

NOTE TO FILE

To : To Whom It May Concern

Cc :

From : Goetz Ebbecke, General Manager AIP-Rural

Date : 9/3/2018

Subject : Draft Disability Strategy

In 2016, AIP-PRISMA started developing a concept how to approach disabilities among the target households. The “Draft Disability Inclusion Strategy” was never put in place as it was recognized that a broader and deeper knowledge base was needed. Instead, PRISMA started further research to identify the prevalence of disabilities in the beneficiary households in 2017. Based on the work done for the “Draft Disability Inclusion Strategy” and the data collected in 2017, PRISMA is now developing its Disability Inclusion Strategy.

AIP-Rural

Document A.

Draft Disability Inclusion
Strategy

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Acronyms and Abbreviations

| | |
|-----------|---|
| AIP-Rural | Australia-Indonesia Partnership for Rural Economic Development |
| ARISA | Applied Research and Innovation Systems in Agriculture |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSO | Civil Society Organisation |
| DPO | Disabled Peoples' Organisation |
| FGD | Focus Group Discussion |
| GSI | Gender and Social Inclusion |
| M4P | Making Markets Work for the Poor |
| NGO | Non Government Organisation |
| NTB | Nusa Tenggara Barat |
| PRISMA | Promoting Rural Income through Support for Markets in Agriculture |
| SAFIRA | Strengthening Agricultural Finance in Rural Areas |
| SDG | Sustainable Development Goals |
| TIRTA | Tertiary Irrigation Technical Assistance |
| UN | United Nations |

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1. Introduction

1.1 Disability Concepts

In the United Nation's Convention on the Rights of Persons with Disabilities (2007) disability is described as:

“----an evolving concept that results from the interaction between persons with impairments, and the attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis like others”.¹

This description of disability is taken from a social perspective, and focuses attention on the constraints present in the environment rather than on the limitations of the individual person with an impairment that may be visual, hearing, movement, psychological or intellectual. In the social model of disability it is recognised that people with disabilities are not a homogenous group. They are individuals first who have their own personal aspiration, ambition and experience. Because of the different types of impairments (for example loss of ability to walk, hear or see, communicate) and the contexts where people live, their individual experience of barriers and opportunities will vary.

People with disabilities frequently experience many barriers – physical, communication, attitudinal, and institutional due to policies and legislation that prevents or limits their equitable participation and contribution. If these barriers are not addressed as part of disability inclusive or through disability specific initiatives – for example through provision of accessible buildings or transport, sign language interpreting, accessible written formats and inclusive policies and programs – the disability remains focused as an individual's “problem” rather a social issue that is a product of the factors present in the environment where the individual lives.

The extent to which the environment creates barriers for people with disabilities varies. The experiences of each individual are influenced by factors that include gender, cultural and religious beliefs, economic, education and social status, and whether they reside in a rural or urban area. The impact of the disabling environment extends beyond the individual. For example parents, more often mothers, and siblings may be adversely impacted by attitudinal barriers created by traditional beliefs held about certain disability that is often disability in a family being an omen or bad luck. Women and girls more often take on unpaid care roles for family members with disability, which can create social isolation and comparative economic disadvantage for them.

Unless barriers are removed or reduced the social interactions of people with disabilities and their family members will be restricted, and they will experience loss of opportunities including access to information, health, education and other basic services and employment. This exclusion and violation of human rights also comes at an economic cost to the individual, the family and wider society.

¹ United Nations Convention on the Rights of Persons with Disabilities, 2007

1.1.1 Examples of barriers and implications

a. Physical Barriers: Infrastructure (buildings and transport) is often not accessible for people who use wheelchairs or crutches. Steps, kerbs, and the design of roads and pedestrian access make it difficult or impossible for them to move independently or even with assistance of other people. Standard buses and taxis may not be accessible and may not carry their wheelchairs. This may prevent or will limit access to employment, schools, social, religious and community events. Moving around by transport may incur additional costs – for example the cost of private hire of suitable vehicles or paying additional fares for an assistant to travel with them.

During consultation for this disability strategy a farmer shared that because his child has a disability who is unable to travel to school independently, he had to make the decision to take the child out of school as he could not afford to employ someone to help him with his farming so he had time to take the child to school.

b. Communication Barriers: People with hearing loss or who are deaf are most often excluded during social conversations, meetings and when information is shared through spoken word on radio and television. They rely on others to share this information, which means they miss out on very basic and essential information, and are unless adjustments are made they are not able easily to contribute in discussions at decision making forums in the home or community. It is very hard for children who are deaf or hard of hearing to participate and succeed in school unless special provisions and services are made available – for example sign language, or captioning. This type of specialist service is mostly lacking in rural farming communities. People with visual impairment have challenges with written communication, and again rely on personal assistance unless they have access to learn Braille or to software and technology, and the information is then provided in appropriate accessible formats. People with learning or intellectual impairments also rely on information being shared with them in simplified and accessible formats.

