Influence of Donor Aid Policy on Disability Inclusion in Myanmar

Sai Kyi Zin Soe

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STATEMENT OF ORIGINALITY

I certify that the intellectual content of this thesis is the product of my own work and that all the assistance received in preparing this thesis and sources have been acknowledged.

Sai Kyi Zin Soe

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Abstract

(i)   Title   : Influence of donor aid policy on disability inclusion in Myanmar

(ii)   Name   : Sai Kyi Zin Soe

         email   : sai.soe@sydney.edu.au

         Supervisors   : Gwynnyth Llewellyn, Jennifer Smith-Merry, Rebecca Barton, Charlotte
         Scarf

(iii)   Study Aims

Article 32 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) requires that international aid programs are inclusive and accessible to people with disabilities. Myanmar is both a signatory to the UNCRPD and is becoming a major recipient of international aid from countries which are also signatories.

This doctoral study aimed to identify if the requirements of Article 32. 1 (a) are reflected in donor-funded aid programmes in Myanmar. The primary purpose was to analyse compliance along 'the aid delivery chain' understood to encompass policy commitment and implementation by donor agencies and in-country partners, identifying influencing factors on disability-inclusive development practices.

The research used a multi-method design in a two-step approach. The first step involved purposive sampling of three major international donors active in Myanmar to analyse their policies in relation to commitment and consistency of disability inclusion. The analysis was carried out by reference to publicly available donor country generic aid and development policy, thematic disability policy if this existed, and country-specific programmes and project documents. The second step involved field research in Myanmar. This occurred by way of semi-structured interviews with aid and development stakeholders focusing on respondents' experiences and ontological understanding about disability inclusion in aid programs based in Myanmar.

The findings of this doctoral research demonstrate that the inclusion of persons with disabilities in the aid delivery chain is not yet regarded as a moral obligation as prescribed by the UNCRPD. However, disability inclusion still occurred where there were understanding and commitment by a leader within an organization. The presence of a disability activist further strengthened disability inclusion. Employing persons with disabilities in organisations helped to raise awareness and understanding about disability and disability inclusion in their own organisation and within a wider network of stakeholders.

The outcomes of this study point to the need to identify policy compliance on disability inclusion by donors who have signed (and ratified) the UNCRPD and to recognise the key influencing factors on disability inclusion at all levels of the aid delivery chain. It is hoped that the findings of this study lead to better understanding by national UNCRPD implementation committees of the need to monitor

compliance with UNCRPD by the government, donor agencies and disability advocates and activists for disability inclusion in international cooperation and aid and development programmes.

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Chapter 1: Introduction

This chapter lays out the background to the study undertaken for this doctoral thesis titled "Influence of donor aid policy on disability inclusion in Myanmar". The chapter begins by locating disability and disability policy in an international perspective, then provides an overview of the research setting, Myanmar, followed by specifying the problem addressed by the study, stating the research questions and finally, describing the organisation of the thesis.

1.1 Disability in international perspective

Concern for the situation of people with disability has been on the human rights agenda of many governments (Bickenbach, 2009; UNCRPD, 2007; United Nations, 1948, 1966, 2015) and this has gained momentum since the adoption in 2006 of The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). This international convention aims to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedom by all persons with disabilities, and to promote respect for their inherent dignity" (UNCRPD, 2007, p. 4). The convention describes persons with disabilities as "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" (UNCRPD, 2007, Article 1). Inevitably, as Sen (2004) suggests the full enjoyment of one's human rights relies on factors such as society's moral acceptance of natural rights, the functionality of the governing legal system and political context and, as noted by (Albrecht, Seelman, & Bury, 2001), the interdependence of these factors.

According to the *World Report on Disability* jointly produced by the World Bank and the World Health Organization (WHO, 2011), there are over 1 billion people with disabilities worldwide, which amounts to 15% of the global population. It is estimated that

> around 785 million (15.6%) persons 15 years and older live with a disability, while the Global Burden of Disease estimates a figure of around 975 million (19.4%) persons. Of these, the World Health Survey estimates that 110 million people (2.2%) have very significant difficulties in functioning, while the Global Burden of Disease estimates that 190 million (3.8%) have "severe disability" – the equivalent of disability inferred for conditions such as quadriplegia, severe depression, or blindness. Only the Global Burden of Disease measures childhood disabilities (0–14 years), which is estimated to be 95 million (5.1%) children, of whom 13 million (0.7%) have a severe disability (World Health Organization, 2011, pp. 261 - 262).

The number of persons with disabilities is growing as populations age (Tripney et al., 2015; World Health Organization, 2011) and many countries experience increases in chronic health conditions, "road

traffic crashes, natural disasters, conflict, diet, and substance abuse" (World Health Organization, 2011, p. 262). Disability is recognised as a development issue since it has a "bidirectional link to poverty: disability may increase the risk of poverty, and poverty may increase the risk of disability" (Filmer, 2008; Tripney et al., 2015; Vick, 2011; World Health Organization, 2011, p. 10). According to the *World Report on Disability*, 80% of persons with disabilities live in poor or developing countries and are often "denied [equal] access to health, rehabilitation, support, education and employment, and never get the chance to shine" (World Health Organization, 2011, p. ix) and political participation because of their disability (Campbell & Oliver, 1996; Griffiths, 2012). It is clear that the lives of persons with disabilities vary depending on the country they live in, their age, gender, socio-economic status and urban or rural location (World Health Organization, 2011). Universally, however, persons with disabilities experience various forms of discrimination, exclusion and stigmatisation related to their socio-cultural context (Gargett, Barton, & Llewellyn, 2015).

The *World Report on Disability* (2011) lists a range of factors that limit disability inclusion: inadequate policies and standards, negative attitudes, lack of provision of services, problems with service delivery, inadequate funding, lack of accessibility, lack of consultation with and involvement of people with disabilities and lack of data and evidence. These limiting factors have been identified from numerous research studies in developing countries, yet the Report did not address factors that might prevent the inclusion of people with disabilities in aid and development practices. Theoretical perspectives on disability and approaches to disability inclusion are discussed in the following chapter.

Since World War II, poverty has been tackled globally via international aid and development, starting with the Marshall Plan (Easterly, 2006a; Moyo, 2009; J. Sachs, 2005; United States Agency for International Development, 2014). Poverty is relevant to this thesis since its focus is on Myanmar. According to the United Nations Educational, Scientific and Cultural Organization UNESCO (n.d.), absolute poverty is a measure of the amount of money required to meet basic needs, while relative poverty is defined as economic status relative to the economic status of other members of the society. The launch of the Marshall Plan after World War II led the development of the agenda for international development, which included the achievement of humanitarian goals through the creation of a political and economic alliance. The Organization for Economic Co-operation and Development (OECD) was established in 1961 to stimulate global economic progress and world trade, with 20 countries originally signing the OECD Convention. More recently, the OECD's focus has been on aid and development investment with the aim of eliminating extreme poverty (Organisation for Economic Co-operation and Development, 2013; Organisation for Economic Co-operation and Development & World Trade Organization, 2013). In 1990, developed nations came together to identify globally defined objectives, which led to the Millennium Development Goals (MDGs) 1990-2015. By 2013, investment in aid and development by OECD countries had reached US$134.8 billion (Organisation for Economic Co-operation and Development, 2014a). This investment was intended to support the poorest nations and

developing countries. Myanmar is one such nation, having been on the list of Least Developed Countries (LDC) continuously since 1987 (Organisation for Economic Co-operation and Development, 2014b; United Nations, n.d.-a).

Despite the global effort to address poverty through the MDGs, the United Nations (2011) has identified a glaring gap in relation to persons with disabilities, proposing that "this lack of [disability] inclusion is more than a lost opportunity – a growing body of opinion and data argues that unless persons with disabilities are included, none of the MDGs will be met" (pp. 2 - 3). Subsequent discussions which began at the United Nations Conference on Sustainable Development in Rio de Janeiro in 2012 led to the development of the Sustainable Development Goals (SDGs) 2016-2030 (UNDP, n.d.). It has been argued that "implicit [disability] inclusion rarely leads in practice to explicit inclusion in MDG efforts" (Tardi & Njelesani, 2015, p. 1497). This argument influenced the development of the SDGs and the commitment to 'leaving no one behind', which has become a key slogan and rationale for the inclusion of persons with disabilities (Tardi & Njelesani, 2015). According to the United Nations (n.d.-c), "disability is referenced in various parts of the SDGs and specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs" (para. 2)

1.2 The study setting

Myanmar is the second largest country by geographical size in Southeast Asia. It was under British rule from 1824 to 1948, when it was known as Burma. In 1989, the military government changed its name to Myanmar. Following its independence from British rule in 1948 Myanmar was known to many donor countries as a troubled nation, and aid delivery was associated with a range of problems including poverty, ethnic conflict, corruption and human rights violations. Since independence, Myanmar has received support from several donors, such as Australia, which has provided technical assistance, mainly scholarship awards through the Colombo Plan, and the United States (Wilson, 2016) as well as US$250 million from Japan for war reparations between 1955 and 1965 (Seekins, 1992).

As a result of the military coup in 1962, many donors, including Australia and the US, stopped supporting the Myanmar government (Steinberg et al., 2015). Yet in 1987 it was listed as a least developed country (Maung, 1990) by the United Nations (GDC, 2014) according to its lowest indicators of Gross National Income per capita and Human Assets Index and Economic Vulnerability Index (United Nations, n.d.-b) and has rapidly descended into one of the poorest countries in the world. The only country that continued to support Myanmar at that time was Japan, which provided US$140 million between 1965 and 1972 and has continued to provide aid since then (Seekins, 1992).

In 1988, the military government brutally cracked down on a democratic uprising and failed to recognise the election results in 1990. As a result of these events and many human rights violations reported by

the international community, donors imposed a range of sanctions from 1997 (Ware, 2014). Since then, the country has been identified as one of the poorest nations in Southeast Asia, with a poverty rate of 26%, 70% of its population of 56 million living in rural areas, and a score of 150 out of 188 on the Human Development Index in 2014 (United Nations Development Programme, 2014).

Despite international sanctions against the military regime, support has been received from donors in several European countries, as well as Australia and the US. From the early 2000s, the focus of humanitarian aid was on health, specifically, the eradication of HIV/AIDS, tuberculosis, and malaria in Myanmar. This aid was delivered through the Global Fund and the Three Diseases fund (3DS, 2012) and implemented by UN agencies and International Non-Government Organisations (INGOs) such as Population Services International (PSI), World Vision and Care.

A significant increase in aid and development activities occurred after Cyclone Nargis struck Myanmar in May 2008, with estimated casualties of more than 130,000. The military initially denied access to several international humanitarian response agencies but gradually accepted their support. The scale of the humanitarian response to the aftermath of Nargis brought a large number of new organisations into Myanmar. The local civil society organisations were the main actors in the emergency response period but there was also a significant influx of INGOs. Before the cyclone, around 40 INGOs were reported to be on the ground; the next year, the number grew to over 100 (Saha, 2011; Ware, 2014).

Myanmar opened its doors to foreign aid in 2011 and the country has since received US$6 billion to write off debt and over US$1 billion for development programs (Raybould & Petty, 2013). The international community began to re-engage with the Myanmar government after the opposition leader, Nobel laureate Aung San Suu Kyi, was released from almost 15 years of house arrest in 2010 and entered parliament in 2012 (Saha, 2011). The president of the United States of America, Barack Obama, visited Myanmar for the first time in November 2012 to meet with Aung San Suu Kyi. This triggered the re-establishment of diplomatic relations by several countries that had previously applied sanctions, significant growth in aid and development investment, and the initiation of many development program activities by International Non-Government Organisations (INGOs) and Local Non-Government Organisations (LNGOs) (Raybould & Petty, 2013; Saha, 2011; Wilson, 2016). Since Suu Kyi's party, the National League for Democracy (NLD), won the 2015 election and formed a new civilian government in 2016, there has been increased investment in aid and development as well as economic investment. According to Burke, Williams, Barron, Jolliffe, and Carr (2017); Wilson (2016) there has been a significant expansion in foreign aid since the beginning of 2011

> …as President Thein Sein actively courted development assistance and sought to underpin the country's growing international legitimacy. OECD countries and multilateral agencies responded quickly with significant debt forgiveness. Japan played a leading role, forgiving some 60% of the USD 6 billion owed to it by Myanmar.

Myanmar's long-standing debt to the World Bank and the Asian Development Bank, totalling approximately USD 960 million, was cleared using a Japanese bridging loan. Debt cancellation was accompanied by the entry of new donors into Myanmar and the expansion of existing programs. Recorded aid flows to Myanmar have grown fast from a low base, increasing nearly tenfold between 2010 and 2015. Excluding debt forgiveness, new commitments to Myanmar grew from USD 302 million in 2011 to a peak of USD 4.5 billion in 2013, and remained high throughout 2014 and 2015 at USD 2.1 billion and USD 3.3 billion, respectively (pp. 44 - 45).

1.2.1 Human rights and disability in Myanmar

In the midst of the political turmoil that followed the country's independence from Britain, consecutive dictator regimes have suppressed the human rights movement and punished its activists with long prison terms. This, as Saha (2011) explains, is why civil society groups or LNGOs focusing on human rights tended to work underground. However, with the growth in the number of aid and development programs run by INGOs and LNGOs after Cyclone Nargis in 2008, disability emerged as an issue. The first disability survey was conducted in 2009 by The Leprosy Mission International (TLMI) in collaboration with the Ministry of Social Welfare (The Leprosy Mission International, 2010). The evidence of widespread disadvantage among people with disabilities from this survey and pressure from the international community, including the UN Security Council (Taylor, 2008), is thought to have convinced the Myanmar regime that disability is an apolitical issue. Myanmar ratified the UNCRPD on 7 December 2011, and the National Law on the Protection of the Rights of Persons with Disabilities – 2015 was enacted in June 2015 (ILO, n.d.).

According to the survey of disability prevalence and socioeconomic status conducted by TLMI in 2009 and reported in 2010 based on a sample of 108000 households across the country, public awareness of disability was low with only four types of disability recognised namely, "physical, seeing, hearing and intellectual or learning impairment" (The Leprosy Mission International, 2010, p. 9). The TLMI further reported that persons "with impaired function due to chronic diseases such as HIV/AIDS, depression, chronic heart disease, as well as people with a minor limb or facial deformities which did not impair function were not considered disabled" (The Leprosy Mission International, 2010, p. 9).

The TLMI survey reported that 2.3% of the total population (estimated at 55 million in Myanmar at that time) were persons with disabilities. This prevalence figure is low compared to the global prevalence estimates for the adult population of 15.6% and 19.4% respectively (World Health Organization, 2011, p. 29), and is likely to be attributable to the fact that only four types of disability were included. At around the same time, the Myanmar Social Policy and Poverty Research Group (SPPRG), an initiative of the Department of Social Welfare and three INGOs (Leprosy Mission International, Action Aid and Help Age International), reported that the poverty rate for households with one or more persons with

disabilities was 37.3%, compared to 23.8% for households without a person with disabilities. Significantly, this report also stated that only 0.5% of the sample of 1,100 households with persons with disabilities had exercised their rights, and the majority (68%) had never heard of the rights of persons with disabilities (Griffiths, 2012).

1.3 Statement of the problem

Myanmar is a signatory to the UNCRPD and a major recipient of aid and development assistance from other signatory states. Since the country opened its doors to foreign aid in 2011, the number of INGOs has grown, and aid and development programs have impacted on political, socio-economic, health, education and infrastructure development through donors' development assistance policies and priorities (Organisation for Economic Co-operation and Development, 2013, 2014a; Steinberg et al., 2015; Ware, 2014; Wilson, 2016). However, in 2010 the SPPRG surveyed 50 Myanmar-based humanitarian agencies to assess disability inclusion among the targeted beneficiaries of their project activities and found that less than 10% of UN agencies and INGOs in Myanmar had provisions to enable the inclusion of persons with disabilities in aid and development and humanitarian activities, including emergency relief (Griffiths, 2010). Evidence of exclusion of persons with disabilities from development programs was found to be similarly widespread in study that used 2010 National Disability Survey data (Griffiths, 2012). The findings indicated that:

> Despite the specific enunciation of the rights for persons with disabilities in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the inclusion of specific provisions to ensure rights for persons with disabilities in other International charters and instruments, persons with disabilities continue to live an unequal existence when compared with other non-disabled persons. However, the extent of inequality for persons with disabilities in Myanmar has not been quantified (p. 1).

Both this and another study by Griffiths (2012) revealed widespread exclusion of persons with disabilities in areas on which many aid and development donors focus, including education, health, livelihood and human rights protection and promotion. No information is available, however, on how the UNCRPD is reflected in donors' international aid and development policies and how those policies influence aid and development practices in Myanmar.

Disability and disability inclusion have been regularly addressed at the national level in terms of Myanmar's responsibilities and obligations as a member state and a signatory to the international human rights-based treaties such as the UNCRPD. Yet whether there is disability inclusion in international cooperation or in development assistance by donors, as required by Article 32 of UNCRPD, has never

been addressed in Myanmar, despite the fact that many donors have pledged to uphold and respect international human rights laws.

UNCRPD Article 32 states:

1. States Parties recognize the importance of international cooperation and its promotion, in support of national efforts for the realization of the purpose and objectives of the present Convention, and will undertake appropriate and effective measures in this regard, between and among States and, as appropriate, in partnership with relevant international and regional organizations and civil society, in particular organizations of persons with disabilities. Such measures could include, inter alia:

a) Ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;

b) Facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices;

c) Facilitating cooperation in research and access to scientific and technical knowledge;

d) Providing, as appropriate, technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

2. The provisions of this article are without prejudice to the obligations of each State Party to fulfil its obligations under the present Convention (UNCRPD, 2007, p. 24).

By signing and ratifying the UNCRPD, donor countries accept an obligation to include people with disabilities in their aid and development programs. It is important, therefore, to address whether there are inconsistencies between the implementation of aid and development programs in-country and the requirements of the UNCRPD for people with disabilities to enjoy equal opportunities and lead dignified lives. In particular, it is crucial to identify barriers to disability inclusion within aid delivery if disability inclusive aid and development practices are to develop and flourish in Myanmar, especially as the country enters a period of change in which it can become a more stable and inclusive nation.

It should be noted that the thesis directly addresses only section 32.1 (a) only of Article 32; the remaining sections of Article 32 are beyond the scope of the study.

1.3.1 Research questions

This study is designed to answer two questions:

☐ Is disability inclusion considered in the aid policy of selected signatory donors to the UNCRPD (United Nations Convention on the Rights of Persons with Disabilities) as required by Article 32(a) of that convention?

☐ Is the commitment to disability inclusion of these signatory donors to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) consistent throughout their aid delivery chain? If so, how does this occur and, if not, why not?

1.4 Key concepts and premise

This study adopts the definition of the 'aid delivery chain' proposed by Gibson, Andersson, Ostrom, and Shivakumar (2005), in which the aid delivery process is seen as a linear chain that links a donor government to a recipient country beneficiary via a variety of intermediary organisations. According to this interpretation, the intermediaries include recipient government ministries and agencies, nongovernmental organisations (NGOs), other donors, and private implementation contractors. The present study, however, focuses on compliance with the UNCRPD within the aid delivery chain in Myanmar. Other donors, such as religious institutions, individuals or private or public business institutions, are not included.

Additionally, although the United States has not ratified the UNCRPD, it has always been at the front line of providing aid and development support to Myanmar (Raybould & Petty, 2013; Saha, 2011; Ware, 2014). It has had a substantial influence in Myanmar, for example, by convincing Aung San Suu Kyi and her party to take part in Myanmar political processes despite her opposition to the constitution imposed by the military junta in 2008. The US decided not to ratify the UNCRPD because, it claimed, the American Disability Act (ADA) of 1990 could protect and promote the rights of persons with disabilities at least as well as, if not better than the UNCRPD; they did, however, sign it on July 30th, 2009 (United States International Council on Disabilities, 2012). This is why the US was included on the potential list of donors in Myanmar for this study. The aim was to critique their commitment to disability inclusion in their aid and development assistance to Myanmar.

The concept of disability inclusion or disability inclusive development emerged as a key human rights priority for many international aid agencies following the signing of the UNCRPD in 2006. This convention has become part of the international legal framework. Although the ideal is to ensure that people with disabilities have the same rights as others, research has shown that inequalities and exclusion exist to varying degrees for every person with disabilities. They have been denied access or excluded from participating in development processes, especially, but not exclusively, those living in poor countries (World Health Organization, 2011). There are many reasons for the failure of disability inclusion to be realised, including unfavourable societal understandings, low levels of civic education, self-stigmatisation of persons with disabilities, the absence of an enabling legal framework, or simple

ignorance (D. Braddock & Parish, 2001; J. H. Braddock & McPartland, 1987; World Health Organization, 2011). As noted in earlier, there is evidence that persons with disabilities in Myanmar are trapped in a cycle of poverty, have limited or no access to services such as health, education and social welfare, and lack a national social protection system or national legal framework to protect their rights (Bawi, 2012; Griffiths, 2010; The Leprosy Mission International, 2010; United Nations Development Programme, 2011; World Health Organization, 2011).

