If you would like to access this support, please contact the DFAT ANCP section on ancpau@dfat.gov.au.

10. ADPlan Forms in ANCP Online

Header Form

Executive summary

Cross-cutting issues

Provide a brief overview of cross-cutting issues addressed in the NGO's ANCP program, such as disability inclusion, environment and climate change, gender equality, child protection and family planning...It is a requirement of ANCP accreditation that all NGOs have policies relating to cross-cutting issues in place. This section should not be a re-statement of existing policies but should be an explanation of how these cross-cutting issues are integrated into ANCP programming in a strategic way. DFAT is particularly interested in understanding how ANCP NGOs build the capacity of in-country partners and communities around cross-cutting issues.

ADPlan Project Form

Disability Inclusion

NGOs must select if the activity addresses accessibility for people with disability and opportunities to include people with disability....

Additional Project Information

Project description: Provide a brief description of the project and its objectives. The description should be one paragraph which explains the project and covers all basic information about the project. The description should be able to be read independently of the rest of the ADPlan and be clearly understood by members of the general public. Project descriptions MUST clearly and concisely address the following issues:

- How this project addresses gender equality, disability inclusion and/or private sector partnerships if selected in the project summary section of the form.

¹² ANCP Manual, DFAT, Version 1: May 2014.

13. Performance Reports in ANCP Online

Header Form (Performance Report)

Executive summary

Cross-cutting issues: Provide a brief overview of results in cross-cutting areas set out in your previous ADPlan period, such as disability, gender, environment and climate change, child protection and family planning. This section should include how NGOs dealt with these issues and particular achievements in these areas, as well as any results around building the capacity of in-country partners and communities.

Beneficiaries (project)

Actual total is required. NGOs should also disaggregate into actual men/women/girl/boy and urban/rural. Please note that Performance Reports will require data to be disaggregated by men/women/boy/girl/urban/rural and people with a disability.

14. Beneficiaries and Indicators

For the Annual Performance Report, actual total and disaggregation into men/women/girl/boy/urban/rural and people with a disability should be completed for all projects and at the agency level.

Where figures are disaggregated, they are for expected (ADPlan) or actual (Annual Performance Report) beneficiaries only...where data is disaggregated:

- Totals for man, woman, boy, girl, man with disability, woman with disability, boy with disability, girl with disability should equal total expected/actual. These categories are mutually exclusive.

Definitions:

Disability: Reporting on disability should be consistent with the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD). The CRPD definition is "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." For further guidance on disability, see here: http://www.DFAT.gov.au/Publications/Pages/5709_1424_1795_240_2576.aspx.

Indicators (ADPlan and Performance Report)

Annual Performance Report

At a minimum, and where relevant, DFAT expects disaggregation into men, women, children and people with disability.

16. Certification and NGO approval in ANCP Online

ADPlan Certification

By signing the declaration, the Authorised Officer confirms that:

- All ANCP projects will be implemented in accordance with DFAT policies and requirements, including those regarding anti-terrorism, fraud, family planning, environment, climate change, gender and disability.

Annex 3: Additional Disability Inclusion Resources by Sector

For further resources, please visit: <https://www.did4all.com.au>. DID4All is funded by the Australian Government to promote disability inclusive development, provide quality resources to the development sector and help ensure that Australian Government funded development activities are inclusive of people with disability. Resources on the website are arranged by sector under the "resources" tab.

Sector	Key Resources
Humanitarian and Emergency Management	<p>"Disability Inclusive Disaster Risk Management - A Toolkit for Practice in South Asia", Handicap International [Comprehensive guidance and of broad applicability, with useful short guidance documents as listed below]:</p> <ul style="list-style-type: none"> ○ Communicating and Interacting with Persons with Disabilities - checklist and terminology ○ Guidelines for Physical Accessibility for Shelters ○ Inclusive Household Preparedness Pocket Guide ○ Making Information, Education and Communication Materials Inclusive ○ Making Search and Rescue Training Inclusive of Persons with Disabilities <p>"Humanitarian Aid: All inclusive - How to include people with disabilities in humanitarian action", Light for the World. Available from: http://www.light-for-the-world.org/uploads/media/HA_all_inclusive_web_02.pdf</p> <p>"Disability Checklist for Emergency Response", Handicap International [brief checklist]. Available from: http://www.handicap-international.de/fileadmin/redaktion/pdf/disability_checklist_booklet_01.pdf</p> <p>"Nepal Earthquake April 2015 – Disability Key Messages, Inclusion of people with disability and older people in response to the Nepal earthquake." (Saved in the Disability Inclusive Development folder on the T:Drive).</p>
Food security and nutrition	<p>"Background Note for the Global Partnership on Children with Disabilities: Inclusive Nutrition for Children and Mothers with Disabilities", UNICEF. Available from: http://www.unicef.org/disabilities/files/Nutrition_Background_Note-GPc wd.pdf</p> <p>"Childhood Disability and Malnutrition in Turkana Kenya: A Report for Stakeholders and Policy" (full version) http://www.cbm.org/article/downloads/119291/Malnutrition_and_Disability_Report_Full_Report.pdf (2 page summary) http://www.cbm.org/article/downloads/119291/Malnutrition_and_Disability_Report_Summary.pdf</p>