During the community FGD one farmer identified as being hard of hearing. He was participating in the meeting and was relying on his fellow farmers to help him to understand the discussions.

c. Attitudinal Barriers: People with disabilities often face barriers to participation and decision-making due to the prevailing attitudes held by those around them, including family members and in their immediate community. These attitudes often come from a feeling of concern that the person needs caring, or is someone to feel sorry or pity for because of their disability. As a result the opportunities to participate and contribute within the home and the community can often be restricted. There are also examples where due to traditional beliefs disability is viewed as being bad luck, or an evil omen, or has come about as a result of the person or the mother behaving badly. In these situations due to the beliefs held the person, the mother or the family maybe isolated within the home of the community. There are examples in some communities where women who are mothers of children with disabilities find it difficult to join savings and lending groups due to negative attitudes held. Because of experience of being isolated and excluded it is not uncommon for some people with disabilities when first invited to participate to initially lack confidence to contribute and

express their views – time and encouragement and again the support of other people with disabilities can assist.

Many times during community consultations we heard about family members who are blind or have intellectual impairment, but they were not included in the mainstream meetings with farmers meaning that their specific needs and priorities were not shared and their views and opinions were not heard. Unless specific forums to engage with and discuss with people with disabilities and ideally facilitated by people with disabilities or representatives of DPOs, the views, ideas and concerns of this group in the community is unlikely to be raised or fully understood.

d. Institutional - Policy and Legislative Barriers: Barriers for people with disabilities are often created the discriminatory policies and laws that exist, or where there is a lack of affirmative and inclusive directives and regulations articulated in the public and private sector. The recent new law on disability for Indonesia enacted in 2016 (Law No.8) makes legislative provision for stronger inclusion, however there is need for regulations to be developed to support its implementation and adherence. The previous legal framework allowed for discrimination against people with disability - examples include in relation to ownership if assets including land, men divorcing their wives who have disabilities, and people with certain disabilities being excluded from employment opportunities in the public sector. The weak regulations in the building code allowed inaccessible construction to be built.

People who are blind in Indonesia experience difficulties from many banks and some prevent them from opening and managing their own bank accounts due to the perceived risk the person creates for the bank in terms of securely managing their finances.

1.1.2 Adjustments made for people with disabilities in the agricultural sector

Relatively little enquiry has taken place specifically about the barriers to participation and effective strategies for inclusion of people with disabilities in the agricultural sector, particularly in mainstream initiatives that includes AIP-Rural. During the consultation and as part of the research completed during the development of this strategy some examples were found but there is limited knowledge about mainstream adjustments in this sector. This indicates the need, as is articulated in this strategy, for more enquiry to help strengthen information and the evidence base to support implementing of effective disability inclusive strategies. Some of the examples of adjustments made in Indonesia and elsewhere in agricultural development programs are:

- **Physical Adjustments:**

- constructing of vertical walled gardens to make farming more accessible for people who use wheelchairs and have movement disabilities
- modified construction of poultry houses to make it more accessible and easier for people with movement disabilities
- location and design of water pumps and irrigation that take into account the specific needs of people with movement disabilities

- **Social Adjustments:**

- farmer groups adjusting the roles and responsibilities within the group – making allowances for the strengths and needs of individual members including women and people with disabilities including person with disabilities taking responsibility on behalf of the group for financial matters and participating in agri-training and sharing this information with other members, and in return the other members undertaking some heavy physical labouring tasks on their farm which they cannot do themselves
- farmer groups in Indonesia introducing people with intellectual impairments to certain farming tasks (feeding animals) and working positively with them to determine their skills and potential capabilities to learn and take on responsibility more tasks over time
- the wife of a farmer with epilepsy sharing what are traditionally the responsibilities of the male in cassava farming and working together with her husband in the field
- the wife of a man with intellectual disabilities works together with her husband and assists him in all aspects of the farm

- **Institutional adjustments:**

- to overcome barriers that people with disabilities experience in accessing credit, a civil society organisation provides collateral and acts as a guarantor to the bank for loans that the farmers with disabilities take out – this helps the farmer gain a credit history with the bank and if the loan is repaid it helps when applying for further loans in the future

1.2 Poverty and Disability – Cause and Consequence

There is a causal and consequential link between poverty and disability. If you are poor you are at greater risk of having a disability. This is due to a number of factors including lack of access to health and medical services, nutritional factors, living conditions, nutrition and through work related injuries. If you have a disability or there is a family member with a disability then that household is also more likely to be economically poorer. This is related to care costs fulfilled mostly by women and girls in the household and difficulties accessing appropriate services. In addition stigma and discrimination that compounds social exclusion is often experienced.