Although social inclusion is another fluid term (P. Bates, 2002), in this study disability inclusion means ensuring that people with disabilities have full and fair access to activities, social roles and relationships, alongside non-disabled targeted beneficiaries, in aid and development programs in Myanmar. Over the years many scholars and activists (e.g. Barnes (2012); CBM (2012); Covey (1998); Davis (2013); Deegan and Brooks (1985); Goodley, Hughes, and Davis (2012); Hughes (2012); Keith and Keith (2013); Kristiansen, Vehmas, and Shakespeare (2009); Lauber and Rössler (2007b); MacLachlan, Mannan, Huss, Munthali, and Amin (2016a); Miles (2002b); Nussbaum (2006); Schur, Kruse, and Blanck (2013); Shakespeare (2006, 2013a, 2013b); Watson, Roulstone, and Thomas (2012); Withers (2012) have shown how support can be provided so that people with disabilities can be employed rather than attend a sheltered workshop, live in their own home rather than in a hostel, and participate in friendships and community life with a diverse array of citizens, instead of conducting their whole lives within segregated disability services (Peter Bates & Davis, 2004). In the context of tackling global poverty, The World Bank (n.d.) defines social inclusion as:

1. The process of improving the terms for individuals and groups to take part in society, and

2. The process of improving the ability, opportunity, and dignity of those disadvantaged on the basis of their identity to take part in society (para. 5).

1.5 Overview of the thesis

This chapter, Chapter 1 has introduced the topic, examined the international context of disability and disability policy, briefly described the research setting, and stated the research questions that guided the investigation.

Chapter 2 presents a conceptual framework for understanding disability in the human rights context. It explains how changing understandings of disability in recent history led to the implementation of UNCRPD as an international human rights convention, and how this convention and its articles have become drivers of disability inclusion in aid and development.

Chapter 3 details the methodology used in the study, explaining how phenomenology informed the research design and approach. It describes how the research questions were addressed via a two-step,

the multi-method design comprising analysis of donor aid policies, followed by in-depth interviews with key informants. The procedures used for donor selection, participant sampling and recruitment, data coding, and data analysis are elaborated, and the challenges involved in implementing these methods in field research in the political context in Myanmar at the time of the study are described.

Chapter 4 presents the findings from the donor aid policy analysis, which addressed Research Question 1:

- ☐ Is disability inclusion considered in the aid policy of selected signatory donors to the UNCRPD (United Nations Convention on the Rights of Persons with Disabilities) as required by Article 32(a) of that convention?

Chapter 5 presents the findings from the interviews conducted in Myanmar, which addressed Research Question 2:

- ☐ Is the commitment to disability inclusion of these signatory donors to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) consistent throughout their aid delivery chain? If so, how does this occur and, if not, why not?

Chapter 6 presents a synthesis and discussion of the research findings and concludes with recommendations for future research.

Chapter 2: Conceptual Framework

This research is based on the concept of fundamental, universal human rights of persons with disabilities, as prescribed in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). In signing and ratifying this convention, member states agree to recognise these rights, including those related to accessibility of development programs. This chapter examines key historical perspectives on disability and provides an overview of how these approaches relate to understandings of disability in Myanmar, including the more recent ostensible move towards the adoption of a rights-based approach. The chapter also outlines human rights theories more broadly to create an ontological foundation for this study and to describe the human rights perspective of disability inclusion.

2.1 Understanding disability

According to the UNCRPD (2007), "disability is an evolving concept … [D]isability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (UNCRPD, 2007, p. 1). Persons with disabilities are defined as "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" (UNCRPD, 2007, p. 4).

Yet, as the World Health Organisation and World Bank noted in the *World Report on Disability* (WHO, 2011), respect for the inherent dignity and individual autonomy of persons with disabilities, without discrimination and with effective participation and inclusion in society, has not been fully realised. Impairment has always been part of human existence, however, understandings of disability and responses to it have varied over time and across societies with different religious and cultural beliefs (D. Braddock & Parish, 2001; Gargett et al., 2015). Scholars from various disciplines have sought to understand disability in the context of other transformative ontological arenas such as feminism, queer theory and children's rights. It is probably fair to say that disability theory has not yet attracted the same global interest, despite the introduction of international and national legislation and the existence of a strong disability movement.

Disability scholars Goodley et al. (2012) suggest that disability remains a stigmatised status in which a person with disabilities is constructed as a lesser human or citizen, which leads to inequality, discrimination and, ultimately, unjust treatment of people with disabilities. Social exclusion or discrimination is defined as failure to include a person or group of people in a society, intentionally or unintentionally, based on their perceived differences from that society's norms (UNCRPD, 2007). Below I outline key historical approaches to understanding disability and briefly discuss how these have

influenced understandings of disability and responses to, or treatment of, people with disabilities. These approaches include religious perspectives, the medical model, the charity model and the social model.

2.1.1 Religious perspectives

Religious and cultural beliefs have been central ingredients in shaping understandings of disability over the course of history. In recorded history, religious teachings have constructed disability as a curse from God (James, 2014) or karma of sin from a previous life (Chen, Brown, & Kotbungkair, 2015; Goodley et al., 2012; Miles, 2002a; Shakespeare, 2013a; Singh, 2000). Henderson (2011) explains the religious model of disability as:

> [S]ome people, if not many, believe that some disabilities are the result of lack of adherence to social morality and religious proclamations that warn against engaging in certain behavior. To further explain this model, some beliefs are based upon the assumption that some disabilities are the result of punishment from an all-powerful entity. Furthermore, the belief is that the punishment is for an act or acts of transgression against prevailing moral and/or religious edicts. (p. 7)

In the Christian Bible, impairments associated with disability are considered caused by:

> … if you do not obey the Lord your God and do not carefully follow all his commands and decrees I am giving you today, all these curses will come on you and overtake you … The Lord will afflict you with madness, blindness and confusion of mind. At midday, you will grope about like a blind person in the dark. You will be unsuccessful in everything you do; day after day you will be oppressed and robbed, with no one to rescue you (Deuteronomy 28:15, The New King James Version)

Similarly, Bühler (1886, cited in Miles 2002, p. 57) quotes the Laws of Manu from Buddhist scripture as follows:

> Thus in consequence of a remnant of (the guilt of former) crimes, are born idiots, dumb, blind, deaf and deformed men, who are (all) despised by the virtuous.

According to Bickenbach (2009), many cultures see disability as retribution for past sins or for the sins of one's ancestors, a sign of witchcraft or evil spirits, or a bad omen. These perspectives contribute to the idea that the person with disabilities is an unfortunate individual with an inherent 'problem', brought about by their own or their ancestors' failings or other portents over which they had no control.

On the other hand, in some cultural traditions disability has been regarded positively. In the Roman Empire, short-statured slaves and slaves with intellectual disabilities were kept by wealthy people for entertainment and, like court jesters, were considered good luck and Egyptian pharaohs of the Fifth Dynasty also kept short-statured people (D. Braddock & Parish, 2001; Clapton & Fitzgerald, 1997;

Russell, 1980). In the 6th century, however, Braddock and Parish (2001) write that "the Justinian Code classified persons with disabilities in detail and delineated rights pertaining to different types and degrees of disability; for example, people with mental disabilities were not permitted to marry" (p. 17), thus denying their right to have a family.

2.1.2 Medical model of disability

The medical model emphasises an individual's impairment and considers disability to be an inherent problem for the individual caused by illness, or deformity, or accident or trauma. Institutional care in western countries was based on the medical model of disability, in which a diagnosis was made from an examination of the individual's physical body and mental and behavioural state. With doctors 'in charge' of deciding who was (or was not) a person with a disability, the assumption was that medical intervention may be able to diminish or correct the disability (Goodley et al., 2012).

Olkin (1999) explains the medical model of disability in this way:

> Disability is seen as a medical problem that resides in the individual. It is a defect in or failure of a bodily system and as such is inherently abnormal and pathological. The goals of intervention are cure, amelioration of the physical condition to the greatest extent possible, and rehabilitation (i.e., the adjustment of the person with the disability to the condition and to the environment). Persons with disabilities are expected to avail themselves of the variety of services offered to them and to spend time in the role of patient or learner being helped by trained professionals. (p. 26)

Other aspects of the medical model include the 'sick role', first developed by since (Parsons, 2013) in 1951, which exempts the sick person from performing his or her usual social obligations. The sick role exempts persons occupying it from responsibility for their condition and legitimises their need for help..

The medical model was strongly criticised by groups within the disability movement and social theorists in the late 1970s. Since then, the field of disability studies has continued to grow and the medical model, though still widespread in many health services and related policies, has been rejected by numerous scholars (J. H. Braddock & McPartland, 1987; Corker & Shakespeare, 2002; Goodley, 2011; Goodley et al., 2012; Gray, Gould, & Bickenbach, 2003a; Harrison & Kahn, 2004; Kristiansen et al., 2009; Kruse, Schur, & Blanck, 2013; Lauber & Rössler, 2007a; Miles, 2002b; Pivik, McComas, & Laflamme, 2002; Selway & Ashman, 1998; Shakespeare, 2006; Trevor, 2004; Watson et al., 2012; Withers, 2012; Yamey & Greenwood, 2004). They argue that this approach compounds ancient fears and prejudices around disability. Barnes (2012) claims that

> social upheavals that accompanied the coming of industrial capitalism precipitated the institutionalization of discriminatory policies and practices… structural forces such as industrialization,   urbanization,   changing   work   patterns   and   accompanying

ideologies… provided intellectual justification for more extreme discriminatory practices; notably the systematic removal of disabled people from mainstream economic and social life" (p. 13).

2.1.3 Charity model of disability

As Hughes (2012) says "Although philanthropy has been around since Prometheus gave humanity the gift of fire, some post-enlightenment approaches to disability seem to depend quite strongly on the mobilization of the emotions of pity and compassion" (p. 70).

Similar to the religious perspective, the charity model perceives disability as a personal tragedy with little emphasis on the causal factors. Persons with disability are seen as being in need of charity or help (Watson et al., 2012) from a goodwill or moral standpoint (Hughes, 2012). It fails to consider the experiences and knowledge of persons with disability as necessary or valuable but, rather, acts on their behalf. Because people with disabilities are not in control of the process, little good, or even harm, is often the result. The model depicts disability as not only something that should be cured, but as a tragedy (Clapton & Fitzgerald, 1997; Davis, 2013; Hughes, 2012; Shakespeare, 2006, 2013b; Watson et al., 2012).

However, charitable notion stems from the emotions of pity and compassion, it usually drives people to compare themselves with others and seek domination over others, in a sense leading to a base symptom of social inequality (Clapton & Fitzgerald, 1997; Davis, 2013; Hughes, 2012; Shakespeare, 2006, 2013b; Watson et al., 2012). Depicting victimhood towards persons with disabilities as Hughes (2012) explains citing Longnore (1997):

> The object of compassion and pity in 'the real world' is always a victim, the other whose shoes one does not want to be in, the one who invokes the pitying response, 'there but for fortune go I', the one whose invalidity is redemption and validation for the valid. The charitable attachment to the disabled other is saturated with selfishness because it sustains one's sense of ontological security and wholeness. Charitable giving also 'demonstrates the persistence of public virtue' and 'confirms to individual donors their possession of that virtue by distinguishing them from both takers and the invalidated' (Hughes, 2012, p. 71)

2.1.4 Disability from a social perspective

According to Gleeson (1999) because of the way society organises its fundamental activities, such as schools, education, work, transport, leisure, and domestic life, disability ought to be conceptualised as a social experience. He cites Oliver (1996) to the effect that "disabled people's social experiences cannot be understood merely through resort to 'personal histories', or even through ideological or

symbolic systems, but must rather "be located in a framework which takes account of their life histories, their material circumstances, and the meaning their disability has for them" (Gleeson, 1999, p. 5).

2.1.4.1 Social model of disability

According to Barnes (2012), the significant growth of interest in the general area of disability among social scientists in academia across the world after the 1970s contributed to the politicisation of disability by disabled people and their organisations, especially in Sweden, the UK, the US and Japan. The Union of the Physically Impaired Against Segregation (UPIAS) was established in the UK in 1974. It argued that "disability was a complex form of social oppression similar to that encountered by women, ethnic minorities, lesbians and gay men" (UPIAS, 1976, cited in Barnes 2012, p. 13). Also during the 1970s, the Independent Living Movement (ILM) gained momentum in the US because of the growing numbers of disabled Vietnam War veterans, and this, in turn, influenced the development of disability legislation in the US (Barnes, 2012). This led to the emergence of the social perspective on disability. In the UK, this approach focused on the disabling factors in society that create the disability (Shakespeare, 2013b); in the US, there was more emphasis on empowerment of individuals with disability through innovative self-help services that facilitate personal autonomy (Barnes, 2012; UPIAS, 1976).

Unlike the medical model, the social model does not see the impairment as an individual problem; rather, disability is considered to arise from the interactions between the person with an impairment and disabling social factors such as information media, attitudes, culture, environments, and institutionalisation (Albrecht et al., 2001; Barnes, 2012; Corker & Shakespeare, 2002; Covey, 1998; Goodley et al., 2012; Hall, 2011; Park, Radford, & Vickers, 1998; Shakespeare, 2006, 2013a; Trevor, 2004; Withers, 2012).

Contemporary disability development practitioners, including Disabled People's Organizations (DPOs), describe disability as a personal experience rather than as an individual problem which is more frequently expressed by many international organizations such as World Vision, the Leprosy Mission International and Christian Blind Mission (CBM) express disability as: Impairment + barrier = disability (CBM, 2012; Sue Coe, 2010). Thus, disability although based in a health condition or chronic illness, is considered to be the result of this condition in interaction with environmental and personal factors as described in the International Classification of Functioning, Disability and Health (World Health Organization, 2011). As Colin Barnes, a disability academic cites the following from disability advocate Jenny Morris:

> [T]he social model of disability gives us the words to describe our inequality. It
> separates out (disabling barriers) from impairment (not being able to walk or see or
> having difficulty learning) … Because the social model separates out disabling barriers
> and impairments, it enables us to focus on exactly what it is which denies us our human

and civil rights and what action needs to be taken (Morris, 2003, cited in Barnes, 2012, p. 19).

2.1.4.2 Bio-psycho-social model of disability

Despite the wide acceptance of the social model of disability, it has also been criticised by many scholars and disability activists for ignoring the medical/health aspects and the complexities of disability understood from an individual's lived experiences. For instance, Shakespeare (2013b) argues that:

> While acknowledging the benefits of the social model in launching the disability movement, promoting a positive disability identity, and mandating civil rights legislation and barrier removal, it is my belief that the social model has now become a barrier to further progress.
>
> As a researcher, I find the social model unhelpful in understanding the complex interplay of individual and environmental factors in the lives of disabled people. In policy terms, it seems to me that the social model is a blunt instrument for explaining and combating the social exclusion that disabled people face, and the complexity of our needs. Politically, the social model has generated a form of identity politics which has become inward-looking and separatist (p. 220).

His arguments stem from an understanding of the biological or physiological nature of impairments, many of which change over time, and from recognition of the fact that many people with disabilities need medical treatment and/or rehabilitation services to prevent further impairment or increasing disability (Shakespeare, 2013b). He argues for example that:

> …while disabled people do face discrimination and prejudice, like women, gay and lesbian people, and minority ethnic communities, and while the disability rights movement does resemble in its forms and activities many of these other movements, there is a central and important difference. There is nothing intrinsically problematic about being female or having a different sexual orientation, or a different skin pigmentation or body shape. These other experiences are about wrongful limitation of negative freedom. Remove the social discrimination, and women and people of colour and gay and lesbian people will be able to flourish and participate. But disabled people face both discrimination but also intrinsic limitations (p. 220).

However, it is accepted that a social approach to disability is crucial for social inclusion, effective analysis and policy discussions. As Shakespeare (2013) suggests, more sophisticated approaches that combine biological, psychosocial and cultural approaches to disability are needed to further understand the range of individual experiences of disability.

The International Classification of Functioning (ICF) is part of the World Health Organisation's family of classifications. It is designed to frame, describe, record and measure an individual's functioning and disability across all domains of daily life, such as participation, activities, body functions and structures, as well as accounting for environmental factors that influence functioning (WHO, 2001). The ICF recognises disability as "a complex phenomenon, requiring different levels of analysis and intervention, ranging from the medical to the socio-political (Shakespeare, 2013b, pp. 220 - 221). According to Shakespeare (2012):

> [D]isability cannot simply be equated with impairment, and disability is far more than just a health issue. But impairments often contribute to the disadvantage and difficulties experienced by individuals with disabilities. Further, people with disabilities do have health needs, usually over and above those of the general population, and if these are neglected, their quality of life will suffer and moreover it will be difficult, and sometimes impossible, for them to enjoy their other human rights (p. 131).

2.1.5 Treatment of people with disabilities over time

Each of the above approaches to understanding disability has led to differing perspectives on how to address disability within society. When disability is viewed as in individual problem, society may respond on a continuum from total exclusion through to societal responsibility for remediating the disability where possible via charitable donations and medical interventions, including habilitation, rehabilitation, and to sterilisation of people with certain types of disability (D. Braddock & Parish, 2001; Corker & Shakespeare, 2002; Shakespeare, 2006, 2013b).

Cultural and religious narratives that construct persons with disabilities as possessed by demonic spirits led to practices such as exorcism and persecution of witches during the Middle Ages. According to D. Braddock and Parish (2001), such practices were "meted out as punishment by God" (D. Braddock & Parish, 2001, p. 14) in an attempt to purify the person and society, and historical accounts indicate that disabled persons were among those who were persecuted in Europe. In contrast, D. Braddock and Parish (2001) noted that there were also "elements of empirical rationality and humane interest" (Rosen, 1968, cited in Braddock, 2001, p. 20) towards people with disabilities during the dark ages. There is evidence of positive or at least sympathetic attitudes. "Some towns actually funded pilgrimages to distant religious sites for people with epilepsy and mental illness to enable them to seek a cure" (Rosen, 1968, cited in Braddock, 2001, p. 10) and, later, residential institutions such as "leprosariums and asylums emerged throughout Europe" (Kipp, 1994, cited in Braddock, p. 12). Nonetheless, poverty often forced those with a disability to turn to beg and, as adults unable to work, they could be a great burden on their families (D. Braddock & Parish, 2001; Covey, 1998; French, 1932; Gowman, 1957; Porter, 1987, p. 121). Thus, religious beliefs of helping the needy people or doing good deeds for karma as in charity model has become part of the preconceived notion of persons with disabilities always needing help or

supports in many societies. As Easterly (2006b) suggests, the idea of needing to help the unfortunate poor ones has also become a foundational concept of charitable aid for the rich western world.

As Braddock (2001) explains, schools and institutions for persons with disabilities were established throughout Europe during the 1700s and, later, in North America as the medical model of disability became widely accepted. The sterilisation and institutionalisation of people with an intellectual disability became a widespread practice during that era. The first mental hospital was established in the 1330s in London and in 1566 in Mexico City, with the US and Canada following suit two centuries later. Schools for the deaf and blind spread rapidly throughout the US and Europe from the mid-19th century. During the great depression in the early 1900s, the growing number of unemployed poor led families to seek institutional care for their relatives with intellectual disabilities, which subsequently overwhelmed the facilities.

Besides institutional expansion, numerous charitable societies were established to provide care and support for people with disabilities in the US from the 1840s to the 1880s (D. Braddock & Parish, 2001). The Red Cross established the Institute for Crippled and Disabled Men in the US in 1917 to provide rehabilitation services to veterans, replicating "the original European Red Cross founded in 1859 to prevent death and disabilities on an Italian battlefield" (D. Braddock & Parish, 2001, p. 42). This was an experimental school for the rehabilitation of veterans modelled on those in France, Germany, Italy and England. After a polio epidemic in the US in 1916, charitable organisations became part of the process of identifying persons with disabilities in the community and provided services, including education, vocational training, medical treatment, convalescent care, custodial care, social services, home treatment, summer outings, employment placement, braces and appliances, and work in the home (D. Braddock & Parish, 2001).

Similar facilities for particular impairments were established in Myanmar in the nineteenth and early twentieth century. The Mawlamyine Christian Leprosy Hospital was founded in 1898 (https://www.leprosymission.org/tlm-in-your-country/myanmar), the Mary Chapman School for the Deaf in 1920 (Chit Su, 2015) and the Myanmar Christian Fellowship of the Blind, a school for the blind, in 1975 (https://mcfblind.org/en/about-us/). Technological advances after World War I led to the development of orthopaedic treatment and prosthetics, which enabled greater numbers of men with disabilities to return to work after sustaining impairments (Braddock, 2001).

With the advent of the social model, the focus shifted to addressing the barriers within society that lead to disability and to the empowerment of people with disability. It also gave rise to the notion of persons with disabilities having the same and equal dignity and inherent rights as human beings, which is a fundamental foundation of human rights as prescribed by the Universal Declaration of Human Rights (United Nations, 1948) and the Bills of Rights. This approach recognises the nature of human diversity

and gives rise to a new, rights-based way of thinking about disability which breaks away from traditional impairment-oriented and charity-focused perspectives.

