



PACMOSSI

Pacific Mosquito Surveillance
Strengthening for Impact

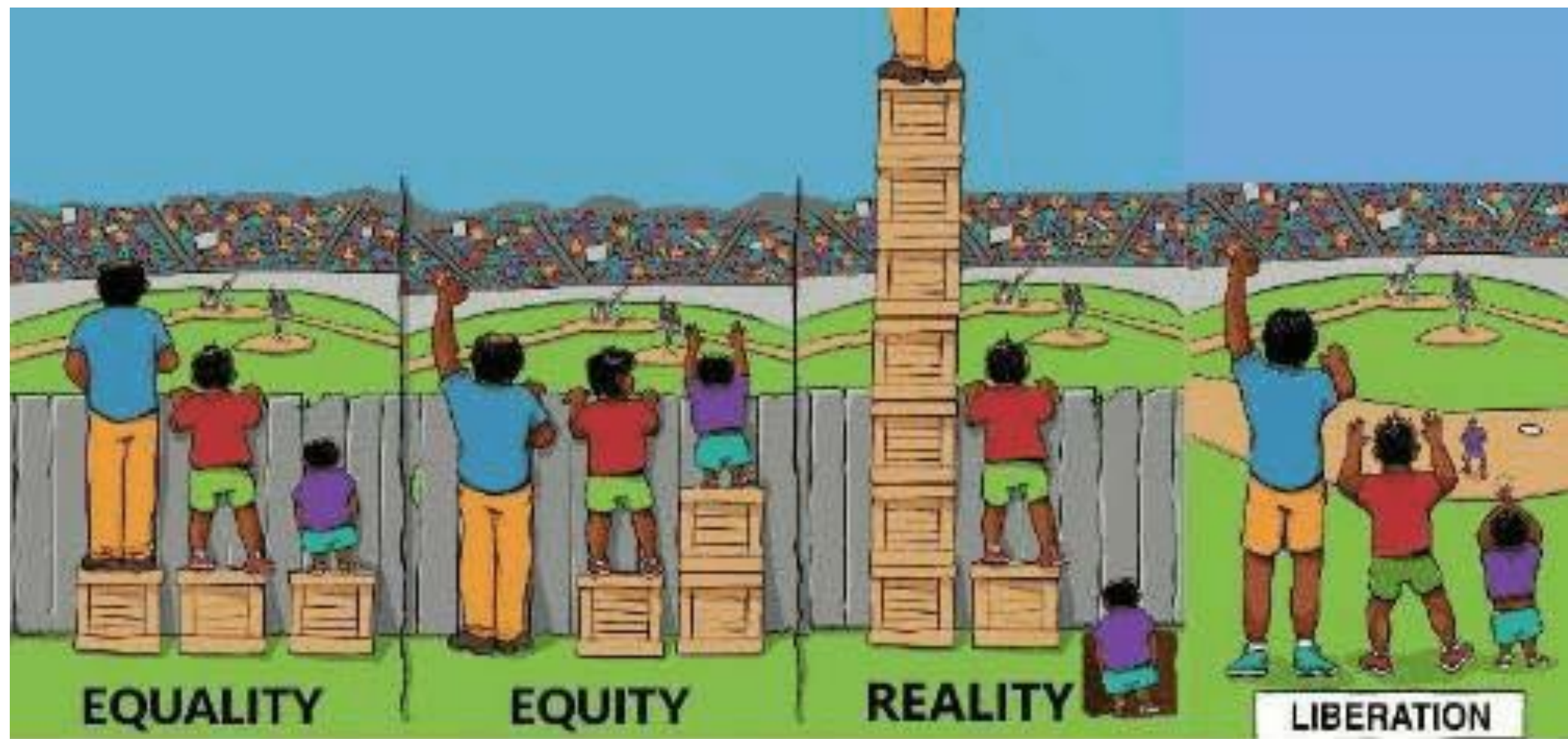
Inclusiveness

PacMOSSI Strategic Planning Online Workshop for Vector Control and Surveillance in
the Pacific

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Disability inclusion

1 in 7 people in the world have a disability



What is disability?



- “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.
- **Physical:** performance of body functions e.g. walking, moving arms and legs, using hands, etc. *e.g. spinal cord injury, cerebral palsy, amputation*
- **Sensory:** seeing, hearing or communicating. *e.g. people who are Deaf, hard of hearing, blind or have low vision*
- **Psychosocial:** chronic severe mental disorders or psychosocial distress. *e.g. schizophrenia, depression, bipolar*
- **Intellectual:** language, reasoning, memory, personal care, etc. *e.g. Down syndrome, cognitive impairments/brain injuries*

Why focus on:

People with disabilities:

Are at **higher risk of acquiring infectious disease** due to:

Living arrangements (e.g. cramped conditions, reliance on carers)

WASH infrastructure lacking and/or inaccessible

Lower access to health services

Challenges in infection prevention and control, e.g. for those relying on personal assistance

Are often unable to access health information or community awareness activities

Are excluded from research, and in the planning and delivery of services

Experience significant barriers to employment, training, and opportunities

Why is participation of people with disabilities important?