1.3 Disability in Indonesia

Indonesia ratified the UN Convention on the Rights of People with Disabilities (UN CRPD) in 2011. This commitment by the government has supported a positive change of awareness and how disability is viewed. It has helped shift prevailing views about disability as a medical condition and people with disabilities needing welfare and charity, to one where the rights of people with disabilities in Indonesia are now starting to be recognised and respected.

An indicator of progress is the enactment in 2016 of the Disability Law No.8. The law recognises people with disabilities as rights holders, and the legislation makes provision for equity and participation by people with disabilities including education, employment, and ownership of land, assets and access to finance. Implementation and adherence to the law is at a very early stage, and it is too early to determine the commitment of government and private sector to its implementation and enforcement. The new disability law (No. 8) regulates for the provision of a quota of 1% employment of people with disabilities in the private sector and 2% by government. It builds on and strengthens the earlier disability law and the labour law (No.13, 2003). Overall, the earlier laws were poorly implemented and there was little effort made to enforce the provisions due to a lack of incentives to encourage

employers, and shortage of suitably qualified and experienced people with disabilities to fill certain positions. An additional major challenge is the lack of adjustment made to barriers to access in the work place – infrastructure and communication in particular².

The quality and consistency of data on disability in Indonesia is variable, which is the situation in most countries globally. The Government of Indonesia has made strong efforts particularly in recent years to improve the data on disability collected through census and household surveys. International standard data collection tools that focus on functional barriers and participation rather than the individual's impairments have been introduced. This is helping to generate more consistent data that aligns with global figures on disability prevalence. A recent multi-pronged study (*Persons with Disabilities in Indonesia: Empirical Facts and Implications for Social Protection Policies*³) published in 2014 provides comprehensive and high quality data and analysis and is used as the key reference in this strategy and associated Guidelines.

In Indonesia:

- Disability prevalence reported varies depending on data collection methods – the National Census in 2010 reports low prevalence of 5%, but use of the Functional International Classification which is the preferred process identifies much higher rates – refer Table i. below for extracted disability prevalence data in AIP-Rural areas
- Much higher rates are found in rural areas – one example is Papua (a program location) where rural prevalence is double that found in urban communities – see Table i. below
- Higher rates of disability measured in poorer provinces - NTB (a program location) has prevalence rates for high threshold of disabilities in rural locations of women 20.3% and men 15.4%⁴
- People with mild to moderate disabilities participate in employment at equivalent rates as those without disabilities
- People with severe levels of disabilities are rarely employed
- Most people with disabilities – and more often women, are self employed in home based enterprises

² Proceedings from the Indonesia Business and Disability Network (Forum Jejaring Perusahaan untuk Penempatan Tenaga Kerja Disabilitas) meeting December 2015

³ [http://www.tnp2k.go.id/images/uploads/downloads/Disabilities%20report%20Final%20sept2014%20\(1\)-1.pdf](http://www.tnp2k.go.id/images/uploads/downloads/Disabilities%20report%20Final%20sept2014%20(1)-1.pdf) (accessed 6.9.16)

⁴ Refer Table 4.4 Adioetomo, S.M, D. Mont and Irwanto. 2014. *Persons with Disabilities in Indonesia: Empirical Facts and Implications for Social Protection Policies*, Jakarta, Indonesia, Demographic Institute, Faculty of Economics, University of Indonesia in collaboration with Tim Nasional Percepatan Penanggulangan Kemiskinan (TNP2K), Jakarta, Indonesia.

1.4 Disability Inclusive Development

Disability inclusive development seeks to ensure the full and active participation and contribution of people with disabilities in all development processes through working to redress the barriers that present that limit or prevent access and participation. Inclusion is achieved through a range of strategies.

- **Awareness and Understanding** of the presence and situation and experiences of people with disabilities
- **Involvement and Participation** of people with disabilities in the development processes including consultation, planning implementation, monitoring, evaluation and learning
- **Applying Universal Design⁵ Principles** that enables ease of access and use of services and interventions by a wide range of people including people with different disabilities
- **Implementing a Twin Track Approach** that involves implementing disability targeted specific measures and integrating / mainstreaming disability sensitive measures into the design, implementation and M&E of all aspects of a program or intervention

1.5 Disability Inclusion in Market Development

The inclusion of people with disabilities in market driven development is a new and relatively poorly informed area of practice. Very little information is available about effective strategies that promote participation, contribution and benefits by people with disabilities in Making Markets Work for the Poor (M4P). With the recent increased focus on economic development and recognition of the important role that the private sector plays in development, combined with the commitment of development agencies to inclusion (including people with disabilities), as articulated in the “leave no one behind” agenda (a key feature in the post-2015 agenda and is promoted through the Sustainable Development Goals (SDGs)),⁶ makes market development an important and growing area. Initial findings from research published on social inclusion in market-based solutions published in late 2016 by a global partnership recommended that: “-- there are viable opportunities for a much greater use of market-based approaches that improve the livelihoods and incomes of people who are extremely poor and marginalized [including people with disabilities]. This can be done by changing the rules and norms, supporting functions, information or risk profiles that market actors experience, in order to incentivise new business models, structures, services or technology”⁷.