2.2 Disability from a human rights perspective

As well as an understanding of disability based on the social model, contemporary disability scholarship also addresses human rights. The idea that "all human beings are born free and equal in dignity and rights" (United Nations, 1948) is embedded in Article 1 of the Universal Declaration of Human Rights. Understanding disability from a human rights perspective involves consideration of whether people with disabilities are afforded the same rights as others in their society (UNCRPD, 2007; United Nations, 1966). In order to understand the rights of persons with disabilities as equal human beings, it is important to examine the theoretical understandings of human rights.

2.2.1 Understanding human rights

What are human rights? What is their philosophical foundation? Are human rights universal or culturally specific? There are many questions around human rights, especially in relation to the universality and efficacy of the human rights regime known as international human rights treaties and instruments, such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Human rights violations present a dilemma between cultural/ethical relativism and the universality of international human standards or human rights. This section examines the history of human rights to lay the basis for later discussion about international human rights instruments in relation to disability.

2.2.1.1 History of human rights

According to Sindima (2009), religions of the world have all sought to establish comprehensive and coherent moral codes of conduct which contain profound ideas on "the dignity of the humankind" (Ziebertz & Črpić, 2015, p. 158), and the duties and obligations of man to his fellow human beings, to nature and, indeed, to God and the whole of creation in the case of theistic religion. The following is a brief summary of well-recognised events in the development of human rights.

The United Nations regards the Cyrus Cylinder from 539 B.C. as the original charter of human rights. It describes how Cyrus the Great, the first king of ancient Persia, freed the slaves, declared that all people had the right to choose their own religion, and established racial equality (Ishay, 2004; Nolan, 2015; United for Human Rights, 2014). In the English-speaking world, the Magna Carta (1215) is considered the foundation of constitutional law, having established the principles of due process and equality before the law and recognising the rights of all free citizens to own and inherit property and to be protected from excessive taxes (Cmiel, 2004; Ishay, 2004). In the late 1700s there were further human rights developments. The US Constitution (1787) is based on the Declaration of Independence (US 1776) which states that all are "endowed by their Creator with certain unalienable rights". The

French Declaration of the Rights of Men and of the Citizen (1789) proclaimed that "men are born and remain free and equal in rights". Later, the US Bill of Rights (1791) added 10 amendments ensuring the liberty and freedom of each individual (Cmiel, 2004; Ishay, 2008; Jones, 2015). Each of these rights statements, according to Ishay (2004), has greatly influenced current human rights declarations and international human rights conventions (Ishay, 2004; United for Human Rights, 2014).

Scholars (e.g. Donnelly 1989, 2003, 2013; Ishay, 2004; Sen, 20014) have pointed out that in order for social, legal, secular and theological debates to come to universal understandings with regard to people's status or relationships, there needs to be a framework for rules, regulations, laws and codes rather than only abstract concepts of rights that underpin relations or laws. In human rights discourse, attention has shifted from social responsibilities to individual needs and participation, which are seen as fundamental to the well-being of society (Sen, 2004). According to the United Nations (1948), this means that human rights came to be interpreted as something that belongs to everyone and intrinsically and not because they were or are subject to any particular system of law or religious or political administration (United Nations, 1948). This change in thinking led to the Universal Declaration of Human Rights being adopted as Resolution 217 by the United Nations General Assembly at its third session on 10 December 1948 at the Palais de Chaillot in Paris, France (United Nations, 1948).

2.2.1.2 Universal Declaration of Human Rights (UDHR)

The Universal Declaration of Human Rights (United Nations, 1948) proclaimed that fundamental human rights, by way of freedom, dignity and equality for all, were to be protected by all signatories. The expectation at the time was that every member nation would, in principle and practice, uphold the dignity and ensure equal rights of its citizens. Frédéric (2008) however has argued that the UDHR does not ensure the rights of people with disabilities, children, women and people with different identities and, for this reason, a specific international convention was needed for that purpose.

The UDHR was subsequently incorporated into the International Bill of Human Rights together with the International Covenant on Economic, Social and Cultural Rights, the International Bill of Human Rights, and the International Covenant on Civil and Political Rights and its two optional protocols. It became law at the 1976 general assembly. The International Bill of Human Rights, as well as the following UN instruments, are relevant to people with disabilities:

- International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), 21 December 1965

- International Covenant on Civil and Political Rights (ICCPR), 16 December 1966

- International Covenant on Economic, Social and Cultural Rights (ICESCR), 16 December 1966

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 18 December 1979

- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT), 10 December 1984

- Convention on the Rights of the Child (CRC), 20 November 1989

- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW), 18 December 1990

- Convention on the Rights of Persons with Disabilities (CRPD), 13 December 2006

- International Convention for the Protection of All Persons from Enforced Disappearance (CEPD), 20 December 2006.

UDHR, ICERD and ICCPR are collectively known as the Bill of Rights or fundamental human rights conventions that provide specific directions to respect, uphold, promote and protect the human rights of all citizens. In addition, since the adoption of the UNCRPD on 13 December 2006, the rights of persons with disabilities have been recognised by state members as part of a legally binding universal moral code. The convention was opened to signature on 30 March 2007, quickly attracting 82 signatories (UNCRPD, 2007).

As well as conventions, a number of UN declarations are also important human rights instruments of relevance to people with disabilities. These include:

- United Nations Millennium Declaration

- Declaration on the Rights of Indigenous Peoples

- Declaration on the Protection of Women and Children in Emergency and Armed Conflict

- United Nations Principles for Older Persons

- Geneva Convention relative to the Treatment of Prisoners of War

Whereas declarations are agreed upon documents, conventions have clear frameworks that member states have to sign and ratify and which they have legal implications for the member state. All States parties have to submit regular reports to the Committee on how the rights enshrined in the Convention are being implemented. States must report initially within two years of ratifying the Convention and, thereafter, every four years. The Committee examines each report and makes suggestions and general recommendations on the report. It forwards these recommendations, in the form of concluding observations, to the State Party concerned. The Committee normally meets in Geneva and holds two sessions per year.

Mobilisation for the rights of persons with disability can be traced back to the nineteenth century (D. Braddock & Parish, 2001). The collective movement around issues of disability rights began in the 1960s (Sabatello & Schulz, 2014). The disability rights movement is part of the global rise of a human rights movement within and beyond the UN. The 1993 World Conference on Human Rights was the largest gathering ever held on that topic (Hunt, 2016; United for Human Rights, 2014), resulting in the adoption of the Vienna Declaration (Cmiel, 2004). Among the most important aspects of the Vienna Declaration are its recognition of the interdependence of democracy, economic development, and human rights, and the entrenchment of the notion of universality, indivisibility, interdependency, and interrelatedness of civil, political, economic, social, and cultural rights (Cmiel, 2004; Sabatello & Schulz, 2014). The discussions on the treaty began in 2001.The UN had previously undertaken several measures, including: passage of the 1975 Declaration on the Rights of Disabled Persons, which was the first rights-based international instrument on disability; declaring 1981 the International Year of Disabled Persons and 1983 as the beginning of the UN Decade of Disabled Persons; and establishing the World Programme of Action Concerning Disabled Persons. In 1993, the UN General Assembly adopted the Standard Rules on the Equalization of Opportunities of Persons with Disabilities, which gave impetus to the legal regulation of disability rights at the international level (Cmiel, 2004; Frédéric, 2008; Sabatello & Schulz, 2014). This was followed by the adoption of the UNCRPD in 2006. Currently, the UNCRPD has been ratified by 177 member states of the United Nations (UNCRPD, 2007).

Ontological understanding of human beings differs from country to country over time and with cultural variations, resulting in differing legal systems and jurisdictions. International human rights instruments such as UNCRPD are critical to achieving a consensus view on human rights which transcends cultural and historical variations and ensures that the dignity and inherent rights of all people are maintained and respected. This universal consensus, to which member states subscribe when they sign and ratify the convention, is important to the provision of aid and development funds and resources, which has become a global movement to address socio-economic inequalities (Sabatello & Schulz, 2014).

2.2.1.3 A personal reflection on the cultural construction of human rights in Myanmar
Although human rights may be regarded as a universal, global system, cultural background, moral norms and belief systems influence whether rights can be realised by individual citizens to reach their fullest potential and live their life with dignity. This section presents two case studies based on reflection and personal experience.

Case study 1

I have personally witnessed the effects of cultural norms outmanoeuvring human rights. In Myanmar, most people regard criticism or questioning of older people (parents, aunts and uncles, elder brothers and sisters and teachers) as rude and intolerable. Hence children never have the opportunity to question

or challenge what they have been told by adults. The same ideology prevails in the education system so that children are never able to express doubt or uncertainty. This continues throughout their academic lives and in the workplace, where employees are unable to criticise their superiors or complain about management decisions or assignments. In this scenario, people are unknowingly denied freedom of thought and expression throughout their lives, leading to the loss of the individual's potential for creativity and critical thinking as well as impacting on the wider national development. It is especially difficult for individuals raised in this kind of culture to be asked to critique the theories proposed by eminent scholars.

Case study 2

A 10-year-old girl with polio was found attending fourth grade in a public school in a village on the outskirts of the former capital city, Yangon. She was supported by the provision of a wheelchair and environmental adaptations to facilitate her access to the school, including modifications to the main entrance, classroom entrance and latrine. The school was in a two storey building; fourth grade was located on the ground floor so she had the mobility to enjoy her education and her confidence and self-esteem grew over time. She also had good grades in her school subjects. After passing her fourth-grade exams with flying colours, she was enrolled in fifth grade. However, the fifth-grade classroom was on the first floor, which she was unable to access. The headmaster was consulted about inclusive education and the young girl's future. He refused to relocate the fifth-grade classroom to ground level, arguing that he and the teachers had been motivating the children to get good grades so that they could attend classrooms on the first floor. The school board supported the decision to try to prevent children from dropping out. Sadly, that young girl had to forfeit her education because she could not go up the stairs. This represented a violation of her individual right to education, set against a cultural approach in which the collateral cost to one person was considered less important for the benefit of the majority. This case study was reported in an article "In Burma, Children With Disabilities Struggle to Access Schools" in the *Irrawaddy News* (Michaels, 2013), referencing to me by name – Sai Kyi Zin Soe as a source.

These case studies support my contention that the concept of human rights is socially constructed in diverse ways through cultural beliefs and religious narratives, and the universal understanding of human rights and the rights of persons with disability as prescribed by the UDHR and the UNCRPD is still not yet fully recognised in Myanmar. For example, the right to life is not upheld in countries where capital punishment is practised, and the freedom to choose a marriage partner is strictly prohibited by some religious practices.

2.3 Interpreting human rights for persons with disabilities

The central tenet of the UNCRPD (2007) is to "recognize the inherent dignity and worth and the equal and inalienable rights of all members of the human family as the foundation of freedom, justice and

peace in the world" (UNCRPD, 2007, p. Preamble). It is important to understand disability as part of human diversity and to identify social and environmental barriers that prevent persons with disabilities from enjoying equal rights and dignity with others.

There are 50 articles in the UNCRPD conventions and 18 in the optional protocols, as detailed below.

Articles 1 and 2 provide an introduction to the convention and definitions of the key terms.

Articles 3-9 explain the general obligations, principles and measures to be applied in all aspects of implementation. They clarify the scope and content of the specific obligations of the convention, including legally binding obligations.

Articles 10-30 cover specific responsibilities regarding human rights, including the civic and political rights of persons with disabilities (Articles 10-23 and 29), and explain their economic, social and cultural rights (Articles 24-28 and 30).

Articles 31-40 explain implementation and monitoring at both national and international levels, with a specific Article (32) devoted to international cooperation.

Articles 41-50 discuss legal and administrative issues, such as how States become a party to the CRPD and when it will come into force.

The Optional Protocol, which contains 18 articles, is a separate document that includes an individual complaints procedure whereby individuals and groups of individuals can raise concerns with the treaty body after they have exhausted domestic remedies to any rights violation. This document requires a separate signature and ratification process to the CRPD.

Member nations face many challenges in the practical implementation of the CRPD (World Health Organization, 2011). They must address potential conflict within their society at governance levels and by the citizenry over issues such as acceptance of persons with disability by society, the functionality of the governing legal system, and the country's political coherence. For example, do mentally impaired children have the human right to make independent choices as stated in the CRPD "Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons" (UNCRPD, 2007, p. 5). In my experience, parents in Myanmar regularly argue that their mentally impaired children do not have the capacity to make their own decisions, especially in relation to medical procedures, financial matters, or significant life decisions such as marriage and having children, and I have often reached an impasse with such parents over the universal nature of human rights.

2.4 Rights of persons with disabilities

Even though the UDHR explicitly covers many dimensions of human rights, disability theorists have argued, as Albrecht et al. (2001) note that the declaration is generic and that equal rights for persons with disability – such as the right to habilitation and rehabilitation (Article 26) might not have been enforceable until the formulation of the UNCRPD. The UNCRPD sought to legally enshrine the rights of persons with disability using the same foundational concept of fundamental human rights as in the UDHR. According to Nussbaum (2006), scholars and human rights theorists agree that natural rights, such as first-generation rights (political and civil liberties) and second generation rights (economic and social rights) are now enforced for persons with disabilities through UNCRPD.

There are still some concerns, however, about the incompatibility between the universalism of human rights as expressed in the UNCRPD and "cultural sensitivity" (Bickenbach, 2009, p. 1112), in situations where societies construct their conception of disability in ways that contrast with the idea of disability as a unique personal experience that results from interaction with the environment. On the other hand, Frédéric (2008) describes UNCRPD as the "pluralization of human rights" (p. 495) in which law and ideology have increasingly recognised certain groups of people as worthy of specific human rights protection. She goes on to explain that UNCRPD does not suggest that because of the inadequacy of generic human rights instruments, certain groups need separate statements of how rights apply to them or a different version of the same rights because of their specific needs. She further argues this does not mean that people with disabilities are 'outside of' the human condition but rather because of their needs, their rights need further documentation and explanation.

2.5 Disability in Myanmar

Little formal research has been conducted about disability in Myanmar. The TLMI survey mentioned previously (The Leprosy Mission International, 2010) recognised only four types of impairment as constituting disability at that time. Other surveys indicate rates of disability in Myanmar of 2.3%, which is much lower than the international average of 15% - 20% (World Health Organization, 2011), suggesting that disability is under-reported.

Although no study could be located about cultural compatibility or acceptance of human rights or the rights of persons with disabilities in Myanmar, a recent study by Griffiths (2012) revealed an uncomfortable truth about inequalities faced by many, if not all, persons with disabilities in Myanmar. The study shows that the poverty rate among persons with disabilities is 37.3%, which is 1.5 times higher than the national average, 62.9% of persons with disabilities have never been to school, and 85.2% are unemployed, with only 0.5% reporting having exercised their rights as a person with disabilities. Perhaps the most concerning finding was that the majority (68%) had never heard of the rights of persons with disabilities (Griffiths, 2010, 2012). Few people with disabilities report being

aware of their rights, and even fewer have ever exercised these rights. A recent study of children with disabilities in Myanmar found that perceptions of children with disabilities were predominantly focused on their vulnerability and dependence, and that very few children with disabilities had their right to inclusive education realised (Bawi, 2012; Sida, 2012; UNESCAP, 2012; United Nations Development Programme, 2011).

There have been a number of studies about the Myanmar government's failure to protect and promote the fundamental human rights of its citizens and many reports about human rights violations and crimes against humanity (Bawi, 2012; Gargett et al., 2015; Hunt, 2016; Kingsbury, Avonius, & Palgrave, 2008) including by the UN (https://search.ohchr.org/results.aspx?k=myanmar). However, an extensive search, including the UN publication archives, failed to locate any report on UNCRPD signatory member states' compliance with Article 32 of the UNCRPD.

The changing political dynamics and development of civil society movements, together with the growing number of development projects in Myanmar supported by many donors with their counterpart implementing partners (INGOs and LNGOs), have resulted in strong anticipation among DPOs that compliance with UNCRPD would bring about change in accepting the fundamental rights and inherent dignity of persons with disabilities in Myanmar.

The following chapter will explain about the methodology used to address the two research questions mentioned in two stages process: Donor's aid policy analysis and phenomenology study of disability-inclusive aid and development.

Chapter 3: Method

This chapter presents the methodology employed in the study. It begins by an account of the research design and a detailed description of the techniques of donor selection, policy analysis, and participant recruitment, and methods of data collection, data coding and data analysis. This is followed by explaining the philosophical approach that underpinned the investigation of the research questions, namely, phenomenology (Husserl 1964).

3.1 Introduction

There is widespread agreement among scholars in the disability field (Barnes, 2012; Goodley et al., 2012) with the UNCRPD's (2007) Preamble that "disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others" (p. 1). As Braddock (2001) notes, disability has been present throughout human history. Understandings of disability are fundamentally related to people's experiences and knowledge (Abrams, 2015). From the point of view of social constructionists, both the ontological understanding of what disability inclusion is or could be and its realities are socially constructed and differ according to socio-cultural context and individual perspectives (Berger & Luckmann, 1966; Hacking, 1999).

Myanmar, which has been on the least developed country list since 1987 (United Nations, n.d.-a), opened its doors to foreign aid in 2011 with national development programs that were mainly supported by international bilateral donors (Raybould & Petty, 2013) through UN agencies, INGOs and LNGOs. Given this aid and disability context, it is crucial to determine if the disability has become part of the aid and development agenda from the perspective of stakeholders along the aid delivery chain, including donors. Because 'leaving no one behind' is becoming a key concept in discussing post-MDGs – the SDGs and its strategy, that including people with disabilities in aid and development would only ensure the poverty eradication (Tardi & Njelesani, 2015; United Nations, n.d.-c). The present study has therefore sought to investigate the nature or 'essence' of disability inclusion in international aid and development practices in Myanmar. As a person of Burmese origin, I had knowledge of, and access to empirical evidence about disability in Myanmar and its aid and development industry. Hence it was sensible to focus my study on that country for reasons of interest, affordability, efficiency, efficacy and effectiveness.

3.2 Research questions

This study was designed to answer the following two questions:

□ Is disability inclusion considered in the aid policy of selected signatory donors to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) as required by Article 32(a) of that convention?

□ Is the commitment to disability inclusion of these signatory donors to the UNCRPD consistent throughout their aid delivery chain? If so, how does this occur and, if not, why not?

3.3 Research design

A two-step multi-methodology (Carter & Little, 2007) was adopted in the research design, as shown in Figure 3.1. To answer the first research question, using Myanmar as a case study, an analysis of the international aid policies of three selected donors was conducted using the Policy Analysis Framework produced by the Canadian Disability Policy Alliance (CDPA) (McColl & Jongbloed, 2006).