- People have a right to “full and effective participation” (UN CRPD)
- It addresses stigma and raises awareness
- People with disabilities know their own situation best –they are the experts!
- Involving community members is good development practice



Disability is diverse



- People with disabilities are not all the same:
 - **Disability is diverse** - it can change over time and is different for every individual
 - **Disability can intersect with other identities and compound marginalisation.** For example, women and girls with a disability who live in poverty face triple discrimination: being female, having a disability and being among the poorest of the poor
 - It is important to **consult widely** to understand the diversity of experiences and barriers faced



Disability inclusive development

DID is process and outcome of including people with disabilities in development

Process - people with disabilities participate and are included in decision-making.

Outcome – achieved when all community members, including people with disabilities, benefit equally from a project or service.

Impairment + barriers = disability

Impairment + ba~~x~~ers = ~~-~~disability



Types of barriers?

- **Attitudinal barriers**
- **Physical barriers**
- **Communication barriers**
- **Institutional barriers**



Types of barriers?

Attitudinal barriers :

- Stigma
- Discrimination
- Lack of awareness
- Low expectations of people's ability to contribute –e.g. ability to work, to contribute to programs

Physical barriers

- Facilities and equipment not accessible
- •Inaccessible latrines, water points
- •Inaccessible transport

Communication barriers

- Health information only in one format (e.g. written only, verbal only)
- Lack of sign language interpreters for trainings/meetings
- Research info and consent forms too complex

Institutional barriers

- Cost of health care
- Discriminatory laws, policies, practices (e.g. employment policies)
- Disability data not collected
- No budget or funding for disability inclusion (e.g. for reasonable accommodation)



Addressing barriers

Organisations of People with Disabilities (OPDs) are:

- Led by people with disabilities
- Established to promote the rights of people with disabilities
- Specific mandate and role recognised in the CRPD
- Variety of types of OPDs and scope

Attitudinal barriers

- Training in disability inclusion
- Employ people with disabilities e.g. in data collection
- Intentionally include people with disabilities in programs e.g. in advisory groups

Physical barriers

- Conduct accessibility audits of facilities
- Provide accessible transportation
- Choose accessible venues for events or meetings

Communication barriers

- Provide health information in multiple formats: written, spoken, pictorial, video...
- Hire sign language interpreters for meetings and training
- Print information in Braille or large print format
- Prepare information and consent forms in simpler language

Institutional barriers

- Advocacy and awareness raising to decision-makers and staff
- Review policies (e.g. HR) to identify barriers to employment
- Collect and use disability data for planning
- Allocate budget for disability inclusion (e.g. for reasonable accommodation)



In summary: Disability inclusion

Effective disability inclusion requires that people with disabilities play an active and central role in matters which relate to them and have the opportunity to participate fully in programs on an equal basis as others.

- Consult and actively engage with people with disabilities throughout the program and/or research cycle.
- Ensure that public health information and communications produced by your project/program are in formats that are accessible to all
- Ensure that any training for health workers and other staff provided through your project/program addresses disability inclusion
- Embed disability in health information management and surveillance systems (if and where relevant)

Local contexts and individual needs will vary and therefore it is best practice to always ask people with disabilities what support they require to fully participate.

Diversity of disability – women, multiple, minority or indigenous groups etc



Gender inclusion

<https://elabor8.com.au/gender-diversity-and-inclusion-is-more-than-just-a-pie-chart/>



Gender analysis



UN Women defines [gender analysis](#) as “a critical examination of how differences in gender roles, activities, needs, opportunities and rights/entitlements affect men, women, girls and boys in certain situations or contexts.

Gender analysis examines the relationships between females and males and their access to and control of resources and the constraints they face relative to each other.

A gender analysis should be integrated into all sector assessments or situational analyses to ensure that gender-based injustices and inequalities are not exacerbated by interventions, and that where possible, greater equality and justice in gender relations are promoted."