1.6 Disability in AIP-Rural

The Australia-Indonesia Partnership for Rural Economic Development (AIP-Rural) follows the M4P approach and aims to contribute to a 30%, or more, increase in net incomes for poor rural female and male farmers. The number of people with disabilities and households where people with disabilities live that engage in farming in Indonesia is not known. Estimates can be made based on the disability data available. As noted (refer Table i.) the prevalence of disability in the target areas for AIP-Rural in rural areas for people with a high level of disability ranges between a

⁵ Universal Design is the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability

⁶ <http://www.un.org/press/en/2016/sgsm17726.doc.htm>, May 2016, accessed 8th November 2016

⁷ <http://www.ids.ac.uk/project/market-based-solutions-for-the-extreme-poor>, accessed 6th September 2016

low of 8.8% of the population in Papua for men to a high of 20.3% of women in NTB. Overall a higher incidence of disability is found for women and in poorer segments of the population and in rural compared to urban areas. Lower threshold (levels) of disability where people have fewer functional limitations and barriers are less commonly reported. Based on this information it can be anticipated that people with high threshold of disabilities will be present in at least 10% of the households and those with lower thresholds will be present in over 20% in the target areas where AIP-Rural operates.

Table i. Disability Data in 4 of the PRSMA project sites - % of population incidence of disability⁸

| Province | Low Threshold | | | | High Threshold | | | |
|-----------|---------------|--------|-------|--------|----------------|--------|-------|--------|
| | Urban | | Rural | | Urban | | Rural | |
| | Male | Female | Male | Female | Male | Female | Male | Female |
| East Java | 19.2 | 25.4 | 21.7 | 27.8 | 7.3 | 11.3 | 9.3 | 13.0 |
| NTB | 32 | 37.7 | 40.1 | 45.1 | 12.0 | 18.0 | 15.4 | 20.3 |
| NTE | 16.8 | 19.8 | 29.7 | 34.5 | 6.0 | 7.2 | 14.1 | 16.3 |
| Papua | 11.6 | 15.8 | 20.9 | 24.1 | 4.1 | 5.4 | 8.8 | 10.5 |

Due to the barriers that people with disabilities experience they may not take a lead role in farming activities or decisions making about farming. The experience of developing the disability strategy demonstrated that unless there is specific enquiry made about the presence of disability it is largely invisible. To generate data and better understand the presence and situation of people with disabilities in the various subsectors and activities implemented through AIP-Rural specific enquiry into disability through including disability as part of the baseline assessments and through monitoring and impact activities is required.

AIP-Rural consists of four programs that use market-based development to improve small-holder farmer's competitiveness and access to new markets, better inputs, knowledge and technology. The suite of programs in AIP Rural is:

- ☐ **PRISMA**- focus on agricultural commodities and support services
- ☐ **SAFIRA** – focus on value chain financing
- ☐ **TIRTA** – focus on improved access to water for smallholder farmers
- ☐ **ARISA** – focus on stimulating collaboration between industry and Research and Development to commercialise innovation in agriculture

AIP-Rural has a Gender and Social Inclusion Strategy (GSI), which identifies people with disabilities as a key target. However, the program recognised that the strategy currently focused primarily on gender equality and only provided a light-touch approach in regard to disability. After discussions with DFAT, it was determined that the program would procure a specialist in disability to develop a stand-alone Draft Disability Inclusion Strategy, which could be rolled into the GSI strategy over time as staff became more familiar with the subject and the methodologies for inclusion.

⁸ Refer RISKEDAS 2007, and not low threshold refers to the presence of minor functional barriers, and high threshold is presence of significant functional barriers requiring assistance based on the ICF classification and Short Question Survey on disability

2. Purpose

The Disability Inclusion Strategy will guide AIP-Rural staff, and co-facilitators to implement disability inclusive practice within a market driven framework that promote access, agency and economic benefit to people with disabilities in the target communities where the program operates.

2.1 Goal

Knowledge and understanding on disability inclusion applied to market development strategies and interventions benefit people with disabilities and households where people with disabilities live.