To address the second research question, qualitative field research was undertaken in Myanmar with aid and development stakeholders. Interview questions were developed based on the data collected through analysis of the policy documents in Step 1. Participants were then recruited for in-depth interviews using a purposive sampling technique (Neuman, 2006). Interviews were conducted using a phenomenological interviewing method (Bevan, 2014). Data analysis in Step 2 involved transcribing the interviews, coding the transcripts and thematising (Bevan, 2014) using NVivo software. Each of the processes is explained in detail in the following sections.
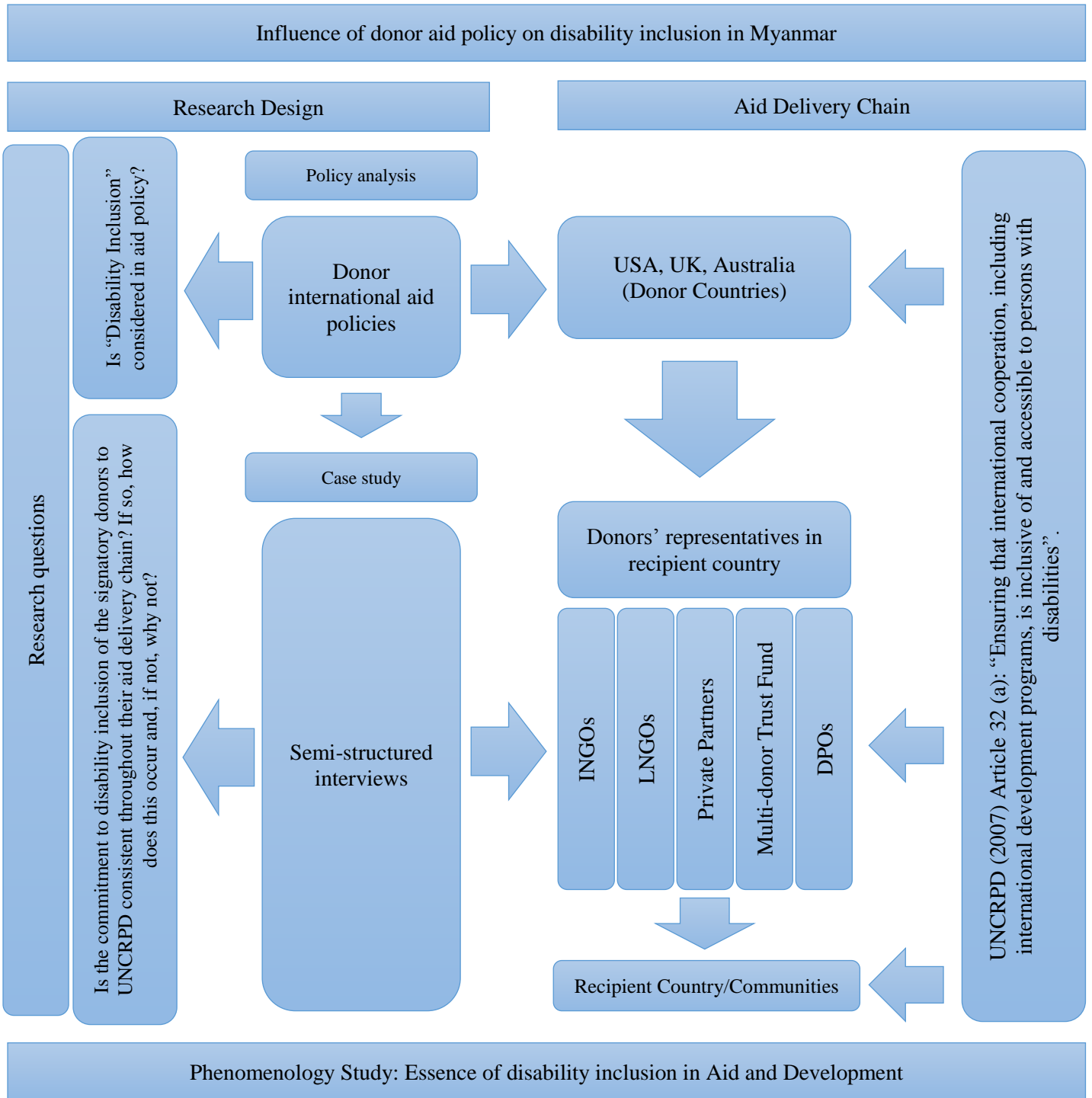
Figure 3.1 *Research design*

3.4. Ethical considerations

In accordance with the National Statement on Ethical Conduct in Human Research (2007), an application for ethical approval for the field research was lodged with the Human Research Ethics Committee of the University of Sydney on 30 September 2015 and was approved on 4 December 2015 (Project number - 2015/850). Approval details, together with interview schedules, recruitment email and participant consent form are included in the Appendix.

3.5 Donor selection

Participating donors were selected based on the following criteria: (1) actively operating with significant investment in Myanmar (Partnership Group on Aid Effectiveness, 2012); (2) being a UNCRPD signatory state (United Nations, 2015), (3) being included among the top 5 ranking donors out of the 27 world's richest countries using the commitment to development index (Barder & Krylová, 2013) and development co-operation report (Organisation for Economic Co-operation and Development, 2013); and (4) having accessible policy documents.

Active donors in Myanmar were identified from the Partnership Group on Aid-Effectiveness (PGAE, 2012), which was formed by bilateral donors working in Myanmar after the 2008 cyclone response (Partnership Group on Aid Effectiveness, 2012), as shown in Table 3.1. The Centre for Global Development (CGDev) ranks the 27 richest countries of the world according to their commitment to development under the categories of aid, trade, finance, migration, environment, security and technology. Donors' commitment to different development issues is then weighted and averaged and assigned a ranking score (Barder & Krylová, 2013). The donors to be included in the present study were selected by matching those rankings against the list of active donors in Myanmar. The final step in this process was to identify donors for whom relevant information was accessible. This involved comparing the active donors list with the development commitment ranking and locating information about their aid and development policy, their aid and development operations in Myanmar and their diplomatic relationship with Myanmar, using their official government websites and other available resources.

This process identified Denmark as the top-ranked donor in Myanmar. Denmark, through the Danish International Development Agency (DANIDA), has been supporting Myanmar since 1977-1982 via a number of state loans and, in the late 1990s, with humanitarian aid for refugees and support for the exile community. However, there was no evidence of support for in-country aid programs in Myanmar. The Danish embassy was only opened on 1 August 2014 and, at the time of data collection, there was no accessible information about its aid and development policy. Similarly, Sweden has been supporting Myanmar in relation to human rights, peace and health, mainly targeted towards ethnic minorities and through the European Commission. The Swedish Embassy was established in Yangon in June 2014, but there was no publicly available information about the Swedish International Development Cooperation Agency (SIDA) or its international aid and development policy for Myanmar. Since the end of World War II Germany has maintained a relationship with Myanmar through trade and

diplomatic relations (their embassy has operated since 1954). Their involvement ended in 1988 as a result of the military junta's crackdown on the nationwide pro-democracy movement. Diplomatic relations were only re-established in 2011. However, no English-language information about aid and development policy and approach could be located. Similarly, no information about France's international aid and development policy or its operations could be located, especially documents in English.

The United States of America, the UK and Australia had publicly available information about their international aid and development policy and, in the case of the USA, their aid and development operations in Myanmar. Therefore, the UK, Australia and the US were the selected donor countries. Of these, Australia and the UK ratified the UNCRPD on 18 July 2008 and 8 June 2009, respectively; the US signed the Convention on 30 July 2009 but has not yet ratified it.

Table 3.1 *Selection of Donor Countries*

Sr.	Active donors in Myanmar (PGAE 2012)	Development Commitment Index 2013 (Krylová, 2013)	Active donors with development commitment ranking
1	Australia	Denmark – 6.8	Denmark – 6.8
2	Denmark	Sweden – 6.6	Sweden – 6.6
3	European Commission Humanitarian (ECHO 2010)	Norway – 6.2	United Kingdom – 5.8
4	European Commission	Luxembourg – 6.0	Australia – 5.3
5	France	Netherland – 5.9	Germany – 5.2
6	Germany	Finland – 5.9	France – 5.0
7	Israel	Ireland – 5.8	United States – 4.6
8	Italy	United Kingdom – 5.8	Switzerland – 4.6
9	Japan	New Zealand – 5.7	Italy – 4.7
10	Korea	Belgium – 5.5	Japan – 3.3
11	Sweden	Austria – 5.5	South Korea – 3.3
12	Switzerland	Australia – 5.3	
13	United Kingdom	Portugal – 5.2	
14	United States of America	Germany – 5.2	
15		Canada – 5.2	
16		Spain – 5.1	
17		France – 5.0	
18		Italy – 4.7	
19		United States – 4.6	
20		Switzerland – 4.6	
21		Greece – 4.3	
22		Hungary – 4.2	
23		Poland – 4.0	
24		Slovakia – 3.9	
25		Czech Republic – 3.9	
26		Japan – 3.3	
27		South Korea – 3.3	

3.6 Policy analysis

Several tools have been designed to analyse policies and practices relevant to people with disabilities in the development context. These include EquiFrame, a framework for examining the inclusion of human rights and vulnerable groups in health policies (MacLachlan, Mannan, Huss, Munthali, & Amin, 2016b; Mannan, Amin, MacLachlan, & EquitAble Consortium, 2011). This has 21 questions that are specific to health service provision and was therefore sufficiently relevant for the present study (Amin et al., 2011). Another framework, which was used to evaluate Norwegian efforts to promote the rights of persons with disabilities, was developed by the Norwegian Agency for Development Cooperation (Norad), in its study "Mainstreaming disability in the new development paradigm" in Malawi (Norwegian Agency for International Development, 2012a, 2012b). This framework is specific to Norad's activities and uses their administrative dataset and other tools, including mapping, in-depth interviews, rights-holders' consultations and analysis workshops, which were not feasible in the present context, since it would not have been possible to access their administrative dataset or the dataset of any other donor. Hence the present study relied on interviews.

The policy framework selected to address the first research question in the present study was developed by the Canadian Disability Policy Alliance (CDPA), hereafter referred to as the Policy Analysis Framework. It has been used in a wide range of policy analysis studies including Government of Saskatchewan (2007) and Canada (McColl & Jongbloed, 2006) and is now in its third version. It was first employed in 2006 to analyse disability inclusive policy and its implications to provide information about disability policy to the government of Canada (McColl & Jongbloed, 2006). According to Thériault (2007), the framework provides a simple yet sophisticated tool for analysing policy through a disability and human rights lens in order to assess the implications of any particular policy for towards persons with disabilities. Therefore, the Policy Analysis Framework of CDPA was adopted in the present study without adaption or alteration.

The international aid policy of each donor was analysed using the Policy Analysis Framework in (McColl & Jongbloed, 2006).

The Framework contains the following seven questions:

1. What is the objective of the policy?

    a. Equity – freedom from discrimination

    b. Access – ability to participate

    c. Support – resources to address special needs.

2. What is the history of the policy? At whose initiative was the issue brought to public attention? Who were the proponents and detractors of the policy?

3. Does the policy seek to enforce individual rights or to outline collective responsibilities?

4. At what level of jurisdiction is the policy (federal, provincial, regional, municipal)? How does it correspond to other policy at that level? At other levels?

5. Who is eligible to benefit from the policy? Who is included, and who is excluded from consideration?

6. Does the policy provide specialised services to minority groups, or does it address a universal issue?

   a. Outcome equity – whatever it takes to achieve equal outcomes with non-disabled;

   b. Vertical equity – special considerations to achieve equal opportunity for disabled people;

   c. Horizontal equity – equal treatment; treating disabled people the same as everyone else.

7. Who are the key stakeholders? Does the policy correspond to the mission of pertinent advocacy organisations?

There is variation among the three donor countries in the language used to describe the underlying principles and practices which drive their aid and development. In Australia, the term used is "Strategic Framework"; the UK uses the term "policies" for a variety of development agendas; and the US uses "policy framework". The international aid and development policies and the disability-specific policies or strategies or guidelines or official documents of the selected donors (the UK, Australia and US) were located from their government websites, as detailed below. No disability specific policy could be located for the US.

UK aid policy: https://www.gov.uk/government/policies

UK Disability policy:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/382338/Disability-Framework-2014.pdf

Australian aid policy: http://dfat.gov.au/about-us/publications/Documents/australian-aid-development-policy.pdf

Australian Disability policy: http://dfat.gov.au/about-us/publications/Documents/dev-for-all.pdf

USA aid policy:
https://www.usaid.gov/sites/default/files/documents/1870/USAID%20Policy%20Framework%202011-2015.PDF

The findings from the policy analysis were used to guide the development of the interview questions, which were designed to identify understandings of how disability inclusion is conceptualised, the approach taken towards disability inclusion, implementation strategies, approaches to negotiations with partners, and the barriers to implementing these policy commitments.

3.7 Foundational philosophy: Phenomenology

Phenomenological research is a methodology for investigating human 'lived experience'. The German philosopher Edmund Husserl (1859-1938) is credited as the founder of phenomenology (Duncker, 1947; Earle, 2010; Husserl, 1964; Moustakas, 1994; Pivčević, 1970; Ricœur, Ballard, & Embree, 1967; Sokolowski, 2000; Thomas, 1998). This 'phenomenology' later developed into several branches, including: existential phenomenology (Maurice Merleau-Ponty 1908-1961; Jean-Paul Sartre 1905-1980; Paul Ricoeur 1913-2005); hermeneutic phenomenology (Hans-George Gadamer 1900-2002; Martin Heidegger 1889-1976; Alfred Schutz 1899-1956; Max van Manen 1942-), and experiential phenomenology or phenomenology of practice (Max van Manen 1942-).

Phenomenology is understood as a method for investigating the essence or nature of a particular concept or condition, in other words, how reality is revealed to human consciousness. Husserl's description of phenomenology revolved around four key concepts: essence, bracketing or epoché, lifeworld, and intentionality (Higgs, 2010). Each of these is elaborated below.

Essence. According to Van Manen (1997), the essence is captured within "the particulars or instances [of the phenomenon] as they are encountered in the lived experience" (Van Manen, 1997, p. 10). The essence of a phenomenon is what makes something what it is and, without which, it would cease to be the same phenomenon. Employing phenomenology as a research method, therefore, requires the researcher to gain access to the phenomenon and obtain a thorough and complete understanding of the meaning or essence of the phenomenon.

Bracketing or epoché. According to Husserl's early writings, bracketing is a way of separating the subjective from the objective in order to understand the essence of a phenomenon. As Bentz and Shapiro (1998) explain, this involves a researcher suspending her or his own preconceptions and presuppositions, including assumptions, biases and values so that the phenomenon can be interpreted in its own sense, not by the researcher's subjective reality. According to some scholars, bracketing should also be imposed on the participants themselves by instructing them to explain how they "think and feel in the most direct ways" (Bentz & Shapiro, 1998, p. 96). This may not be possible in every case and was not the case in the present study.

Lifeworld. Lifeworld refers to the lived experience or, as Van Manen (1997) expresses it, "the world as we immediately experience it prereflectively, rather than as we conceptualize, categorize, or reflect on

it" (Van Manen, 1997, p. 9). Thus, the researcher aims to facilitate participants to express their world as directly or prereflectively as possible in order to reveal their lifeworld.

Intentionality. According to Crotty (1998), intentionality is the crucial relation between conscious subjects and objects and refers to actions of consciousness that transcend the actions themselves and which are revealed or communicated by description. Intentionality is fundamental to Husserl's phenomenological inquiry. It refers to the notion of turning inward or focusing attention on what is available to consciousness, as consciousness is regarded as the only way in which one can access the world.

3.7.1 Phenomenological approach to defining the problem

This research employed Husserl's (1964) fundamental phenomenological philosophy to seek to identify 'the reality of disability inclusion' as conceived by the donors and their aid deliverers within the aid delivery chain.

According to a number of different sources (Lang, Trani, & Kett, 2009; Northway, 1997; Organisation for Economic Co-operation and Development & World Trade Organization, 2013; World Health Organization, 2011), full inclusion of persons with disabilities is rarely seen in the delivery of international aid and development programs. This includes programs implemented by INGOs whose head offices are registered in UNCRPD member states; those INGOs that utilise aid and development funds from donors who have ratified the UNCRPD; and programs in countries that are also signatories to the UNCRPD. There is evidence to suggest that less than 10% of UN agencies, INGOs and LNGOs deploy strategies to enable the inclusion of persons with disabilities in humanitarian activities, including emergency relief, in Myanmar (Griffiths, 2010). This suggests that, although donors and INGOs are legally (UNCRPD, 2007) and morally (Northway, 1997) required to include persons with disabilities in their aid and development programs, only 10% of such programs have realised disability inclusion in Myanmar. As civil society organisations and NGOs are fairly new in Myanmar because of the military regime and gained momentum only after 2008 (ADB, 2014; Burke et al., 2017; Inwood, 2008; Raybould & Petty, 2013; Saha, 2011; Ware, 2014), aid programs run by downstream INGOs and LNGOs may be driven by funding opportunities. Some bi-lateral aid programs in the country that focus on education and health (Department for International Development, 2013d, 2015c; Department of Foreign Affairs and Trade, 2015a, 2016, 2017a) may, however, depend on donor nations (Easterly, 2006b; Moyo, 2009; J. Sachs, 2005), which could result in disability being deprioritisedin these programs.

In summary, from an international perspective, disability inclusion is generally not part of aid and development programs (World Health Organization, 2011) and there is evidence that these programs are primarily dependent on donors (J. Sachs, 2005; J. D. Sachs & Riedel, 2005). This suggests that knowledge of aid deliverers' conceptualisation of the essence of "disability inclusion" could generate a

better understanding of why disability inclusion is realised (or not) in the aid delivery process. The method of phenomenology is best suited to the task of uncovering aid deliverers' perceptions and experiences of encountering disability inclusion throughout the aid delivery process.

3.8 Interview schedules

After the first research question had been addressed through policy analysis, an interview schedule (see Appendix) was developed based on the findings from the policy analysis to guide semi-structured interviews with key stakeholders using a phenomenological interviewing method (Bevan, 2014). In order to avoid presuppositions about disability inclusion, as required by the phenomenological approach, the questions were broad, descriptive and open-ended (Bevan, 2014). They were grouped under three themes: a descriptive account of the nature of the participant's work; the participant's understandings of disability, disability inclusion, and disability inclusive development; and the participant's description of the concept of disability inclusion in relation to their work. The interviews were planned to be conducted in a one-on-one session, approximately 60 minutes in length.

3.8.1 Interview participant recruitment

The interviewees selected for this study had a direct relationship with at least one level of the aid delivery chain, as shown in Figure 3.1. They comprised high-level bureaucrats, such as heads of mission and policy and program managers from the three donor agencies, and senior directors, program and project managers and project staff of INGOs and LNGOs.

Potential organisations were identified from the website of the Myanmar Information Management Unit (MIMU), which collects and maintains data from various sources on all sectors, countrywide, at the lowest administrative unit. This information is then made available to the UN, LNGOs, donors and the public. At the time of field research, the database, which is accessible at (http://themimu.info/contacts), held 2,999 individual contacts from 1,349 offices and 789 entities (UN, NGO, donors, and embassies) working in the humanitarian and development sectors across Myanmar.

The organisation were selected using non-probability purposive sampling (Alston & Bowles, 1998). This sampling method allows for the selection of "unique cases that are especially informative" (Neuman, 2006, p. 222). In this study, the following criteria were used: (1) popularity, credibility, history and internationality of the organisation, (2) partnership with the selected donors, and (3) significantly large operation in Myanmar with regards to geographical, financial, and thematic coverage, based on information from the MIMU. The MIMU also provides information on local and international NGO job vacancies, projects, contact details, publications and training opportunities. There are also web sites providing rankings based on salary scales, management structure and job characteristics—for example, Devex (https://www.devex.com/news/top-global-development-ngos-in-myanmar-a-primer-85786); mycitizen.net – (http://ngo.mycitizen.net/) and JobsInYangon.com – (https://www.jobsinyangon.com/). This information was used to compile a list of 14 INGOs and 3

LNGOs, of which 4 sub-contracting firms were identified as international NGOs in MIMU and all other web sites. Contact information was then extracted from MIMU and their websites were reviewed, mainly to identify their organisational focus, targeted areas, policy advocacy engagement with the government and sources of funding.

Since it is not a common experience in Myanmar for people to receive an email from an unknown person requesting their participation in a research interview and the targeted participants would also have busy schedules, therefore it was understood at this stage that additional follow-ups may need to be considered for making successful contact with potential respondents.

Invitations to participate in a one hour interview were sent to staff in the three donor organisations, senior staff in international non-government organisations (INGOs), and senior and field staff in local non-government organisations (LNGOs). The recruitment email is attached in Appendix. It was expected that obtaining an appointment for an interview with the most senior personnel from large or major organisations would be challenging, so it was important to plan proactively and make arrangements well in advance.

The interview recruitment process started soon after ethical approval was obtained on 7 December 2015. Coincidently, Myanmar had just finished holding its first ever fair and free election, after more than 25 years of military government reign had come to an end on 8 November 2015. Many donors and INGOs were closely involved in the process, for instance through the Election Watch campaign. At the same time, many embassies and international organisations were undergoing organisational and leadership changes in response to the dramatic changes in the Myanmar political landscape. Moreover, most senior officials of embassies and directors and leaders of international organisations were on holiday during December and, as the Myanmar New Year usually falls in April, with 10 days of public holidays, and this coincides with the end of the fiscal year, it was difficult for participants to commit to an interview appointment time. The interview period, therefore, lasted just over four months. The first interview with a program director of Action Aid was conducted on 22 December 2015 and the last, with the Country Director of Handicap International, on 28 April 2016.

3.8.2 Recruitment of donor representatives

Initially, using the MIMU list, the contact details of senior officials of the three donors' organisations were identified, giving a total of 6 email addresses from Australia (DFAT), 25 from the US (USAID) and 14 from the UK (DFID). Based on their position in relation to their country's aid policy and program, 5 potential participants from DFAT, 11 from USAID and 4 from DFID were selected and sent the email requesting an interview. The Head of Myanmar DFID office from responded to the request accepted the interview and arranged an appointment for the following month, after New Year, in their Embassy building. Of the remaining emails, 3 came back as automatic responses notifying absence from work. There was also a response from a potential DFID participant, explaining that their program

was not yet focussing on disability issues and that his participation would therefore not be helpful. There was also one automated incorrect email response from the recruitment list.

Follow-up emails were sent again in mid-January, one month after the first email request. Only the DFAT Counsellor of Development Assistance accepted the invitation and an appointment was made for later in the month. USAID did not respond to any request, including one sent by the Head of DFID to introduce the research (a copy of which was sent to the researcher). This might have occurred because the new US Ambassador to Myanmar, Scott Marciel, replaced his predecessor, Derek Mitchell, on 9 February 2016 and was due to take up his role on 25 March 2016. There had also been news reports about strategic changes within the US diplomatic mission to Myanmar during this period. However, from subsequent interviews with DFID and DFAT representatives and INGO representatives, I was able to identify a number of USAID's fund contractors and their contact details.