<https://archive.unescwa.org/gender-analysis>

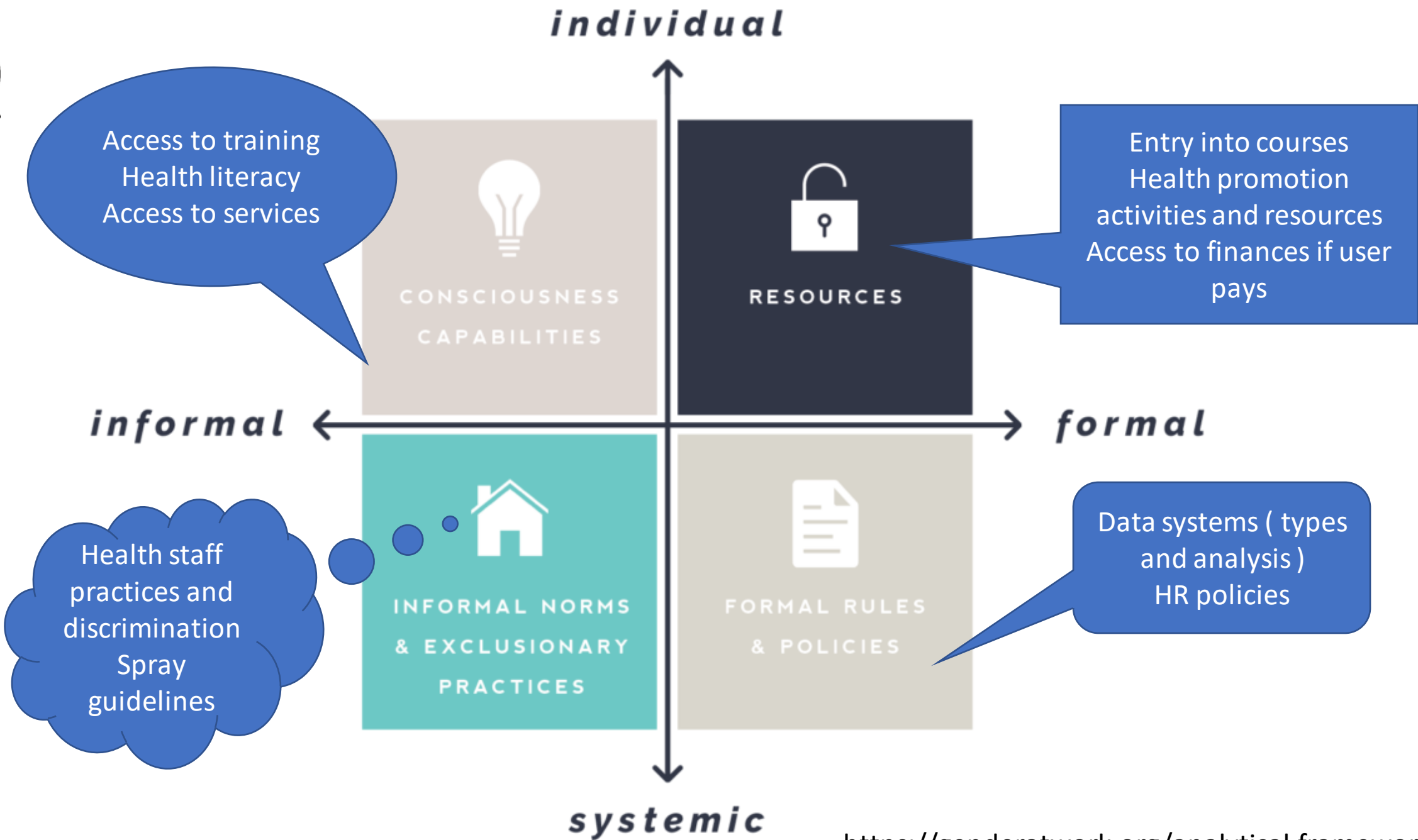


Why a gendered approach?

- The influence of social determinants and gendered norms and divisions of labour on infectious disease transmission and outcomes:
 - Disease outbreaks affect women, men, girls, boys and people with other gender identities differently due to their differing status and roles in society, uneven access to health services and the various socio-economic barriers they experience.
 - Gender-specific barriers to prevention, diagnosis and treatment;
- Pre-existing inequalities are often exacerbated in times of crisis and limit access to the resources and services that women and girls need to be resilient and recover.
 - Consequences of emergencies e.g outbreaks on women and potential for greater economic hardship and violence against women
- Health programming for women is more effective when it is led by women, and when it addresses the broader determinants of health and underlying power imbalances (holistic).
- Gendered differences in health-seeking behaviours and health service utilisation.
- This is particularly true for those who experience **intersecting and compounding marginalisation**, including women with disabilities, of indigenous status, or non-binary or transgender.
- The need to consider social, cultural and normative influences in community health surveillance, public messaging, and information campaigns;
 - Gendered preferences for media, existing knowledge and available resources, and implications for risk communication;



Gender at Work Framework
(The Rao and Kelleher model)



- **Practical gender needs** are the needs of women or men that relate to responsibilities and tasks associated with their traditional gender roles or to immediate perceived necessity.