2.2 Objectives

The objectives of the Draft Disability Inclusion Strategy are to:

- **Generate Evidence** to improve understanding about access, participation and benefits from the program by people with disabilities, that will assist and inform staff and private sector partners on disability inclusive options for the program and intervention strategies
- **Strengthen Capacity and Confidence of Staff** to incorporate disability into the program through provision of specific training, information resources, and make available to staff a locally based technical capacity on disability for practical advice, co-facilitation and accompaniment
- **Incrementally implement disability inclusive activities in the program** using strategies that are based on evidence and practical experience

2.3 Principles

Certain key principles that reflect current concepts and internationally accepted norms for quality disability inclusive development practice will be applied. These principles locate disability as human rights and a social development issue. Applying these principles will ensure alignment of this strategy with commitments that the governments of both Indonesia and Australia have made in ratifying the UN CRPD. It also ensures alignment with the expectations and requirements of DFAT's disability inclusive development strategy 2015-2020. These principles will be applied within the parameters set for the market development approach articulated in the AIP-Rural design.

The key principles for the disability inclusion strategy are:

- **Support an active and central role for people with disabilities** in all stages of the program cycle in recognition of the added value the perspectives and experience that people with disabilities contribute, and to overcome the historical exclusion and discrimination they often experience
- **Make all processes accessible** in recognition and to help overcome the range of environmental, institutional and attitudinal barriers to participation that people with disabilities risk experiencing due to their impairments and contextual factors including gender, religion, ethnicity and education
- **Recognise and respect the diversity of people with disability** who are each individuals with their own experiences, priorities, aspirations and concerns, and avoid

making assumptions on behalf of people with disabilities when designing program interventions

Figure 1. Disability Inclusion – Goal and Objectives



3. Approach

3.1 Targeted and Incremental

Disability inclusion is a new area of work for AIP-Rural. For this reason the scope of this first strategy will initially target a few areas and implementation will be introduced incrementally. The initial focus during year one (2017) will be on strengthening capacity of all AIP-Rural staff and co-facilitators (in PRISMA) to help them better understand and have greater confidence and capabilities to implement disability inclusive practice. Immediately following the training that will be provided to all AIP-Rural staff and as part of capacity strengthening, the staff will start to collect disability disaggregated to generate evidence from the current program about the presence and situation of people and households where there is disability in the project target areas, and to measure the extent to which they are participating in and benefiting from the current strategies and interventions. Based on this evidence modified or new strategies and interventions will incrementally be introduced and implemented.

Initially during the first year of implementing this strategy disability evidence and activities that target and include people with disabilities will start in PRISMA. This will be in subsectors where it is assessed there is interest and commitment of staff, and there are opportunities to include people with disabilities. Activities will then be implemented incrementally in the other program areas (TIRTA, SAFIRS and ARISA).

This approach to scaling up disability inclusion was successfully used to implement gender inclusion into AIP-Rural. The starting point was PRISMA, the largest component of AIP-Rural and it has more recently been extended to the other program components drawing on the experience capacity and learning gained.

All AIP- Rural staff will be included in the training on disability inclusion that is part of the capacity building activities, This will assist in increasing their awareness and knowledge prior to them introducing disability inclusion into their practice.

Some initial ideas on entry points for disability inclusion in the other program areas, that will start late in year one and during year two of the strategy is briefly outlined in Section 4.2.

3.2 Three Pronged Approach

The strategy will apply a three-pronged approach for disability inclusion that aligns with the approach currently used in the GSI Strategy:

- ☐ **Mainstream Disability** incrementally in the program management cycle and in AIP-Rural's operational procedures
- ☐ **Disability Specific strategies** and inputs that focus on people with disabilities⁹
- ☐ **Dialogue** within the program, with co-facilitators and with private sector partner to inform and influence disability inclusive practice in program and operational procedural and policy level

4. Implementation

4.1 Overview

Implementing disability inclusion in AIP-Rural's activities will start with the PRISMA program, although all staff will participate in the capacity building inputs, to fulfill the aim of extending disability inclusion in stages across all of AIP-Rural's program areas.

The implementation will be staged and scaled up incrementally. During the first year it is expected that there will be:

- i. **Initial focus on strengthening the capacity** of the AIP-Rural program team and co-facilitators in PRISMA on disability awareness and inclusive practice
- ii. **An evidence base by introducing in stages enquiry into disability** in certain subsectors of PRISMA - exploring the presence, priorities, challenges and opportunities that people with disabilities and households where people with disabilities live
- iii. **Introduction in stages of disability inclusive interventions** based on evidence and using the knowledge and skills of PRISMA staff with additional technical advice on disability made available to staff and co-facilitators as required

⁹ Noting that the intent is that disability specific activities will focus on generating disability specific data rather than introducing disability specific interventions

There will be two levels for implementing disability inclusion:

Level One.

Mainstreaming using existing processes that will be modified to generate data on disability. For example a component on disability in the gender Focus group Discussions (FGDs) used in baseline assessments will be added, and as part of the household tracking and impact program data collected a short questionnaire to identify the presence of disability in households data will be included¹⁰. Level 1 will be implemented in a few selected sub-sectors by the PRISMA staff with co-facilitators (where they are present) who will receive training and inputs to support them as required from disability technical advisors who will be contracted by the program.