3.8.3 Recruitment of INGO and LNGO representatives

The MIMU list was also used to identify relevant organisations and contacts and listed a total of 84 organisations both international NGOs and UN agencies. Of the 461 listed contacts, 17 non-UN organisations were identified that had a wider geographical coverage of general development programs (that is, they were not restricted to specific activities such as malaria, HIV prevention and micro-finance in remote geographical areas and only apply to certain ethnic minorities, owing to difficulties in access and language limitations), were active in policy dialogue, used a human rights approach and received funding from at least one of the selected donors. The links between participants' organisations (INGOs/LNGOs) and donors in terms of funding or grants are shown in Table 3.2. Priority was given to recruiting the most senior personnel in the identified organisations, since they could be expected to have in-depth knowledge about their programs and relationships with partners, including donors and other stakeholders. Project managers and other staff were also recruited, although their contribution was not expected to be as great. All potential participants were sent an email briefly explaining the study and requesting an interview.

Table 3.2 *Interview participants' connection to donors*

Organisations	Type of Organisation	Donors		
		UK	Australia	US
ActionAid	INGO			
FHI360	INGO			
HI	INGO			
Plan	INGO			
Save the Children	INGO			

MCRB	INGO	🟨		
Kan Let	Donor contractor			🟦
LIFT	Multi-Donor Trust	🟨	🟩	🟦
MILI	LNGO			🟦
Nyein	LNGO		🟩	🟦
Spectrum	LNGO	🟨	🟩	🟦

Because of the low response rate from large INGOs, the researcher proactively asked participants who had already been interviewed to provide a personal introduction, if they felt comfortable doing so, to a specific person from one of these organisations. This allowed the purposive sampling strategy to continue to be deployed. The recruitment strategy also included some snowballing: one donor representative from the Netherlands and one independent consultant who had conducted research in Internally Displaced Persons (IDP) camps on the Myanmar border were not targeted by the original recruitment email but participated in an interview. However, their information was not included in the data analysis as they were not targeted participants.

3.8.4 Results of recruitment strategies

A total of 51 email invitations were sent to potential participants from 3 donors, 9 INGOs, 3 LNGOs, 1 Trust Fund, and 4 donor contractors. Of these, 19 accepted the invitation to be interviewed, 1 rejected the approach citing lack of relevance, and 31 did not respond. Positive responses were received from 5 country directors, 7 program directors, 2 disability consultants from INGOs, 1 fund director of a multi-donor trust fund, 3 directors, 1 program manager, 1 LNGO project officer, 1 director of a local private consulting firm and 1 director from another donor organisation. One selected donor, 3 selected INGOs, and 3 selected donor contractors did not respond to the interview request. One visually impaired person and 1 wheelchair user from LNGO/DPO were among the participants. . An additional 8 local people provided information about their project activities and their views about donors, although their busy schedules prevented them from committing to full participation in the study; their information was therefore not included in the analysis. The distribution of responses and non-responses to the email request for interview are shown in Table 3.3. A brief introduction to each of the participating organisations is presented in Chapter 5.

Table 3.3 *Participants and responses to recruitment email*

Organisation Type	Organisation	Number of invitations	Accepted	Not accepted	No response
Donors	USAID	11	-	-	11

	DFAT	5	1	1	3
	DFID	4	1	-	3
INGOs	ActionAid	3	3	-	-
	Save the Children	2	2	-	-
	Plan	1	1	-	-
	OXFAM	2	-	-	2
	World Vision	2	-	-	2
	Care	5	-	-	5
	HI	1	1	-	-
	FHI360	2	2	-	-
	MRCB	1	1	-	-
LNGOs	Nyein	1	1	-	-
	Spectrum	2	2	-	-
	MILI	2	2	-	-
Trust Fund	LIFT	1	1	-	-
Donor Contractors	Kan Let	1	1	-	-
	PwC	2	-	-	2
	DAI	2	-	-	2
	Nathan Inc	1	-	-	1
Total		**51**	**19**	**1**	**31**

3.8.5 Interview approach

According to (Fontana, 2003), interviewing is one of the most common and powerful ways in which we try to understand an individual's experiences of a phenomenon. Ideally, interviews can be audio-recorded and later transcribed so that the analysis can include illustrative quotations. Ethical considerations require that certain procedures be implemented at the beginning of each interview. These include obtaining informed consent, requesting specific permission for audio-recording, and explaining the participant's right to withdraw from the study at any time.

Most of the interviews were conducted in English as the majority of senior positions in INGOs are held by expatriates. The exceptions were the interviews with MILI and the Nyein foundation, which were conducted in the Myanmar language. One of the interview sessions with Spectrum and half a session with FHI 360 were also conducted in the Myanmar language as one of the interview participants was Myanmar. These interviews were transcribed and translated into English by the researcher, who is a

native Myanmar language speaker. Almost all of the interviews were conducted in participants' offices or other private meeting rooms. One interview with a project staff member of Spectrum was conducted in a hotel lounge.

After the purpose of the study and the objectives of the interview had been explained, all participants requested anonymity in any report of the results, citing concerns that representing their organisation's views about the rights of persons with disabilities could be somewhat controversial in the Myanmar political context of the time and that this could adversely impact on their organisation's reputation and their own employment and personal security. Therefore, anonymity was preserved throughout. Participants were also advised that they had the right to check and modify their transcript, that personal information would remain confidential, and grievance procedures were available.

The interviews with senior public officials from donor organisations took place in their Embassy premises, where tight security protocols for entry were in place. These participants tended to be cautious in what they said and to avoid giving their own thoughts, repeating instead what their policy stated or what they were required to do. There was also significant variation between senior and mid-level personnel in INGOs and LNGOs in relation to how they described their 'lived experience' of disability inclusion. Senior personnel usually recounted what should happen with regard to disability inclusion, apparently in an attempt to demonstrate that they were fully aware of the topic and that their organisation accepted responsibility under its relevant mandate, rather than describing what they had actually experienced. Mid-level personnel and field staff, by contrast, tended to focus on their grievances against organisational policy and management. This may be due to the particular organisational culture and leadership style, but there is insufficient evidence to be certain.. These interviews highlighted the significant power differentials between various paradigms and traditions (Karnieli-Miller, Strier, & Pessach, 2009).

The interviewer sought to build trust and rapport with the interviewee by initially asking about familiar topics, which helped to reduce the power differences between them. As well, the researcher had good knowledge of each organisation, its focus, strategy, programs and partners before the interview, which also helped to elicit more descriptive information. It was often necessary, however, to probe for specific details. Following each interview, the experience was documented taking a reflexive approach. This helped to improve the approach to the next interview, especially in relation to developing descriptive questions based on empirical evidence such as statistical data and important country situational reports, which all NGOs in the country can access. The interviews were not limited to the predetermined questions; rather, the schedule was used to guide the discussion and ensure coverage of the topics. This flexible approach encouraged participants to share their lived experiences in relation to disability inclusion.

3.8.6 Data coding

The interviews were transcribed and then coded, separating latent from manifest content (Neuman, 2006) using NVivo as a data management tool. Using this coding method, preliminary descriptive key indicators for disability inclusion were identified in the first two transcripts according to the following three questions:

1. Does the participant think their work is disability inclusive?

2. What are the manifest explanations of this?

3. What is the latent evidence for this?

Answers to these questions generated additional insights, and new information emerged with each new transcript. As the interviews covered a broad range of development activities and topics, the coding was initially quite scattered. After all the transcripts had been coded in relation to disability inclusion, 38 topics were identified. Careful re-reading of the raw data reduced the number of codes to 13 separate topics, as follows:

Table 3.4 *Coding table*

No.	Codes	Sub-code
1	Challenges: What challenges do they face in disability inclusion?	a. Community reluctance: Not willing to include b. Culture: Discrimination against the inclusion of people with disabilities c. Lack of family understanding of disability d. Lack of awareness e. Lack of cooperation: Among community, or LNGOs or INGOs f. Lack of information g. Policy: A policy or system constraining the inclusion of people with disabilities h. Political situations i. Lack of resources or capacity: Institutional resources j. Staff know-how or skills: Teacher's skills and knowledge about dealing with disabled children

2	Disability definition: How do they define disability and disability inclusion?	
3	Examples of exclusion: Practical evidence	
4	Examples of inclusion: Practical examples	a. Facilitator b. International project: Experiences from other countries c. Local current project
5	Implications of donor's policy: What are the implications of a donor's policy on inclusion?	
6	Leadership: What leadership is available for disability inclusion? Who is leading the inclusion?	a. Initiative b. Responsive c. Local staff d. Senior personnel
7	Methods: What methods do they use to implement disability inclusion?	a. Approach b. Consultation c. Disability disaggregated data d. Engagement e. Participation f. Training
8	Participants	a. Disability exclusive: Perceive themselves as disability exclusive b. Disability-inclusive: Perceive themselves as disability inclusive c. Focus d. Organisational background e. Other: Any other information about the participant? f. Roles: What is the role of the participant in his/her organisation?

9	Partnerships and collaborations: What partnerships/collaborations do they have in disability inclusion?	a. Funding partners b. International partnership for disability inclusion c. Local partnership for disability inclusion
10	Reasons for exclusion: Possible reasons for not including people with disabilities in the programs	
11	Reasons for inclusion of people with disabilities	a. Donor-driven b. Laws c. Organisational policy d. Other
12	Strategy, plan and framework: What strategy, plan and framework do they follow to implement disability inclusion?	a. Adopted b. Locally developed
13	What can be done for disability inclusion or what could have been done to realise inclusion?	

3.8.7 Analysis

According to (Neuman, 2006), data analysis involves "examining, sorting, categorizing, evaluating, comparing, synthesizing, and contemplating the coded data as well as reviewing the raw and recorded data" (p. 467). A coding framework for the 13 topics mentioned above was piloted, with relevant data bits attached to each code. Repetition of data was observed across the 13 codes.

For example, one donor-driven organisation, that is, an organisation that is reactive rather than proactive towards due-diligence or objective priorities, adopted its international partner's operational policy. Although they had conducted training on inclusion through their local project activities, this policy did not allow them to extend the inclusion of disabilities to their other project activities. The same information appeared under seven topics (1, 3, 4, 9, 11 and 12). To manage this, the information was further conceptualised as non-inclusive policy, not having a disability champion in their organisation, and not having voice or power to adapt the organisation's policy or influence donor policy.

After all data had been related to the 13 topics in this way, the major determinants of disability inclusion were identified as: bargaining power of an organisation, leadership of an organisation, the existence of activists in an organisation, the presence of staff with disabilities, internationally imposed inclusive

policy, and locally developed inclusive policy. From this, a higher level conceptual framework with three main dimensions was generated. It is further explained in Chapter 5 and presented in Table 5.4.

The following chapter will explain the policy analysis process and results generated by using the Policy Analysis Framework.

Chapter 4: International Aid Policy Analysis

4.1 Introduction

This chapter presents findings from analysis of the international aid or development policies, including disability-specific policies or guidelines, of the three donors: DFAT, DFID and USAID. The findings address the first research question: Is "Disability Inclusion" considered in the aid policy of signatory donors to the UNCRPD (United Nations Convention on the Rights of Persons with Disabilities) as required by article 32(a) of that convention?

The analysis was conducted from 16-10-2014 to 25-05-2015 using the policies of those three donors (Australia, the UK and the USA) as set out on their websites. During this time, these donors made a number of policy updates, such as Australia's 'Development for all strategy: 2015 – 2020' (DFAT, 2015), which was launched on 25 May 2015. Because these had not been implemented in the recipient country, Myanmar, during the field research timeframe, they were not included in the analysis.

Additionally, the donor aid policy describes the priority areas of aid and development of that particular donor, as well as its fundamental tenets and rationale for how its aid and development objectives align with global agendas and the needs of the beneficiary country, and also explains how its aid will be delivered. Disability policy guidelines, however, focus exclusively on disability and therefore may or may not cover all of their aid and development priorities and objectives. Therefore, it is essential to analyse donors' general aid and development policies to contextualise them in relation to the aid and development world as a whole in order to identify key questions that need to be asked about disability inclusion in aid and development agendas.

The following sections address each of these questions in relation to the first donor to be considered, that is, Australian (DFAT) policy. This will be followed by a similar analysis of the policy frameworks of the remaining two donors: DFID and USAID.

4.2 Australian (DFAT) policy

At the time of this study, the Australian aid program was guided by a generic aid policy, "Australian aid: Promoting prosperity, reducing poverty, enhancing stability", which was launched on 18 June 2014 (Department of Foreign Affairs and Trade, 2014b). Specific policy guidance on the inclusion of persons with disabilities was also contained in the Australian aid program, "Development for all: Towards a disability-inclusive Australian aid program 2009 – 2014", launched in November 2008 (AusAID, 2008).

4.2.1 Overview

Australia's generic aid policy (Department of Foreign Affairs and Trade, 2014b) was launched on18 June 2014 by the Foreign Affairs and Trade Minister, Julie Bishop (Bishop, 2014). This policy, as

outlined in the Ministerial Foreword, introduced key shifts in Australia's aid program, particularly in its 'aid for trade' and partnership approach and a more strategic focus on the Indo-Pacific region (Department of Foreign Affairs and Trade, 2014b). The policy specifically concentrated on 'aid for trade' and reflected the view that an aid program is not a 'charity' (Bishop, 2014; Department of Foreign Affairs and Trade, 2014b) but focuses on economic development in general through promoting trade.

There were six priority areas for development:

1. Infrastructure, trade facilitation and international competitiveness

2. Agriculture, fisheries and water

3. Effective governance: policies, institutions and functioning economies

4. Education and health

5. Building resilience: humanitarian assistance, disaster risk reduction and social protection

6. Gender equality and empowering women and girls.

According to AusAid (2008), it is believed that investing in those six priorities would lead to private sector development and human development in the aid recipient country, which would ultimately lead to achieving the overall objective of the policy thus "[p]romoting Australia's national interests by contributing to sustainable economic growth and poverty reduction" (AusAID, 2008, p. 6).

The 2014 aid policy reflected the national interest by strengthening Australia's security and enhancing its prosperity. Its provisions included foreign trade and development policy advice to government and working with other governments in order to ensure that Australia's global, regional and bilateral interests were effectively coordinated. It was also designed to ensure that investment in those priorities would be tailored to the needs of each country and reflect Australia's national interest. The strategic choices across the aid program were guided by the following four tests (Department of Foreign Affairs and Trade, 2014b, p. 28):

☐ Test 1: Pursuing national interest and extending Australia's influence

☐ Test 2: Impact on promoting growth and reducing poverty

☐ Test 3: Australia's value-add and leverage

☐ Test 4: Making performance count.

Ten strategic targets were set for the Australian aid program:

1. **Promoting prosperity**: Promote economic development by increasing Australia's aid for trade investments to 20 per cent of the aid budget by 2020.

2. **Engaging the private sector**: All new investments will explore innovative ways to promote private sector growth or engage the private sector in achieving development outcomes.

3. **Reducing poverty**: By July 2015, all country and regional programs will have Aid Investment Plans that describe how Australia's aid will promote economic growth in ways that provide pathways out of poverty.

4. **Empowering women and girls**: More than 80 per cent of investments, regardless of their objectives, will effectively address gender issues in their implementation.

5. **Focusing on the Indo-Pacific region**: Increase the proportion of country program aid that is spent in the Indo-Pacific region to at least 90 per cent from 2014–15.

6. **Delivering on commitments**: From July 2015, progress against mutual obligations agreed between Australia and its key partner governments and organisations will form part of program performance assessments.

7. **Working with the most effective partners**: By July 2015, design and apply new systems to assess the performance of the aid program's key delivery partners and ensure stronger links between performance and funding.

8. **Ensuring value-for-money**: Deliver high standards of value-for-money in at least 85 per cent of aid investments. Where standards are not met and improvements are not achieved within a year, investments will be cancelled.

9. **Increasing consolidation**: Reduce the number of individual investments by 20 per cent by 2016–17 to focus efforts and reduce transaction costs.

10. **Combatting corruption**: Develop and implement new fraud control and anti-corruption strategies for all major country and regional programs by July 2015 (Department of Foreign Affairs and Trade, 2014b, p. 28).

4.2.2 Analysis of Australia's 2014 aid policy

4.2.2.1 What is the objective of the policy: Equity, access, or support?

The stated objective of Australia's aid policy was "promoting prosperity, reducing poverty and enhancing stability" (Department of Foreign Affairs and Trade, 2014b, p. 6) to achieve sustainable

economic growth both in Australia and in the countries it supports (Department of Foreign Affairs and Trade, 2014b). In pursuit of this objective, two significant outcomes of aid investment were anticipated, that is, "strengthening private sector development and enabling human development" (Department of Foreign Affairs and Trade, 2014b, p. 5).

Disability was mentioned in the context of children with disabilities not having access to education and poor or inaccessible health services leading to disability (Department of Foreign Affairs and Trade, 2014b). The policy addressed disability in this way:

> We will promote disability-inclusive education, help remove physical barriers through our investments in infrastructure, and enable people with disability to access services. And we will continue to support disabled people's organisations in developing countries which play a vital role in giving people with disability a voice (Department of Foreign Affairs and Trade, 2014b, p. 24).

Although it may seem that supporting DPOs may give people with disability a voice and, therefore, be linked to 'equity', it does not provide a space for DPOs' voices to be heard in high-level discussions unless disability is mainstreamed in other initiatives.

As part of global development practice, the policy pledged to promote disability inclusion: "Australia strongly supports the prioritisation of gender equality and women's empowerment in international forums, and we continue to advocate for disability-inclusive development policies" (Department of Foreign Affairs and Trade, 2014b, p. 32). In expressing Australia's commitment to reshaping the aid program, it stated that "Australia remains firmly committed to assisting the most disadvantaged, including people with disability, find pathways out of poverty" (Department of Foreign Affairs and Trade, 2014b, p. 5). Disability inclusion, however, was not specifically mentioned in relation to investment priorities in areas other than education and health.

In summary, the Australian aid policy document mainly considers disability inclusion in relation to *access* that is, ensuring that persons with disabilities would be able to access Australian aid investment, specifically in education and health. It did not address *equity* (ensuring freedom from discrimination) or *support* (resources to address special needs for persons with disabilities). It appeared from the documentation that these two aspects could only be achieved through an assurance within the agreement between Australia and its partners, including governments and various institutions, as set out in the supplementary performance framework, "Making performance count: Enhancing the accountability and effectiveness of Australia aid" (Department of Foreign Affairs and Trade, 2014b).

4.2.2.2 What is the history of the policy? At whose initiative was the issue brought to public attention? Who were the proponents and detractors of the policy?

Australian aid and development assistance dates back more than a century, although the official aid program was only founded in 1974 under the Whitlam Labor government as the Australian Development Assistance Agency (ADAA). The introduction to the aid document (Bishop, 2014) observes that Australian development assistance began in earnest with the Colombo Plan in 1950. According to the DFAT website, however, the history of Australia international relationships can be traced to 1 January 1901 with the establishment of the Department of External Affairs and the Department of Trade and Customs of Commonwealth Departments (Department of Foreign Affairs and Trade, 2015b). Until the late 1930s, Australia's overseas presence was mainly limited to trade representation and commercial publicity. Australia realised the need to establish a Trade Commissioner Service in 1934 and took tentative steps towards the establishment of diplomatic representation abroad. In 1974, the ADAA was established as a standalone agency. In 1976, under Prime Minister Malcolm Fraser's Liberal government, it was renamed the Australian Development Assistance Bureau (ADAB) and brought under the Foreign Affairs and Trade portfolio. Since that time, with various name changes, Australian aid has been managed either by a standalone agency or, since 2014, as part of the Department of Foreign Affairs and Trade (DFAT), to which Julie Bishop was appointed as responsible Minister and Peter Baxter as Director General (http://dfat.gov.au/about-us/history-of-australian-diplomacy/Pages/history-of-australian-diplomacy.aspx).

In relation to a commitment to disability inclusion, a report from the Senate to the Foreign Affairs, Defence and Trade References Committee (Foreign Affairs Defence and Trade References Committee, 2014) highlighted the issue of disability. It referred to the relationship with NGOs such as CBM Australia and the Australian Council for International Development (ACFID) as part of the UNCRPD commitments and to the existing disability inclusive development policy, "Development for All: Towards a disability-inclusive Australian aid program 2009 – 2014", which was launched on 25 November 2008 (Disabled Peoples' International Asia-Pacific, 2014). The "Development for All" strategy was developed by AusAid (now DFAT) through extensive participatory consultations and with nearly 500 submissions from stakeholders, including people with disability, their families and carers, government representatives, international and national NGOs, service providers, other donors (AusAID, 2008) and prominent scholars such as Dr. Tom Shakespeare and Professor Graham Thornicroft, and reports from disability activists, including Bob McMullan, former Australian Parliamentary Secretary for International Development Assistance, and Lorraine Wapling, a disability and development consultant for AusAid and DFID (House of Commons, 2014). An analysis of that strategy is presented in a later section.