	<p>"Inclusion Works: Lessons learned on the inclusion of people with disabilities in a food security project for ultra poor women in Bangladesh", Light for the World. Available from: http://www.lightfortheworld.nl/docs/default-source/capacity-building/inclusion-works.pdf?sfvrsn=10</p> <p>See also other sector resources: "Environment, climate change and resilience" and "Livelihoods/economic empowerment".</p>
Environment, climate change and resilience	<p>"Disability and Climate Change", CBM. Available from: http://www.cbm.org/article/downloads/54741/Disability_and_Climate_Change.pdf</p> <p>"Disability Inclusion: Environment", CBM. Available from: http://www.cbm.org/article/downloads/78851/CBM_Disability_Inclusion_-_Environment.pdf</p>
Sexual, reproductive and maternal health	<p>"Disability Inclusion: Women", CBM. Available from: http://www.cbm.org/article/downloads/78851/CBM_Disability_Inclusion_-_Women.pdf</p> <p>"Promoting Sexual and Reproductive Health for Persons with Disabilities", UNFPA/WHO. Available from: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/srh_for_disabilities.pdf</p>
Gender Based Violence	<p>"Triple Jeopardy: Violence Against Women with Disabilities in Cambodia - RESEARCH POLICY BRIEF", DFAT. Available from: http://www.dfat.gov.au/about-us/publications/Documents/triple-jeopardy-policy-brief.pdf</p> <p>"How have global services addressing violence against women with disabilities understood their needs and what are the lessons for the next generation of practice?" UN Women. Available from: http://www.enable.org.tw/iss/pdf/20120925-6.pdf</p>
Child protection	<p>"Disability Inclusion: Child Rights", CBM. Available from: http://www.cbm.org/article/downloads/78851/CBM_Disability_Inclusion_-_Child_Rights.pdf</p> <p>"The State of the World's Children 2013: Children with Disabilities - Child Protection", UNICEF. Available from: http://www.unicef.org/disabilities/files/Final_Flyer_Child_Protection.pdf</p>
Education	<p>"Disability Inclusion: Education", CBM. Available from: http://www.cbm.org/article/downloads/78851/CBM_Disability_Inclusion_-_Education.pdf</p>

	<p>"Teachers for All: Inclusive Teaching for Children with Disabilities", IDDC. Available from: http://www.unicef.org/disabilities/files/IDDC_Paper-Teachers_for_all.pdf</p> <p>"Education in Emergencies: Including Everyone INEE pocket guide to inclusive education", INEE. Available from: http://www.eenet.org.uk/resources/docs/IE_in_Emergencies_INEE.pdf</p>
WASH	<p>"Disability Inclusion: WASH", CBM. Available from: http://www.cbm.org/article/downloads/78851/CBM_Disability_Inclusion_-_WASH.pdf</p> <p>"Water and sanitation for disabled people and other vulnerable groups: Designing services to improve accessibility", WEDC. Downloadable chapters available at: https://wedc-knowledge.lboro.ac.uk/details.html?id=16357</p> <p>"Towards Inclusive WASH: Sharing evidence and experience from the field" WaterAid, includes guidance around inclusive development generally, as well as disability inclusion case studies. Available from: http://www.inclusivewash.org.au/LiteratureRetrieve.aspx?ID=105141</p> <p>"Inclusive WASH : What does it look like? " WEDC and WaterAid, 1 page checklist: http://wedc.lboro.ac.uk/resources/learning/EI_Inclusive_WASH_what_it_looks_like.pdf</p>
Livelihoods programming/economic empowerment	<p>"Disability Inclusion: Livelihoods", CBM. Available from: http://www.cbm.org/article/downloads/78851/CBM_Disability_Inclusion_-_Livelihood.pdf</p> <p>"Disability, poverty and livelihoods: Guidance from trickle up", Trickle Up. Available from: http://www.trickleup.org/media/publications/upload/Disability-Poverty-Livelihoods-Guidance-from-Trickle-Up-small-file-2.pdf</p> <p>" Livelihood component: Community based rehabilitation guideline", World Health Organisation. Available from: http://whqlibdoc.who.int/publications/2010/9789241548052_livelihood_eng.pdf</p>