Level Two.

Will involve more detailed disability specific enquiry and will be implemented initially in only one sector and one location – the Pig sector in Flores. Disability specific tools will be used in the impact assessment processes (survey FGD and in an interview format). This will require additional investment in capacity in disability that will be obtained by drawing on the skills and capacity of local DPO in Flores and some additional disability technical advice that will be contracted to the program.

Section 4.2 briefly describes the entry points in the other AIP-Rural program areas. More specific planning of implementation in these programs will take place based on the experience gained through PRISMA during 2017.

4.2 Proposed Areas of Activity – PRISMA in 2017 / 2018

4.2.1 Strengthen capacity

The knowledge and confidence of AIP-Rural staff and co-facilitators on disability inclusion will be strengthened through implementing a dual approach:

- a. Access to technical resource personnel on disability inclusion who can advise, accompany and co-facilitate certain activities*
- b. Making available training and information resources on disability and inclusive practice*

Suggested entry points:

- i. **Contract disability technical advisors** (refer list *3.1 Disability Technical Personnel*) to provide specific inputs to sector teams and co-facilitators in support of data collection and analysis
- ii. Contract disability technical advisors to provide training on disability inclusion to all AIP-Rural staff and PRISMA co facilitators
- iii. **Recruit national and international technical disability advisors** to be available to provide periodic short term technical support to PRISMA team and ongoing advice on capacity strengthening including developing and disseminating training and resource materials on disability
- iv. **Seek out and facilitate networking opportunities** between AIP-Rural staff, co-facilitators and representatives of DPOs and disability technical advisors located in the or nearby the project areas to provide inputs and collaborate on specific activities and interventions

¹⁰ Refer Document B. Implementation Guidelines and Tools

4.2.2 Generate Evidence

Enquiry in certain selected sub-sectors will take place about:

- 2. The presence and level of participation of people with disabilities in the current program subsectors*
- 3. The extent to which the program's current interventions reach and benefit people with disabilities and households where people with disabilities live*

Suggested entry points:

- i. In selective subsectors* where there is interest and capacity of relevant PRISMA sector teams, for example the cassava sector and other sectors and locations to be determined by PRISMA management:
 - **Introduce disability component** as part of the current gender focus group discussions (FGDs) using Tool 2.3 Disability Inclusion Component in the Existing Gender Focus Group Discussion (FGD)
 - **Include disability assessment** as part of tracking and impact data measurement using Tool 2.4 Functional Assessment of Disability (using modified ICF)
- ii. In one subsector – Pig sector in Flores*
 - **Incorporate disability into the impact assessment** planned for March 2017 and include use of the survey tool (Tool 2.4 Functional Assessment of Disability (using modified ICF))
 - **Explore options for in-depth enquiry** into the experience of pig farmers with disabilities using FGD, interviews and case study methodology

4.2.3 Introduce disability inclusive practice

Based on evidence gained from the program incrementally in certain subsectors introduce inclusive practice by:

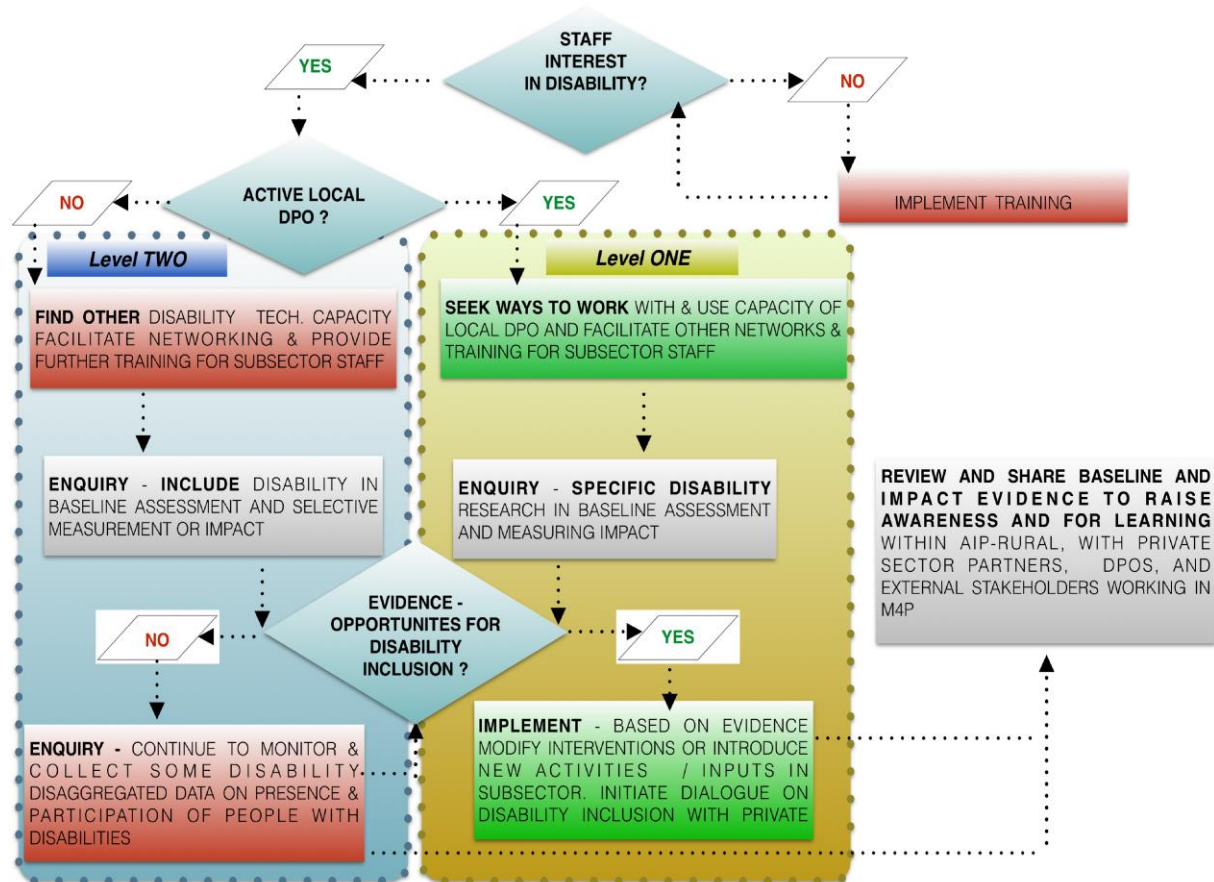
- a. Modifying existing interventions to promote and support inclusion*
- b. Engaging in dialogue with private sector partners to explore options for inclusive practice*