The evidence from the Senate report on discussions of the "Development for All" strategy (AusAID, 2008) and the Foreign Affairs, Defence and Trade Committee discussion on Australian aid (Foreign Affairs Defence and Trade References Committee, 2014) suggested that individuals and organisations, including academics, persons with disabilities and their carers, DPOs, activists and non-government

organisations from the humanitarian and development sector, were the main proponents for policy commitments to disability inclusion (Foreign Affairs Defence and Trade References Committee, 2014). There was no evidence of any detractors of the policy.

4.2.2.3 Does the policy seek to enforce individual rights or to outline collective responsibilities?

The 2014 Australian Aid policy document made clear that the fundamental objective was to promote economic development in order to reduce poverty through aid for trade. The policy generally sought to outline the collective responsibilities of development partners, including institutions and governments, through partnership agreements. This was done by emphasising policy priorities and utilising the previously mentioned performance framework (Department of Foreign Affairs and Trade, 2014b).

In translating priorities into practice through the 'aid for trade' approach, the focus was on private sector engagement for both Australia and its partner countries to achieve the development objectives of economic growth and poverty reduction. The performance framework sought achievement of those objectives through four tests and 10 strategic targets. The document further proposed that collective responsibilities would be outlined in the bilateral or multilateral agreements, with specific performance indicators to be developed in July 2015 according to the specific needs of each partner country (Department of Foreign Affairs and Trade, 2014b).

The aid for trade approach advanced in the document was based on the premise that private sector development, improvement of favourable international trade policy, and strengthening of institutions for effective governance would lead to economic development in the nations Australia supports through its aid policy. Together with complementary assistance through bilateral agreements for human development in health, education and gender, based on each country's profile, this was expected to lead eventually to individual empowerment (Department of Foreign Affairs and Trade, 2014b). There was, however, no specific assurance that this would include persons with disabilities. The document implied that strengthening collective responsibilities through economic empowerment would ensure that the rights of individuals would be upheld through the accountability of partners' governments and their systems (Department of Foreign Affairs and Trade, 2014b). Neither the policy document nor the accompanying performance framework, however, defined the rights of individuals.

The document provided evidence of a general intention to ensure inclusion of minority or disadvantaged people, including persons with disabilities, by seeking to include them in development programs as part of the Australian aid approach to inclusive development. For example, the priority of building resilience through humanitarian assistance, disaster risk reduction and social protection expressed the importance of inclusion and safety net measures for vulnerable populations (Department of Foreign Affairs and Trade, 2014b, p. 24). Such an expression did not address the rights of individuals but, rather, outlines the responsibilities of partners, including governments and NGOs. In the document, there was considerable emphasis on forthcoming bilateral agreements and performance assessment programs

focusing on inclusion and extending the reach and coverage of the social protection system in partners' countries.

Evidence of collective responsibility for the inclusion of people with disability could also be found in the education priority in the document, as explained earlier in relation to the expectation that supporting DPOs would eventually provide people with disability with a voice. This suggested that the intention was to promote the inclusion of minority or disadvantaged people by outlining the responsibilities for partners responsible for implementing aid programs, including disabled people's organisations and service providers, in partner countries.

It is also possible that the development priorities of strengthening good and effective governance through policy and institutional reform would be expected to include the justice systems of partner countries. The stated objective was to achieve an effective and well-functioning public sector and predictable institutions, which are the foundation for economic growth and stability in partner nations. This suggested that the policy was seeking to outline collective responsibilities to achieve peaceful and fair treatment of citizens in the partner nations (Department of Foreign Affairs and Trade, 2014b). Again, however, there was no specific commitment in the document to ensuring that persons with disabilities would be fairly treated.

In summary, the policy structure in the 2014 Australian aid document can be seen to address two tiers of development for partner countries. One was trade expansion, market development and creating economic opportunities (the 'aid for trade' approach), mainly to achieve GDP growth in the nations that are to be supported. The second was human development, which complements the first tier by ensuring that people benefit from economic development (Department of Foreign Affairs and Trade, 2014b). In both tiers, the policy sought to outline collective responsibilities for disability inclusion and gender equality. Disability inclusion was emphasised in the education and health agendas in the human development tier by describing collective responsibilities. No such specific emphasis was apparent in the other tier, although general collective responsibilities were outlined in the context of vulnerable populations in general. There was, however, no evidence of any provision to enforce individual rights.

4.2.2.4 At what level of jurisdiction is the policy (federal, provincial, regional, municipal)? How does it correspond to other policy at that level? At other levels?

The Australian aid policy is located at the federal level of jurisdiction in Australia, where it forms part of foreign policy, including economic diplomacy. This is expressed in the document as follows: "the integration of Australia's aid program into DFAT aligns Australia's foreign, trade and development policy efforts, with economic diplomacy at the forefront of Australia's international engagement" (Department of Foreign Affairs and Trade, 2014b, p. 9).

The policy document highlights the importance for aid effectiveness of policy alignment with the respective priorities of partner countries. It was also evident that the UNCRPD and the "Development for All" strategy were part of the discussion during the policy's development, and disability inclusive development was regarded as the Australian approach to aid and development (AusAID, 2008; Department of Foreign Affairs and Trade, 2014b). Therefore, the document suggested, the policy would conform to the standards and responsibilities that state members are obliged to adhere to under the UNCRPD (UNCRPD, 2007).

This, however, was an Australian federal policy supporting aid for trade investments in partner countries. There was no evidence to show that there were corresponding policies in place in aid recipient countries. It was only stated in the policy document that future policy alignment with recipient countries was desirable through a partnership or bilateral agreements.

4.2.2.5 Who is eligible to benefit from the policy? Who is included, and who is excluded from consideration?

The 2014 Australian aid policy focused on the Indo-Pacific region (South East Asia and Pacific), mainly on the least developed countries in this region. It was not, however, limited to those countries if there was a need to respond to a humanitarian crisis.

According to (Department of Foreign Affairs and Trade, 2014b, p. 5), the policy sought not to exclude anyone in the recipient countries by "ensuring that all parts of society benefit from economic opportunities … [as] a strong insurance policy against future instability" (p. 5). Further, the document stated that:

> We will work with effective partners, including non-government organisations (NGOs), to extend the reach of our aid on the ground. Australia remains firmly committed to assisting the most disadvantaged, including people with disability, find pathways out of poverty (Department of Foreign Affairs and Trade, 2014b, p. 5).

In summary, it is evident from the document that the policy sought to ensure the inclusion of all people, including those who are disadvantaged, persons with disability, and women and girls, to achieve poverty reduction and economic development in those partner countries.

4.2.2.6 Does the policy provide specialised services to minority groups, or does it address a universal issue?

This was and is a universal policy and does not focus on specialised services to minority groups or persons with disabilities. The policy instead addressed a universal issue of poverty reduction through its priorities, approaches and performance framework. It was also evident in the document that the priorities address universal issues in developing countries around policies in trade liberalisation, natural

resource management, education and health, disaster management, social protection and gender equality.

4.2.2.7 Who are the key stakeholders? Does the policy correspond to the mission of pertinent advocacy organisations?

There are several statements in the DFAT (2014a) document which refer to their national interests and development partners as policy stakeholders:

> This new development policy "Australian aid: promoting prosperity, reducing poverty, enhancing stability introduces key shifts in our aid program, reflecting both our national interests and the changed context in which our aid program operates" (Department of Foreign Affairs and Trade, 2014b, p. iii) … The purpose of the aid program is to promote Australia's national interests by contributing to sustainable economic growth and poverty reduction (Department of Foreign Affairs and Trade, 2014b, p. 1) … Australia advocates for development policy approaches that align with our national interests and promote economic growth and a strong role for the private sector (Department of Foreign Affairs and Trade, 2014b, p. 32).

It appeared that the stakeholders included various Australian government departments, non-government organisations (NGOs), development contractor companies, multilateral organisations, consultants, universities and the governments of aid recipient countries, their citizens and the vulnerable populations in aid recipient countries, including people with disabilities.

According to the DFAT website, "Partnerships with a wide range of groups are essential for an effective aid program" (Department of Foreign Affairs and Trade, 2014d). More than 40 consultations were conducted in developing the 2014 Australian aid performance framework, with over 70 stakeholders and experts from NGOs, the private sector, academia, partner governments and multilateral organisations (Department of Foreign Affairs and Trade, 2014c). Similarly, the Senate Inquiry report on Australia's overseas aid and development assistance program attracted 73 submissions from a range of individuals and organisations from the university, humanitarian and development sectors. This suggested that NGOs, the private sector, academia, partner governments and multilateral organisations were the pertinent advocacy organisations or individuals.

Theoretically, active INGOs and LNGOs in the aid recipient country are also key stakeholders in Australia's aid policy. In the context of Myanmar, these include CBM, Action Aid, Oxfam, PLAN, Care, World Vision and other local DPOs, and the respective government ministries, especially the Ministry of Social Welfare, Relief and Resettlement, the Ministry of Education, the Ministry of Health and Sports and the Ministry of Commerce. However, although some international organizations active in Australia and other 20 countries were part of the consultation process, there was no evidence in the

policy document to suggest that the policy corresponded to the missions of these organisations with regard to disability inclusion in Myanmar, nor was there evidence that Myanmar was included in the consultation process.

4.3 Development for all: Towards a disability-inclusive Australian aid program 2009-2014 strategy

One of the aspects of this Australian development strategy document, which specifically addresses disability inclusion, is the fact that it was developed via a participatory consultation and feedback process (July-October 2008) and based on research and analysis. The department (then AusAid) received submissions (some international) from nearly 500 individuals and organisations and also undertook face-to-face consultations (Commonwealth of Australia, 2009). The consultations took place in the majority of developing countries with which Australia partnered at that time and with key disability and development stakeholders. These included people with disabilities, their families and carers, government representatives, NGOs, service providers and other donors (AusAID, 2008).

The consultations were guided by a series of questions around the definition of disability, principles of disability strategy, disability mainstreaming and specific initiatives (a 'twin track' approach: specific disability focused practices and disability inclusion in general development practices), and measuring success. These questions were based on lessons learned from others' experiences and on the UNCRPD principles, including Article 32, and existing regional disability frameworks such as the Biwako millennium framework for action: Towards an inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific (BMF) (http://www.unescap.org/resources/biwako-millennium-framework-action-towards-inclusive-barrier-free-and-rights-based-society). This suggests that Australia, at that time, recognised the importance of listening to people with disability in partner countries and regarded them as the end stakeholders of AusAid policy and implementation (Commonwealth of Australia, 2009).

The Development for All strategy was launched by Bob McMullan MP, Parliamentary Secretary for International Development Assistance, in Canberra on 25 November 2008 (Disabled Peoples' International Asia-Pacific, 2014). According to DFAT and the mid-term review of the strategy in October 2012 (Kelly, 2012), as explained earlier, it was developed following an extensive consultation process with over 500 written submissions and consultations in over 20 countries.

The Development for All strategy is highly respected internationally. For example, the UK International Development Committee – Disability and Development recommended that the UK government adopt a similar strategy (House of Commons, 2014). During the discussion, the Committee noted: "the extent to which the strategy sent a message inside the organisation and led to an organisational change in the agency itself" (House of Commons, 2014, p. 14). Bob McMullan commented that the strategy and its

development process was a major accomplishment for DFAT (AusAid) in relation to disability inclusion (AusAID, 2008) (https://dfat.gov.au/about-us/publications/Documents/focus-mcmullan.pdf).

The 2009 – 2014 strategy goal was to move "towards a disability-inclusive Australian aid program" that was to have three core outcomes:

1. Improved quality of life for people with disability

    a. Focused and targeted – Comprehensive support for partner governments' efforts towards disability-inclusive development

    b. Targeted sectorial focus across all country programs – Inclusive education and accessible infrastructure

    c. Disability-specific initiatives – Capacity development of disabled people's organisations

    d. Flexible support mechanism for all countries – NGO agreements, volunteers, research, leadership awards and scholarships, sports and small grants.

2. Reduction in preventable impairments

    a. Preventable impairment-specific initiatives

        i. Avoidable blindness initiative

        ii. Road safety

3. Effective leadership on disability and development

    a. Support leadership of people with disability

    b. Model good practice in disability-inclusive development

    c. Forge strategic partnerships to leverage action

    d. Build political and senior agency leadership in regional and international forums

    e. Strong Australian advocacy to increase the priority on disability and development (AusAID, 2008, pp. 4, 30)

In order to achieve these core outcomes, it set two specific enabling outcomes:

1. AusAid skilled and confident in disability-inclusive development

      a. Strengthen AusAid's capacity to successfully promote, manage and monitor disability-inclusive development as a central aspect of Australia's aid program

      b. Ensure AusAid is an open, accessible and inclusive organisation

2. Improved understanding of disability and development

      a. Build strategic partnerships to strengthen efforts to capture robust quantitative and qualitative data on disability, poverty and development with a strong focus on the lived experiences of people with disability

      b. Strengthen knowledge management, coordination, dissemination, accessibility and application (AusAID, 2008, pp. 4, 30).

The overall strategy had six guiding principles:

1. Active central role by people with disability: Promote and enable active participation and contributions by people with disability.

2. Recognise and respect rights: People with disability hold the same rights as others.

3. Respect and understand diversity: The lived experiences and perspectives of people with disability are diverse, and effective approaches for improving outcomes will vary in different contexts. Better understanding of the lived experience of people with disability will help break down the attitudes that create and reinforce disability, and build respect for diversity.

4. Take into account the interaction of gender and disability: Inequality and multiple forms of discrimination may be experienced by men and women, girls and boys who are people with disability, family members and carers.

5. Focus on children: Children with disability face major barriers to enjoying the same rights and freedoms as their peers and may often face greater risks of abuse.

6. Support people-people links and promote partnerships: The combined commitment, influence and experience of Disabled People's Organisations, government, civil society, faith-based and Non-Government Organisations, education and training institutions and the private sector will ensure effective development inclusive of people with disability (AusAID, 2008, pp. 4, 11, 31)

This strategy enforced structural change on AusAid (now DFAT) and encouraged it to make existing aid programs more disability inclusive. The establishment of the Disability-Inclusive Development Unit (DID) within AusAid suggests that disability inclusion was taken very seriously.

4.3.1 Analysis of the development for all strategy 2009 – 2014

4.3.1.1 What is the objective of the policy: Equity, access, or support?

The primary overall objective of the policy was, as the title indicates, "development for all" (AusAID, 2008). Specifically, the primary aim of the strategy was to "support people with disability to improve the quality of their lives by promoting and improving access to the same opportunities for participation, contribution, decision making and social and economic well-being as others" (AusAID, 2008, p. 7). This objective explicitly refers to "support". The intention of the strategy to provide 'support' is also evident in the identified outcomes. Outcome 3 clearly committed to 'supporting' leadership development and efforts of people with disability to become advocates and leaders in their own right. This support was to be provided through scholarship schemes including Australian Leadership Awards Fellowships (now called Australia Awards Fellowships http://dfat.gov.au/people-to-people/australia-awards/pages/australia-awards-fellowships.aspx).

There is also a commitment to improving the evidence base by "developing strategic partnerships to capture robust quantitative and qualitative data on disability, poverty and development with strong focus on the lived experiences of people with disability" (AusAID, 2008, p. 27). Outcome 2, reduction in preventable impairment, also contained a commitment to disability-specific initiatives. This can also be seen as an intention to provide 'support'. The sensitivity of this issue was explicitly acknowledged: "in considering options for reducing preventable impairments we recognize that the spectrum of human diversity is virtually infinite and every person is born with dignity and with rights" (AusAID, 2008, p. 23). The strategy also expressed commitment to supporting capacity development for DPOs, with emphasis on accessibility: "resource and/or technical assistance to be 'on tap' and not 'on top' will be respected" (AusAID, 2008, p. 20). The document also undertook to "review, refocus, and expand on these flexible aid mechanisms and provide accessible information about them to people with disability and associated grassroots organizations" (AusAID, 2008, p. 20).

The six outcomes also focused on "access". The mention of the provision of flexible support mechanisms through Australia's aid program also reflected the intention to provide equal and easy access for people with disability. As evident in Outcome 1 ("supporting inclusive education and accessible infrastructures investment across all country programs", (AusAID, 2008, p. 17), there was a commitment to ensuring equal access for people with disabilities by developing barrier-free environments, both physical and attitudinal, and providing the knowledge and skills required for inclusive education. The commitment to equal access was also reflected in the strategy's core and enabling outcomes. There was recognition that access to education, employment, health services, clean water and sanitation, roads, transport, government and social facilities reduced poverty (AusAID, 2008). Outcome 4 explicitly stressed the importance of systematically integrating disability inclusion into all relevant aspects of the processes and programs that were to receive Australia's development

assistance. There was, within the document, also evidence to suggest a commitment to improving equal access to essential infrastructure and services by building on existing efforts in infrastructure development.

Encouraging people with disabilities to be central to the strategy and its development assistance can also be seen as intent to achieve access in the form of ability to participate. For instance, the strategy committed to measuring "the progress towards disability-inclusive development at strategy, sector and country program levels" (AusAID, 2008, p. 29). In this regard, it confirmed the commitment to making Australia's development assistance and its benefits accessible to people with disability. There was, however, no evidence to suggest that the strategy aimed to achieve "equity – freedom from discrimination" for persons with disabilities. Rather, the approach was to support specific disability initiatives to ensure equal access for people with disabilities to Australian aid programs.

4.3.1.2 What is the history of the policy? At whose initiative was the issue brought to public attention? Who were the proponents and detractors of the policy?

According to a companion volume of the strategy document, its development was informed by significant background research and analysis and extensive consultation and feedback (Commonwealth of Australia, 2009, p. 1). As noted earlier, multiple stakeholder consultations were conducted from July 2008 to August 2008 involving meetings with more than 20 countries and more than 500 submissions (Commonwealth of Australia, 2009, p. 1; Kelly, 2012, p. 8). The AusAid disability task force led consultations in Samoa, Vanuatu, Thailand, Lao PDR and East Timor and sent observers to the Philippines and 14 other countries (AusAID, 2008).

Australia introduced the Disability Discrimination Act in 1992 and ratified the UNCRPD on 19 July 2008. The Australian Disability and Development Consortium (ADDC), formed in 2007, grew out of the Australian Council for International Development's (ACFID) Disabilities and Development Working Group which had been set up in 2000. The issue of disability-inclusive development was brought to the attention of the Australian Parliament in 2007 by Bob McMullen MP, Parliamentary Secretary for International Development Assistance. The strategy explicitly referred to UNCRPD article 32 (AusAID, 2008, p. 8) as part of its rationale for developing the strategy. It represented the first relevant initiative to disability inclusive international aid and development following the ratifying of UNCRPD on the part of the Australian government.

Participants in the consultation process included: international NGOs such as CBM, ADDC, Handicap International (HI), the Leprosy Mission and World Vision; Australian disabled peoples' organisations such as Aboriginal Disability Network, Ability First Australia, Australian Federation of Disability Organisations, Women With Disability Australia and People with Disability Australia; government representatives from the UK, Germany, New Zealand, Sri Lanka, and Japan; and academics from the

University of Sydney, the University of Melbourne, University of Technology Sydney (UTS) and Royal Melbourne Institute of Technology (RMIT).

The extensive consultation process undertaken for the development of the strategy could be seen to demonstrate that people with disabilities, NGOs and academics from various countries were active supporters of the development of the strategy. There was however no evidence of involvement by persons with disabilities from Myanmar, although participants included some NGOs who had projects in Myanmar, such as Vision Australia, Handicap International (HI) and the Leprosy Mission. The documentation does not indicate whether there were any detractors of the policy.

4.3.1.3 Does the policy seek to enforce individual rights or to outline collective responsibilities?

The strategy document sought to outline collective responsibilities through partnership with governments, bilateral and multilateral donors and civil society, and to enforce individual rights through specific core outcomes. The ministerial Foreword promised that:

> …the Australian Government will work with our partners in Asia and the Pacific region to make disability a development priority. We will develop practical, innovative and collaborative approaches to disability issues (AusAID, 2008, p. iii).

As the strategy was built around the idea of strategic partnership and developed through rigorous participatory consultations, including people with disabilities, the intent to influence partners on the issue of disability-inclusive development is evident throughout in the document. For example, one of the core outcomes was stated as:

> … to set an example for others by modelling good practice in disability-inclusive development, adhere to aid effectiveness principles, and effectively communicate lessons and outcomes from our efforts … [and to] identify opportunities to build strategic partnerships through which Australia can support and strengthen efforts of international and other potentially influential partners including relevant multilateral organisations (AusAID, 2008, p. 25).

Similarly, according to one of the guiding principles:

> The combined commitment, influence and experience of many, including DPOs, government bodies, civil society organisations, faith-based organisations, NGOs, education and training institutions and the emerging and potentially powerful role being played by the private sector will ensure development is more effective because it includes people with disability (AusAID, 2008, p. 11).

> Additionally, the executive summary states: "Strengthening Australia's focus on disability in the aid program is integral to sustainable development and an essential part of achieving the

Millennium Development Goals (MDGs) designed to improve the well-being of the world's poorest people by 2015. Such a focus also helps Australia to meet its obligations under the recently adopted United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) ((AusAID, 2008, p. 1).