- Responding to practical needs can improve quality of life but does not *challenge gender divisions or men's and women's position in society*.
- Practical needs generally involve issues of *condition or access*. *E.g.*
 - Timing of meetings,
 - ensuring access to training equitably
 - Spraying women's menstrual huts
 - Location of services
 - Opening or operating times
 - Staff attitudes
 - Female staff security issues

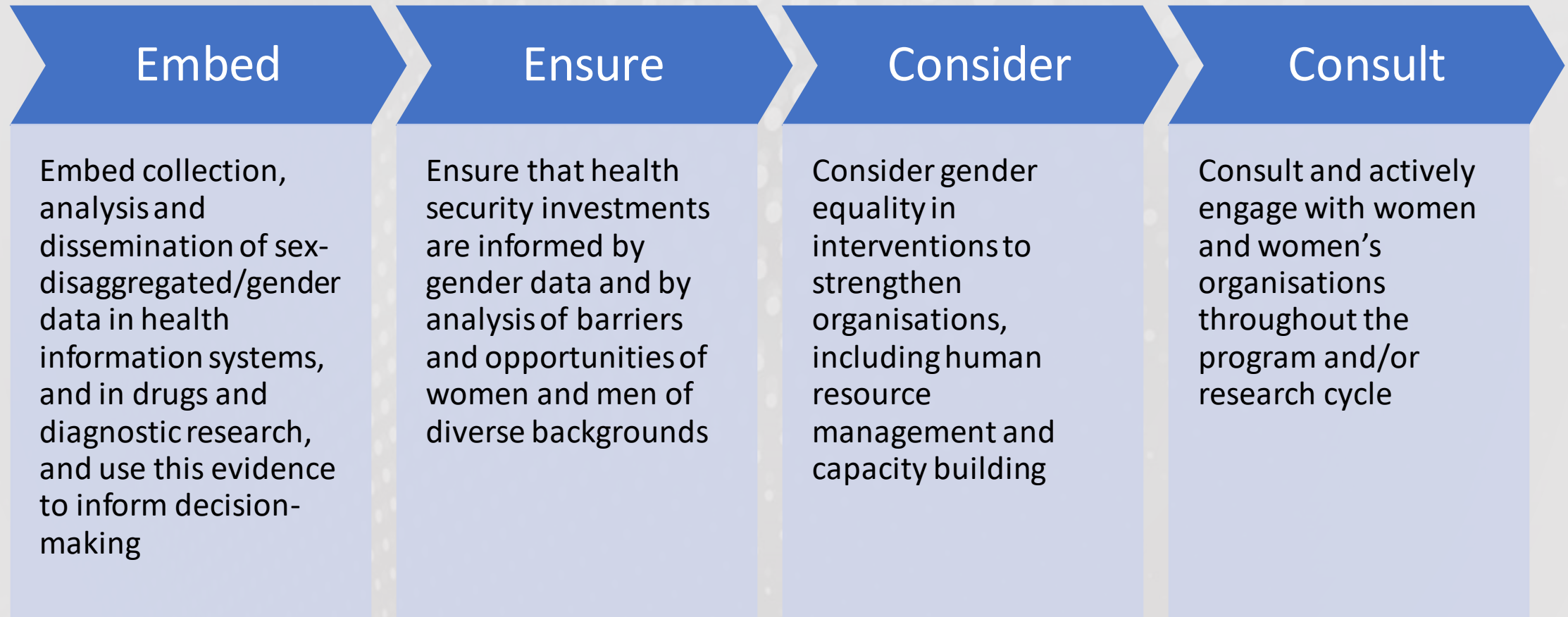
- **Strategic gender interests** concern the position of women and men in relation to each other in a given society.

- *Strategic interests may involve decision-making power or control over resources. Addressing strategic gender interests assists women and men to achieve greater equality and to change existing gender roles and stereotypes.*
- Gender interests generally involve issues of *position, control, and power*. *E.g.*
 - Equity in representation on decision making committees etc
 - Fair and equitable recruitment /promotion processes
 - Women in leadership focus
 - Evidence based advocacy for gender inclusiveness
 - Safeguarding policy to protect female workers





Planning considerations





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References



- Presentation to the Indo Pacific Centre for Health Security Partners Forum: Disability Inclusion Session 30/9/21 Tessa Hillgrove, and Paul Deany CBM Inclusive Advisory Group. Not published
- Indo Pacific Centre for Health Security 2021 Health Security Initiative Guidance Note Supporting disability inclusion through DFAT health security investments <https://indopacifichealthsecurity.dfat.gov.au/>
- Indo Pacific Centre for Health Security 2021 Health Security Initiative Guidance Note Supporting gender equality through DFAT health security investments <https://indopacifichealthsecurity.dfat.gov.au/>
- <https://www.equilo.io/gender-analysis>