Suggested entry points:

- i. Consider location of demonstration plots / activities* at or near households where there are farmers with disabilities or there are family members with disabilities
- ii. Consider access issues* in relation to demonstration activities including accessible design and construction of infrastructure for people with mobility or visual impairments
- iii. Consider location and timing of training* to ensure access to farmers with disabilities and / or households where there are farmers who may also be caring for family members with disabilities
- iv. Seek representation and participation by people with disabilities or from households where there are family members with disabilities* in the activities (ie training) implemented as part of the intervention and offer adjustments to support equity of access considering physical and communication barriers
- v. Consider barriers related to finance* including challenges for people with visual impairment opening bank accounts, and the need for collateral and guarantor to access to loans from financial institutions

Figure 2.

Decision-Making and Options for Implementing Disability Inclusion in AIP-Rural - Starting with PRISMA in 2017



5. Management and Personnel

5.1 Internal in AIP-Rural

Disability Inclusion for AIP-Rural will be managed by the by the Results Based Management and Learning (RML) unit. An existing AIP-Rural staff will be appointed as disability focal person. This staff will work in addition to their existing responsibilities take responsibility for disability inclusion in the program. Additional external resources will be sourced as required to provide technical and strategic advice to strengthen the capacity of the AIP-Rural team and to support implementation of the activities outlined above. The key responsibilities of the AIP-Rural disability focal person will include:

- Responsibility for identifying the technical and capacity needs in disability for AIP-Rural
- Developing strategies to meet the technical and capacity needs
- Identifying, selecting and managing any external technical capacity (individual or organisation) contracted to provide inputs on disability
- Support subsector team in the design and implementing of disability inclusive activities including training, baseline and impact data collection and analysis and presenting and dissemination results
- Ensuring evidence is disseminated and learning takes place that contributes to improvement in knowledge and capacity on disability inclusion internally within AIP-Rural and with external stakeholders working in M4P

5.2 External Disability Technical Capacity

To strengthen the technical capacity of the AIP-Rural staff additional external resource people will be needed. Subcontracting of individual disability technical specialists or organisations¹¹ with appropriate expertise and experience will provide the required inputs. The specific skills sets and expertise required by either the organisation or the individual includes:

- Strong national networks with local level DPOs particularly in Eastern Indonesia
- Experience and expertise in disability rights and inclusive development - training, advocacy, program design and implementation (mainstream and disability specific)
- Participatory facilitation at community level working with people with low level of educational qualifications, and literacy
- Familiar and experience working with diverse range of people with disabilities and adapting processes to ensure accessibility and participation
- Good knowledge of legislation and regulatory frameworks that apply to disability rights and inclusion in Indonesia
- Prior experience of working with and managing projects funded by international donors including DFAT
- Ideally some experience of working in market development programs and / or with private sector

5.3 Additional Strategic Capacity

Additional capacity may be needed particularly in year one from a designated international or national advisor who would provide periodic inputs to support implementation of the strategy, and provide specific inputs (mainly remotely) in the design of the methodology and analysis and interpretation of results from the impact assessment planned to take place in the Pig Sector in Flores, and in the other baseline and impact data that it is planned will be collected from other subsectors. . This person should have a high level of skills and experience in disability inclusive development to enable them to provide strategic advice to AIP-Rural management on the options and ways to progress disability inclusion in the program, and assist management to communicate the results and proposed strategies on disability inclusion to DFAT.