This suggests an intention to outline collective responsibilities on disability-inclusive development for partners, referencing their obligation to the UNCRPD.

Similarly, the vision of 'better lives for people with disability' appears to confirm the intention to enable people with disability to access the same opportunities for participation, contribution, decision making, and social and economic well-being as others. It also recognises that people with disability have the same rights as others. For instance, the guiding principles directed that: "People with disability will play an active and central role" (AusAID, 2008, p. 11). The disability-specific initiatives outcome statement also committed to "[c]apacity development support for Disabled People's Organisations" (AusAID, 2008, p. 19) in order for people with disabilities to become leaders in the field of inclusive development. Moreover, the intention expressed in the guiding principles to "promote and enable active participation and contributions by people with disability" (AusAID, 2008, p. 11) suggests an attempt to enforce individual rights.

4.3.1.4 At what level of jurisdiction is the policy (federal, provincial, regional, municipal)? How does it correspond to other policy at that level? At other levels?

 "Development for All: Towards a Disability-inclusive Australian Aid Program" was stated to be a federal level strategy document to guide "Australia's overseas aid program towards development that includes, and deliberately focusses on, people with disability" (AusAID, 2008, p. iii). It was developed through a participatory consultation process with stakeholders, guided by UNCRPD article 32 and aligned with the BMF (Biwako Millennium Framework for action: Towards an inclusive, Barrier-Free and Rights-based Society for Persons with Disabilities in Asia and the Pacific). The strategy also promised to ensure that recipient countries would conform to international and regional agreements:

> Our efforts will be guided by the CRPD and the BMF … [and] … international and regional instruments and frameworks (UNCRPD and BMF) to inform and put them into practice (AusAID, 2008, p. 15).

In other words, the strategy accorded with international treaties and regional frameworks.

By using these conventions and frameworks as a benchmark, the strategy sought correspondence with national level policy in recipient countries: "In striving for sustainable outcomes we will promote ownership at national levels, more coordinated responses, alignment of donor projects with national development priorities and harmonisation with other donor work" (AusAID, 2008, p. 15).

However, there was no evidence in the strategy document to suggest that the strategy sought to correspond with other levels of policy in the aid recipient country.

4.3.1.5 Who is eligible to benefit from the policy? Who is included, and who is excluded from consideration?

The strategy intended to include persons with disabilities in Australian aid and development investments, and persons with disabilities from Australian aid recipient countries were eligible to benefit from it. However, it expressed an intention to take a targeted approach, beginning with two countries at the initial stage and expanding if this proved successful (AusAID, 2008). The benefactors were to be government agencies, DPOs, donor partners, NGOs, civil society organisations, faith-based organisations, service providers and the private sector from those targeted countries and from Australia, with the outcomes to be achieved through collaboration and partnerships.

According to the Mid-term Review report, implementation of the strategy began with Samoa and Cambodia; PNG and East Timor were subsequently included (Kelly, 2012, p. 9). Myanmar was also supported by the Australian aid program after 2012, with the (Australian Agency for International Development, 2012, p. 14) noting: "Australia will ensure its support reaches the most marginalised children in Myanmar, including ethnic minorities, people with disability and those outside the formal system" (p. 14). The Australia–Myanmar aid program strategy 2012 – 2014 was published in January 2013 as part of Australian aid policy.

Countries that are not foci of the Australian aid program are excluded. However, it is committed that Australia will support countries in the region where there are strong commitment and existing efforts (Kelly, 2012).

4.3.1.6 Does the policy provide specialised services to minority groups, or does it address a universal issue?

The "Development for All" strategy was intended to provide specialised services to people with disabilities as well as to address a universal issue. It thus adopted a 'twin track' approach, as seen in the first three core outcomes, which mainly focused on specific interventions for persons with disabilities, and the two enabling outcomes, which concerned removing barriers for persons with disabilities, including attitudinal barriers within AusAid itself. For example, it committed to "inclusive education and accessible infrastructure, capacity development of disabled peoples' organizations including support for research, leadership awards and scholarships, sports and small grants" (AusAID, 2008, p. 4) through outcomes 1 and 3. As part of the commitment to reduce preventable impairments (Outcome 2), it supported initiatives to prevent "avoidable blindness and impairments caused by road traffic accidents" (AusAID, 2008, p. 23). On this evidence, the intention was to provide specialised services for persons with disabilities.

At the same time, universal issues in the aid and development industry – inclusive development, strategic partnership, and poverty and development - were addressed under the guiding principles of UNCRPD and BMF, as explained earlier.

4.3.1.7 Who are the key stakeholders? Does the policy correspond to the mission of pertinent advocacy organisations?

At the time of its development, the Strategy supplemented Australia's aid program, the Official Development Assistance (ODA) program, whose objective was "to assist developing countries to reduce poverty and achieve sustainable development in line with Australia's national interest" https://www.budget.gov.au/2009-10/content/ministerial_statements/ausaid/download/ms_ausaid.pdf). As explained earlier, the stakeholders included various Australian government departments, NGOs, development contractor companies, multilateral organisations, consultants, universities, and the governments of aid recipient countries, their citizens and their vulnerable populations, including people with disabilities.

According to the DFAT website: "Partnerships with a wide range of groups are essential for an effective aid program" (DFAT, 2014c). Similarly, the strategy document noted that "stakeholders included people with disability, their families and carers, government representatives, NGOs, service providers and other donors" (AusAID, 2008, p. 33). The fact that extensive consultations were undertaken suggest that the strategy corresponded to the mission of relevant advocacy organisations

As this policy formed part of Australia's aid and development policy, as explained in section 4.2.2.7, key stakeholders included active INGOs and LNGOs in the aid recipient country or countries and the respective government ministries— in Myanmar, the Ministry of Social Welfare, Relief and Resettlement, the Ministry of Education, the Ministry of Health and Sports and the Ministry of Commerce. Even though extensive consultations were conducted in 20 countries with multiple stakeholders, there was no evidence in the documentation to suggest the policy corresponded to the mission of these advocacy organisations with regard to disability inclusion in Myanmar, nor is there was any evidence that Myanmar was included in the consultation process.

In summary, the Development for All strategy is highly respected internationally as the policy was the first of its kind and that no mention had been made of disability in any previous policies – this is very significant as it influences the likelihood that any consequences would flow to national level aid programs in like country such as Myanmar.

4.4 UK AID (DFID) policy analysis

The UK Government website does not provide a comprehensive policy document on the UK's approach to international development or aid, nor does there appear to be an equivalent policy for the Department for International Development (DFID). Instead, the website contains a variety of policies that relate to

aid and development across UK government ministries, departments and public bodies (https://www.gov.uk/government/policies).

A search using the keyword "DFID" was conducted on the policies webpage at https://www.gov.uk/government/policies?keywords=dfid in September 2014. Some 22 policies were located directly under the DFID. Of these, nine policies were unique to this department. There were also policy documents on DFID priorities, such as 'Helping developing countries' economies to grow' and 'climate and environment', that were linked with other departments. The remaining 13 covered a variety of issues, such as strengthening the commonwealth, supporting the overseas territories and preventing conflict in fragile states, which were linked with other departments or ministries.

At the time of policy retrieval and analysis, the UK government had 24 ministerial departments sharing responsibility on policy commitments, as well as 23 non-ministerial departments, 359 agencies and other public bodies, 71 high profile groups, and 12 public corporations. (https://www.gov.uk/government/organisations). In total, 227 policies are publically available and document the work of these departments. (https://www.gov.uk/government/policies). This left 9 policies relevant to DFID and they are explained in the following session.

4.4.1 Overview

UK aid policy implementation is the responsibility of DFID. DFID works with three agencies and public bodies: Executive non-departmental public body – Commonwealth Scholarship in the UK; Advisory non-departmental public body – Independent Commission for Aid Impact; and other – Government Equalities Office (https://www.gov.uk/government/organisations#department-for-international-development). A description of DFID and its operations can be found on the About Us page of the UK government department's website (https://www.gov.uk/government/organisations/department-for-international-development/about).

At the time of sourcing this information, the four main DFID responsibilities were as follows: ending extreme poverty; ending the need for aid by creating jobs; unlocking the potential of girls and women; and, saving lives in humanitarian emergencies. At that time (September 2014), DFID was responsible for:

☐ Honouring the UK's international commitments and taking action to achieve the MDG (Millennium Development Goals);

☐ Targeting economic growth and wealth creation according to British international development policy;

☐ Improving the lives of girls and women through better education and greater choice on family planning;

- ☐ Preventing violence against girls and women in the developing world;

- ☐ Helping to prevent climate change and encouraging adaption and low-carbon growth in developing countries;

- ☐ Making British aid more effective by improving transparency, openness and value for money;

- ☐ Helping to halve malaria deaths in 10 of the worst affected countries.

The department had six main priorities for its international aid: education; health; economic growth and the private sector; governance and conflict; climate and environment; and water and sanitation.

Since no single policy on international aid could be located, but only policies specific to different agendas of international aid and development, the approach taken was to focus on the nine unique DFID policies that address their six stated international aid and development priorities. These policies were:

1. Improving the lives of girls and women in the world's poorest countries

2. Increasing the effectiveness of UK aid

3. Making sure children in developing countries get a good education

4. Reducing hunger and malnutrition in developing countries

5. Making UK aid more open and transparent

6. Helping developing countries deal with humanitarian emergencies

7. Providing clean water and sanitation in developing countries

8. Helping developing countries to be better-run and more accountable

9. Improving the health of poor people in developing countries.

4.4.2 Analysis of UK's 2014 aid policies

4.4.2.1 What is the objective of the policy: Equity, access, or support?

The six DFID priorities reflect the intention of providing 'support' to achieve the objective by stating targets within each priority. For example, in education, DFID intended to support 9 million children in primary school by 2013 – 2015 (Department for International Development, 2015a) to improve learning and keep children in school (Department for International Development, 2013d). Further details were outlined in the policy 'Making sure children in developing countries get a good education', which stated commitments to raise the standards of education, giving parents a voice in their children's education, and providing 750 – 800 scholarships annually to Africa and Asia to improve higher education

(Department for International Development, 2013d). Targets were also set in the remaining five priority areas. In health, for instance, DFID committed to helping 55 million children receive immunisation, and to saving the lives of at least 50,000 women in pregnancy and childbirth and 250,000 newborn babies by 2015 by improving the health care systems of the poorest countries (Department for International Development, 2013c). In all of the six priority areas, girls and women comprise half of the target population. There was no stated commitment in the documentation to provide support, access or equity to other disadvantaged groups, including persons with disabilities.

One policy, 'Promoting human rights internationally', was part of international aid and development and equality, rights and citizenship. According to the documentation, this policy was mainly intended to address Britain's interests, stating that "the UK government supports human rights, democracy and good governance around the world to increase Britain's security, to protect British citizens overseas, and secure political freedom globally". According to (Foreign & Commonwealth Office, 2015) it does so by supporting various projects such as torture prevention, the abolition of the death penalty, increasing freedom of expression, freedom of religious belief, and gender equality, including voting rights for women. Minority groups and lesbian, gay and transgender people were highlighted in the freedom of religion and belief program, but there was no direct reference to persons with disabilities.

No publically available policy (or statement on equity or access) for persons with disabilities or any other disadvantaged or marginalised minority population could be located in DFID or international aid policies. This contrasts strongly with the situation within the UK. At that time, the UK Government had 17 distinct policies that sought to provide equal opportunities for persons with disabilities in the UK through different departments, including Education, Health and Culture. However, these were internal policies for the nation and did not address international development or aid.

4.4.2.2 What is the history of the policy? At whose initiative was the issue brought to public attention? Who were the proponents and detractors of the policy?

According to (Ireton, 2013), a responsibility for foreign aid was first identified in 1964 with the establishment of a department in the Ministry of Overseas Development (ODM) that combined the functions of the Department of Technical Cooperation and the overseas aid policy functions of the Foreign, Commonwealth Relations, and Colonial Offices and other government departments. The aid relationship began with the establishment of political independence as the first step towards national independence after the colonial era. At this time, according to (Ireton, 2013), this meant that most countries had control of their own economies and an ability to shape their own future development.

As previously mentioned, one of DFID's responsibilities is stated as 'honouring the UK's international commitment and taking action to achieve the Millennium Development Goals'. The MDGs appeared to provide a significant foundation for the UK's international aid policies. The education priority is based on MDG goal 2, the health priority on goals 4, 5 and 6, and the water and sanitation priority on

goal 7. The priority of 'Supporting international action on climate change' appeared to be strongly influenced by the United Nations Framework Convention on Climate Change (UNFCCC). This suggests that agreed UN international development priorities and UN treaties and agreements underpin DFID's policies on international development. In contrast, this does not appear to be the case for the UNCRPD which the UK ratified on 8 June 2009 as there was no evidence of direct influence of this human rights for persons with disabilities convention within the available documentation.

According to the UK Government website, DFID has never had a disability strategy. In late 2013, the department announced that schools built with its funds must be wheelchair accessible. Later, the International Development Committee of the House of Commons initiated an inquiry on disability and development; the committee's report was still under discussion at the time of the analysis undertaken for this doctoral study (House of Commons, 2014; United Kingdom Government, 2014).

4.4.2.3 Does the policy seek to enforce individual rights or to outline collective responsibilities?

The existing policies of DFID, at the time of analysis, sought to outline collective responsibilities rather than enforce individual rights. This was evident in its policy on 'Helping developing countries to be better run and more accountable'. For example, while DFID focused on reducing poverty, it was committed to helping improve security and the justice system for poor people in the countries it supported (Department for International Development, 2013b). DFID also documented its commitment to helping countries to develop effective democratic systems by supporting free and fair elections and developing fully functioning democracies through parliaments, civil society, the media and political parties.

The policy of 'Promoting human rights internationally' however did not appear to be seeking to enforce individual rights. Rather, it committed to supporting democracy and the rule of law by promoting citizens' participation in the political process (Foreign & Commonwealth Office, 2015). Even in addressing 'equality and non-discrimination' it did not seek to enforce individual rights but to promote the rights of minority groups and lesbian, gay and transgender people and support freedom of religion and belief through collective responsibility and democratic processes (Foreign & Commonwealth Office, 2015). Although much consideration was given to promoting rights and equal opportunities for girls and women, there was no mention of the rights of a person with disabilities. Instead, there was only a broad reference to promoting equality and non-discrimination for 'vulnerable' populations.

4.4.2.4 At what level of jurisdiction is the policy (federal, provincial, regional, municipal)? How does it correspond to other policy at that level? At other levels?

The policies of DIFD apply to the jurisdictions of England, Scotland, Wales and Northern Ireland. No evidence was found to suggest that UK policies correspond to those in other countries, such as

Myanmar. Nor was there evidence that, despite the UK's ratification of the UNCRPD in 2009, Article 32 of that convention influenced DFID policies.

4.4.2.5 Who is eligible to benefit from the policy? Who is included, and who is excluded from consideration?

At the time of this policy analysis (09-03-2015), DFID was working in 28 countries across Africa, Asia and the Middle East and in three overseas territories. DFID also documented one international commitment, namely, flexibility in responding to the needs of humanitarian assistance internationally (Department for International Development, 2015a) to reflect their readiness to respond to humanitarian crises situations around the world.

The policy on 'Promoting human rights internationally' appeared to draw on the UK approach to 'Equality and non-discrimination' in its statement that: 'The UK works to support equality and non-discrimination for all people, including gender equality; upholding the rights of minority groups and lesbian, gay and transgender people; supporting the freedom of religion and belief' (Department for International Development, 2015a). In this regard, it appeared that the DFID policy documents did not exclude anyone from the intended beneficiaries, that is, the poorest people.

4.4.2.6 Does the policy provide specialised services to minority groups, or does it address a universal issue?

DFID and its policies clearly stated that their focus was on universal issues identified in the international community and international development agendas, such as the MDGs and Hyogo Framework for Action (HFA). Along with a focus on poverty reduction, its policies appeared to be greatly influenced by the Millennium Development Goals 2000 – 2015 and UN agreements. DFID's priorities, especially education, health, climate change, economic growth, water and sanitation, and gender equality, were aligned with MDGs and UNFCCC (Department for International Development, 2012, 2013a, 2013b, 2013c, 2013d, 2013e, 2015a). This was further evident through DFID's description of its mission as 'leading the UK's work to end extreme poverty' (Department for International Development, 2015a), underpinned by the International Development Act 2002 (United Kingdom Government, 2002). Disability, however, was not specifically mentioned in the policies and there was no evidence to suggest the DFID program was seeking to provide specialised services to persons with disabilities.

4.4.2.7 Who are the key stakeholders? Does the policy correspond to the mission of pertinent advocacy organisations?

The analysis suggested that the 28 countries and three overseas territories were the key stakeholders in DFID's policies. Active INGOs and LNGOs in the aid recipient country were also key stakeholders in the UK's aid policy. In the context of Myanmar at that time, organizations such as CBM, Action Aid,

Oxfam, PLAN, Care, World Vision and other local DPOs registered in the UK and having their operations in Myanmar, and the respective government ministries, especially for the case of Myanmar, the Ministry of Social Welfare, Relief and Resettlement, the Ministry of Education, the Ministry of Health and Sports and the Ministry of Commerce were the key stakeholders to the policy. However, no information could be located to determine whether and, if so, how these stakeholders were involved in policy formulation or whether pertinent advocacy organisations or organisations in Myanmar were included in the consultation process.

4.5 Disability framework: Leaving no one behind 2014

In 2014, DFID developed a Disability Framework that continues to be available at the UK government website:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/382338/Disability-Framework-2014.pdf.

The development of the framework began when the International Development Committee of the House of Commons extended an invitation for written submissions from interested organisations and individuals on 14 November 2013. In all, 101 submissions were received by the close-off date of 13 December 2013. Public hearings were conducted on 14 and 21 January and 4 February 2014, and many prominent academics, disability activists, specialists from international organisations, and former government officials from the UK, US and Australia appeared as witnesses.

The UK Government's response to the Committee's report of 10th April 2014 was published on 27 June 2014. On 3 December 2014 – the International Day of Persons with Disabilities – the *Disability Framework: Leaving No One Behind* was announced (International Development Committee, 2014).

4.5.1 Overview

According to the UK Government website, the DFID Disability Framework 2014 was a policy paper specifically intended to provide guidance for DFID staff. It set out a clear commitment, approach and actions for staff to take to strengthen disability inclusion in DFID policy, programs and international work. The framework was divided into two parts, 'Vision' and 'Building organisational capability', and includes sectorial work streams and an Annex on 'Basic principles of inclusion'.

Part 1 stated the objective of the framework and explained why disability inclusion was important for DFID aid programs, drawing on a range of empirical data about disability and its correlation with poverty. It used evidence from reports and discussion papers from UN agencies such as WHO and the World Bank (World Health Organization, 2011). The Framework recognised the importance of inclusion of all people, including people with disability, in development programs as the only way to

tackle poverty reduction. It adopted the description of disability in the UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2007).

The Framework pursued a 'twin-track' approach to disability inclusion. This was defined as mainstreaming disability in DFID programs and policies as well as supporting disability-targeted programs. There were measures for including people with disability in existing mainstream development activities for the next 12 months, such as water sanitation and hygiene (WASH), health, education, livelihoods, violence against women and girls and infrastructure. There was no explicit indication of an intention to provide disability-targeted programs apart from strengthening the collection of disaggregated data on disability. This emphasis on the importance of credible data on disability for evidence-based planning and situation analysis is consistent with UNCRPD article 31, although the Framework did not mention this.

The Framework acknowledged its responsibility under UNCRPD, explicitly noting the importance of including people with disability in development programs and referencing articles 11 and 32 of UNCRPD. The stated purpose of the Framework was to hold DFID (through its staff) accountable for UNCRPD implementation in partner nations through bilateral agreements and supporting the development of policies and programs for partner countries.

Part 2 of the Framework considered organisational capacity, mainstreaming disability into DFID and advocating for this across UK Government departments. It discussed building organisational capability for disability inclusion and forming a central team of disability specialists within DFID and employing persons with disability within the government workforce, including in overseas offices of DFID.

An Annex set out the basic principles, approach and practice of inclusion for DFID staff. Its five principles were: "Include people with disabilities, Do no harm, Plan for inclusion from the start, Remember that not all people are the same, and Whilst we cannot do everything immediately, we can all do more" (Department for International Development, 2014a, p. 13). The disability-inclusive approach and practice was promoted as follows: "Understand the barriers first, Ask bilateral and multilateral partners to do their part, Improve disability data in your country, Make any new constructions physically accessible, and Ask for support" (Department for International Development, 2014a, pp. 13, 14).