¹¹ The advantage of contracting an organisation is it should give access to a wider range of capabilities through the networks and links and range of personnel the organisation will have.

6. Risks and Risk Management

There are certain risks associated with introducing and implementing disability inclusion in the AIP-Rural program. The probability and impact if key risks do occur and risk management strategies are summarised in Table 3.

Table iii. Key Risks and Management

| Description of Risk | Probability Occurs | Impact if Occurs | Overall Need to take action to prevent / reduce | Management Strategy |
|---|--------------------|------------------|---|--|
| Poor quality engagement and data collected from community if representatives from DPOs or people with disabilities are not part of the consultation with community members and stakeholders | Medium | High | High | Form links and networks with capable DPOs and individuals with disabilities and contract them to participate in disability focused activities including the facilitating FGDs, data collection and analysis |
| AIP-Rural and PRISMA program team do not have the capacity to effectively implement disability inclusion using a social model to a satisfactory standard | Medium | High | High | Implementation needs to be phased and incremental and both initial ongoing investment needs to be made on strengthening staff and co-facilitators' capacity |
| DPOs and people with disabilities expect a social rather than a market driven approach to development | High | Medium | High | PRISMA staff and co-facilitators take time to introduce and explain the market approach, and identify opportunities for disability inclusion that are relevant and both address the priorities of people with disabilities and build on their existing capacity and experience in relevant sectors and livelihood activities |
| Raised expectations of people with disabilities in the target communities that cannot be met particularly in locations where there is no active DPO or other services being provided | Medium | Medium | Medium | Care in how enquiry is made about disability and ensure DPOs or qualified people with disabilities are part of the consultation and engagement process to manage issues and questions and provide advice and information on disability |

Key:
Probability

Impact if risk occurs

Take action if red or yellow

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------|---|--|--|--|---|--|--|--|---|--|--|--|--|---|---|---|-------------|--|--|--|--|
| <ul style="list-style-type: none">• High (H)– Greater than 70% chance occurs probability of occurrence• Medium (M) – Between <30%> and <70%> probability of occurrence• Low (L) – Below <30%> probability of occurrence | <ul style="list-style-type: none">• High (H) – Risk that has the potential to greatly impact on program, partners and stakeholders including people with disabilities• Medium (M) – Risk that has the potential to slightly impact• Low (L) – Risk that has relatively little impact | <table><tr><td rowspan="4">Impact</td><td>H</td><td></td><td></td><td></td></tr><tr><td>M</td><td></td><td></td><td></td></tr><tr><td>L</td><td></td><td></td><td></td></tr><tr><td></td><td>L</td><td>M</td><td>H</td></tr><tr><td colspan="5">Probability</td></tr></table> | Impact | H | | | | M | | | | L | | | | | L | M | H | Probability | | | | |
| Impact | H | | | | | | | | | | | | | | | | | | | | | | | |
| | M | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | M | H | | | | | | | | | | | | | | | | | | | | |
| Probability | | | | | | | | | | | | | | | | | | | | | | | | |

7. Monitoring and Evaluation

Monitoring and Evaluating (M&E) implementation of the disability inclusion in AIP-Rural through the PRISMA program will include the following measures.

7.1 Output Measures

- # disability surveys included as part of program tracking / monitoring data (noting locations and sector)
- # FGDs that disability was included (noting locations and sector)
- # of disability specific FGDs completed (noting locations and sector)
- # disability specific indepth enquiries undertaken as part of impact assessment and review noting sector and location(s)
- # staff and co-facilitators completed training
- # and types of modifications made to existing program interventions to promote and support disability inclusion
- # dialogues with private sector partners on disability inclusion options (noting sector)

7.2 Outcome Measures

Using Significant Change / Impact stories, case study examples and surveys.

- Examples of the type of data collected and analysis on which to base decision-making about options for disability inclusion modifications to the program
- Level of staff knowledge and confidence and commitment to disability inclusion in their practice
- Examples of impact of disability inclusive modifications made to interventions that gave improved access and benefit by people with disabilities
- Examples of impact from dialogue with private sector partners that promoted disability inclusive interventions

7.3 Learning and Improvement

Annual review and planning meeting on disability inclusion that will serve to measure progress and update the disability strategy and implementation plan will take place. This should involve PRISMA sector teams, other AIP-Rural programs, co-facilitators and possibly some private sector partners and DFAT representatives. The national or international advisor on disability should facilitate the review process.