4.5.2 Analysis of disability framework: Leaving no one behind 2014

4.5.2.1 What is the objective of the policy: Equity, access, or support?

The objective of the Disability Framework, as stated, was to 'leave no one behind' in UK international development programs by taking a social inclusion approach in all existing and new initiatives. Although DFID's disability framework aimed to pursue a 'twin-track' approach to disability inclusion

(Department for International Development, 2014a, p. 5), it did not provide evidence to suggest it was seeking to achieve 'support'. Since the framework was specifically for DFID staff to retrofit its current operations and programs with disability inclusion, there was no evidence of commitment to providing resources to address special needs or create a new priority within its existing aid and development policy.

However, there was evidence that the framework aimed to achieve 'equity' and 'access' by pursuing disability inclusion in its existing aid program and agreeing to take concrete actions to implement the legal rights and obligations of people with disability according to UNCRPD articles 11 and 32, which, state:

> States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters. (UNCRPD, 2007, p. 10)

> Ensuring that international cooperation, including international development programs, is inclusive of and accessible to persons with disabilities (UNCRPD, 2007, p. 24).

Examples of the retrofitting of DFID programs with inclusion included: ensuring schools that are directly funded by DFID are accessible for people with disabilities; ensuring DFID supported health interventions are accessible to and inclusive of people with disabilities; ensuring DFID infrastructure incorporates the requirements of people with disabilities; and strengthening DFID work on "inclusive economic growth, jobs and livelihoods for people with disabilities" (Department for International Development, 2014a, pp. 9 - 12). The framework also sought to make sure that 'equity' and 'access' for persons with disabilities were sustained within its aid program with regard to data collection by committing to include people with disability in all stages of DFID and partners' programs – design, planning, implementing, monitoring and evaluation.

4.5.2.2 What is the history of the policy? At whose initiative was the issue brought to public attention? Who were the proponents and detractors of the policy?

According to a report from the International Development Committee (IDC) of the House of Commons (House of Commons, 2014) published on 1 April 2014, the social inclusion approach to disability was brought to public attention via an inquiry into the UK Government's approach to disability in its development work. In that report, it was stated that two key factors had initiated the discussion and subsequent inquiry: the *World Report on Disability* (World Health Organization, 2011) and an address

to the UN by Lynne Featherstone MP, Parliamentary Under-Secretary of State, in September 2013 in which she asserted that the government was "determined to make people with disabilities a key development priority" (House of Commons, 2014, p. 6).

According to the report of the International Development Committee (IDC) of the House of Commons (House of Commons, 2014), the foundation of the Framework was the recognition of the role of disability in creating inequality, the exclusion of people with disability from the benefits of DFID development programs, and global development efforts such as MDGs. The evidence was drawn from many sources, including the *World Report on Disability* (WHO, 2011), 'The way forward: a disability-inclusive development agenda towards 2015 and beyond' (UN, 2013), submissions from prominent scholars such as Dr. Tom Shakespeare and Professor Graham Thornicroft, and reports from disability activists, including Bob McMullan, former Australian Parliamentary Secretary for International Development Assistance, and Lorraine Wapling, a disability and development consultant for AusAid and DFID (House of Commons, 2014). NGOs such as Handicap International, WaterAid and Sense International, academics, DPOs and UN representatives were also reported to be proponents of the Framework.

4.5.2.3 Does the policy seek to enforce individual rights or to outline collective responsibilities?

The document expressed the intention of seeking to enforce individual rights and also outlined collective responsibilities for the rights of persons with disabilities: "[W]e agreed to take concrete actions to implement the legal rights and obligations of people with disability contained in the (UNCRPD) Convention, including article 11 and 32" (Department for International Development, 2014a, p. 5). Evidence of collective responsibilities comes from the requirement that partnership agreements had to be disability-inclusive, required to have or to develop disability policy and reporting on disaggregated disability data was mandatory. DFID promised to expand its workforce responsible for disability inclusion, employ persons with disability at central and overseas locations, and appoint senior staff at the central level to focus more on the inclusion of persons with disability in their program. It also defined how DFID staff should engage with related UK government departments and partners, including governments, to advocate for and monitor disability inclusion. Significantly, the Framework's principles of inclusion state: "Ask bilateral and multilateral partners to do their part" (Department for International Development, 2014a, p. 14), indicating that DFID intended to hold these partners accountable to deliver on their UNCRPD commitments.

The document provided accountability measures for both DFID and its partners regarding their responsibilities for the rights of persons with disabilities. There was a specific focus on partnership with disability-specialised NGOs and collaboration with DPOs from the UK and overseas (DFID, 2014): "supporting and strengthening Disabled People's Organizations (DPOs) is vital for participation, voice

and consequently for improved development outcomes for people with disabilities" (Department for International Development, 2014a, p. 7).

4.5.2.4 At what level of jurisdiction is the policy (federal, provincial, regional, municipal)? How does it correspond to other policy at that level? At other levels?

The Framework operated at the national level to provide guidance for DFID. It would affect 28 countries in which DFID had programs and operations at that time, including Myanmar (Burma). It sought to align with DFID's priorities such as education, health, water and sanitation. The Framework did not add a new 'disability' priority; rather, it provided guidance for DFID on how to strengthen a focus on disability. Accordingly, its guidelines should complement existing aid and development policies in partner countries. Yet there was no evidence included in the document that corresponding policies existed in aid recipient countries. It was, however, stated that future policy alignment with recipient countries was thought desirable through the partnership or bilateral agreements.

4.5.2.5 Who is eligible to benefit from the policy? Who is included, and who is excluded from consideration?

In its focus on people with disabilities, the Framework did not seek to exclude others who experience discrimination and exclusion due to gender, geography, income, age or other characteristics. As this framework only served as operational guidelines for DFID staff, it did not express any specific target or a specific type of disability which they sought to include in their aid and development programs.

4.5.2.6 Does the policy provide specialised services to minority groups, or does it address a universal issue?

The Framework addressed the importance of including people with disabilities in DFID programs and the need for a nuanced understanding of the specific requirements of people with disabilities. It highlighted that 'not all people are the same' and encouraged staff to 'understand the barriers first' to ensure reasonable accommodations for persons with disabilities. However, the only measures evident in the Framework that specifically addressed people with disabilities were those on physical accessibility and disability data improvement. Thus, the Framework addressed a universal issue, as stated in the MDGs, which was an intent to provide specialised services to minority groups without specifying how and when these would be provided.

4.5.2.7 Who are the key stakeholders? Does the policy correspond to the mission of pertinent advocacy organisations?

DFID staff were the intended key stakeholders since the Framework directed how DFID programs should be designed, implemented, monitored and evaluated. Other key stakeholders were governments,

multilateral partners and mainstream NGOs from the 28 aid recipient countries as this document was a complementary guideline to the UK aid and development commitments.

4.6 USAID policy analysis

At the time of analysis in February 2015, the United States Agency for International Development (USAID) was the federal government agency with direct responsibility to (then) President Obama and responds to his pledges made in the Presidential Policy Directive on Global Development (PPD-6) (Obama, 2010b).

4.6.1 Overview

The USAID policy framework of 2011-2015 was the first of its kind in 50 years of USAID (United States Agency for International Development, 2012). The policy was recognised as a central pillar of US national security capacity in the National Security Strategy, which was launched by President Obama in May 2010 (Obama, 2010a). Rajiv Shah, the Administrator of USAID at that time, stated in the Foreword that the policy had been prepared through extensive consultations in Washington with field missions and that it outlined high-level principles for international development. The framework was intended to serve as a policy directive for core development priorities, detailed operational principles, and guidelines for applying those principles across different initiatives (United States Agency for International Development, 2012).

The document stated that "international cooperation is a key component of American power, along with diplomacy and defence" (United States Agency for International Development, 2012, p. i).

The USAID policy framework promoted five central tenets:

1. Development is a process of expanding opportunity which allows an individual to pursue a life that is secure and in which basic needs are met; the opportunity to create, innovate, and learn; and the opportunity to build a better future for one's family and community.

2. Sustainability of development is in the hands of a country's leader and people; external partners can only offer expertise, technology, relationships, trade, and financing. Thus, development efforts should aim to nurture sustainable local institutions, systems, and capacities that enable developing countries to manage their national challenges effectively.

3. Democratic "governments (that) are transparent, accessible, effective, and accountable to their people" (United States Agency for International Development, 2012, p. 3) are more effective at protecting human rights, fostering inclusive development, withstanding shocks, and resolving disputes peacefully.

4. Conflict undermines development and renders most development cooperation ineffective. Thus preventing, mitigating, and helping resolve conflict in a sustainable way by addressing its root causes is a key to USAID policy.

The policy framework supported US national interests in four main ways:

1. Well-governed countries with potential for rapid and broad-based economic growth have the potential to become trade and investment partners as well as effective partners in tackling transnational threats, from organised crime to pandemics.

2. Providing humanitarian assistance to save lives, help recovery and build resilience in disaster areas around the world is seen as morally right and strategically sound.

3. A focus on the worst of human suffering in the world's poorest countries will contribute to building a foundation for better-governed, just and prosperous societies that can meet the needs of their people. This would contribute to U.S. national security because these countries would become effective partners in tackling transnational threats.

4. Providing assistance to fragile, conflict-affected countries would help to reverse state failure and support development by preventing terrorism and trafficking in persons, drugs, and weapons.

The document affirmed the crucial importance of U.S. development assistance for national interest and calls for achieving greater impact through more inclusive, sustainable and low cost approaches, not only in traditional assistance but also in serving as an influential voice shaping international development dialogue and policy. The document affirmed that no voices or views ought to be discounted from the discussion of the global challenge because of ethnicity, religious affiliation, race, gender, national origin, sexual orientation or identity, age, marital status or political affiliation. Disability, however, was not mentioned.

The seven core development objectives with specific indicators were as follows:

1. Increase food security: rekindle the power of transformational agriculture.

2. Promote global health and strong health systems: from treating diseases to treating people.

3. Reduce climate change impacts and promote low emissions growth: build resilience on multiple fronts.

4. Promote sustainable, broad-based economic growth: enable the private sector to drive growth.

5. Expand and sustain the ranks of stable, prosperous, and democratic states: support the next generation of democratic transitions.

6. Provide humanitarian assistance and support disaster mitigation: build resilience and preparedness.

7. Prevent and respond to crises, conflict, and instability: apply development approaches in fragile and conflict-affected states.

The document also outlined seven operational principles to be applied systematically and with greater discipline and analytical rigour across USAID. These were: promote gender equality and female empowerment; apply science, technology, and innovation strategically; apply selectivity and focus; measure and evaluate impact; build in sustainability from the start; apply integrated approaches to development; and, leverage "solution holders" and partners strategically (United States Agency for International Development, 2012, pp. 11-13)

4.6.2 Policy analysis

4.6.2.1 What is the objective of the policy: Equity, access, or support?

The overarching goal of the policy was stated as: "to shape and sustain a peaceful, prosperous, just, and democratic world and foster conditions for stability and progress for the benefit of the American people and people around the world" (United States Agency for International Development, 2012, p. 22). As discussed above, all seven core development objectives ultimately sought to realise America's national interests of maintaining global security and peace and promoting prosperity.

Objective 5 suggested that equity and access could be realised through the promotion of democratic governance systems that were more efficient, participatory, accountable, accessible, transparent, and effective at delivering in the fields of health, economic growth, food security, climate change, humanitarian aid, and conflict resolution. This objective also spoke to strengthening local institutions. It was argued that, where USAID operates, it would work to: (i) empower social actors and civil societies, women, and internally displaced persons, so that they can advocate for their internationally recognised human rights; and (ii) protect vulnerable populations, including persons with disabilities, lesbian, gay, bisexual, and transgender individuals, and other vulnerable populations unique to the country or development context.

The operational principles of the USAID policy framework also pointed to the intent of achieving equity and access, specifically for women, through ensuring the incorporation of gender equality and female empowerment systematically across USAID's initiatives, recognising that development challenges are complex and multi-dimensional and require multi-sectorial approaches to achieve common goals (United States Agency for International Development, 2012). However, there was no evidence of commitment within the document to ensure equity and access for marginalised people, especially persons with disabilities. The goal of equity can be seen in support for democratisation in core objective

5 and the goal of access in the provision of humanitarian assistance in emergencies and building resilience for vulnerable populations, as spelt out in core objectives 6 and 7.

4.6.2.2 What is the history of the policy? At whose initiative was the issue brought to public attention? Who were the proponents and detractors of the policy?

The current USAID policy framework (2011 – 2015) was described as a successor to the Marshall Plan, which was initiated by George C. Marshall, Secretary of State from 1947 to 1949, to provide significant "financial and technical assistance to Europe" after World War II.

In relation to disability issue, according to news reports and documents in the archives of the US International Council on Disabilities (USICD), DPOs and disability rights activists publically advocated for the US government to ratify the UNCRPD on 25 May 2012. This was endorsed by President Obama and supported by Senators McCain, Durbin, Moran, Harkin, Barrasso, Coons, and Udall, for two reasons: because the convention held the same American values of non-discrimination and equal access for persons with disabilities, and to help protect Americans with disabilities from discrimination when working or travelling abroad. Detractors from this position included Senator Michael Lee and Senator Robert Corker, who argued that ratification of the CRPD would not benefit Americans with disabilities since the US already had a wide range of federal laws that protect their rights. Coalitions of disability organisations were supporters to the US ratification of the UNCRPD. On 4 December 2012, the resolution for ratification of the convention did not receive enough votes in the 112th congressional session (Groves, 2014, January 20; Neiweem, 2014, January 20; United States International Council on Disabilities, 2012, 2012, May 25).

4.6.2.3 Does the policy seek to enforce individual rights or to outline collective responsibilities?

The USAID policy approach as documented was based on mutual accountability in bilateral partnerships and the development of multilateral, private-public partnerships and civil society to promote collective responsibility. The policy stated: "Above all, development is in the hands of a country's leaders and people"(United States Agency for International Development, 2012, p. 3). Good governance was regarded as essential. Democracy was the stated ideal, with leaders and citizens responsible for development in their country. The policy also sought to strengthen local institutions, support democratic actors, and ensure electoral processes and freedom of association: "Democratic governments that can be held accountable by an active citizenry are more likely to be responsive to their people and more effective at protecting human rights, fostering inclusive development, withstanding shocks, and resolving disputes peacefully" (United States Agency for International Development, 2012, p. 3). This appears to be indicative of a commitment within the policy document to collective responsibilities.

The policy also sought to empower social actors and civil societies to advocate for the recognition of human rights. It specifically aimed to "protect vulnerable populations, including women, internally displaced persons, persons with disabilities, lesbian, gay, bisexual, and transgender individuals, and other vulnerable populations unique to the country or development context" (United States Agency for International Development, 2012, pp. iii, 27). Much consideration was given to practical guidelines for gender equality and women's empowerment: "We must incorporate gender equality and female empowerment systematically across USAID's initiatives, ongoing programs and projects, performance monitoring and evaluation, and procurements" (United States Agency for International Development, 2012, p. 11). However, there was no evidence that the policy sought to enforce individual rights, especially the rights of persons with disabilities.

4.6.2.4 At what level of jurisdiction is the policy (federal, provincial, regional, municipal)? How does it correspond to other policy at that level? At other levels?

As the policy was at a federal level, it sought correspondence with other national global development policies, including the National Security Strategy, the Presidential Policy Directive on Global Development (PPD-6), the Quadrennial Diplomacy and Development Review (QDDR), the State-USAID Joint Strategic Goals, and the U.S. Government's Strategy to Achieve the Millennium Development Goals (MDGs) (United States Agency for International Development, 2012, p. 10). The policy was said to have developed its objectives responding to those priorities.

Although this policy was developed through extensive consultations with field missions in Washington (United States Agency for International Development, 2012, p. i), there was no evidence to suggest the policy corresponded to other policies in the recipient country or at any other level.

4.6.2.5 Who is eligible to benefit from the policy? Who is included, and who is excluded from consideration?

Although the policy was intended to promote America's national interests, it did not exclude any individual from the countries in which it operates.

The document indicated that the US works in geopolitically strategic countries, countries with effective democratic governments, poor countries that have potential to impact on global development trends, countries affected by disasters, including health pandemics, countries in need of humanitarian assistance, and countries affected by conflict, including civil unrest or war. It was clearly stated that no one should be excluded from the development process in partner countries (United States Agency for International Development, 2012, p. 10), stating that USAID was committed to collaborating and partnering with a wide range of organisations, including other U.S. agencies, the private sector, non-governmental organisations, and UN agencies. The policy emphasised the principle of strategic partnership; hence, development assistance "will only be offered to, and therefore potentially benefit,

partners who can produce meaningful results and whose priorities are aligned with USAID's objectives and values, and which have clear goals and are outcome driven" (United States Agency for International Development, 2012, p. 13).

4.6.2.6 Does the policy provide specialised services to minority groups, or does it address a universal issue?

Overall, the policy's seven objectives addressed universal issues, although specific attention was also given to 'special groups', defined as refugees, stateless people, internally displaced persons, women, the elderly, persons with disabilities, lesbian, gay, bisexual, and transgender individuals, and other vulnerable populations. These groups were seen to cross-cut the seven development objectives and were of particular concern in humanitarian assistance related to conflicts and natural disasters. The USAID policy framework acknowledged that it is in the US national interest to have inclusive development for wider impact (United States Agency for International Development, 2012). Thus, the policy noted the importance of considering special groups in economic growth: "The quality of economic growth matters as much as how it is generated—to be sustainable, growth must be widely shared; inclusive of all ethnic groups, women, and other marginalized groups" (United States Agency for International Development, 2012, p. 3).

The special group that received the most attention in the policy document is that of women and girls. This was seen at various points throughout the document, for example:

- ☐ "Our efforts to create opportunities for women to participate in political decision-making, earn incomes, and be free from violence are essential to economic growth and community resiliency" (United States Agency for International Development, 2012, p. i).

- ☐ USAID's central tenet: "Reducing gender inequality and promoting women's empowerment are important development objectives in their own right and are also powerful catalysts for economic growth and human development" (United States Agency for International Development, 2012, p. 3)

- ☐ Operational principles: "We must incorporate gender equality and female empowerment systematically across USAID's Initiatives, ongoing programs and projects, performance monitoring and evaluation, and procurements" (United States Agency for International Development, 2012, p. 11)

- ☐ With the exception of objective 3, all core development objectives stress equal participation, empowerment and leadership for women and girls (United States Agency for International Development, 2012, pp. 15, 16, 17, 18, 22, 23, 24, 27, 28, 31).

There was no evidence, however, that the policy committed to providing specialised services to minority or vulnerable groups. Rather it appeared to work by addressing universal issues inclusive of particular groups of people.

4.6.2.7 Who are the key stakeholders? Does the policy correspond to the mission of pertinent advocacy organisations?

The key stakeholders in USAID policy were stated in the document to be American people, the US government and the countries to which USAID provides development assistance. Development organisations, cooperation partners (including UN agencies, INGOs, LNGOs, civil societies and social actors), and private firms were also seen as key stakeholders. There was no evidence to suggest the policy corresponded to the mission of pertinent advocacy organisations either within the US or in other countries with field missions who were involved in consultations to develop the policy.

4.7 Summary: analysis of aid policy (Australia, UK and US)

The international aid and development policies of all three donor countries showed commitment to ensuring persons with disabilities benefit from and are included in their aid and development initiatives. Each policy, however, was unique in that it reflected the donor country's priorities and adopted a significantly different approach towards disability inclusion. The extent to which the policies recognised and expressed moral obligation towards the rights of persons with disabilities also varied, even though Australia and the UK ratified the UNCRPD in July 2008 and June 2009, respectively and the US signed the convention in July 2009 (but has not yet ratified it).

In the case of Australia, a disability-specific policy, 'Development for all strategy 2009-2014', existed before 'Australian aid policy 2014' came into force. In this strategy, disability inclusion was regarded as a cross-cutting issue and focused targets in education, health and humanitarian assistance are stated. In contrast, the UK commitment to disability inclusion was almost invisible in DFIDs approach; it was not clearly articulated in its international aid and development policies even though there were specific policies that target gender, women's empowerment and prevention of violence against women. Instead, a disability framework for DFID staff was developed to complement the primary 'No One Left Behind' document. This provided guidance on disability inclusion with the aim of achieving freedom from discrimination and effective participation. This document highlighted universal issues and outlined collective responsibilities for disability inclusion. In contrast to both these countries, the US approach to disability inclusion appears to be primarily political, focusing on democratisation, good governance and equal rights. The US approach explicitly sought to promote gender equality and female empowerment but disability inclusion was only considered in the context of marginalised populations in general. Although the US has not to date ratified the UNCRPD and each of the three countries approached disability inclusion differently in their policy documents available at the time of this

analysis, all three considered and committed to the inclusion of persons with disabilities in their aid policies to varying degrees and adopting different approaches. However, the US did not have any specific policy for disability inclusion to complement its international aid and development policy at the time of the study.

Table 4.1 *Summary of disability inclusion in donor aid policy*

Donor Country	Dates	Influenced by	Approach	Note
Australia	Australian aid policy: (Launched on 18 June 2014) Development for all 2009 – 2014 (Launched in November 2008) Development for all strategy 2015 – 2020 (Launched on 25 May 2015)	Guided by UNCRPD article 32 and aligned with the BMF (Biwako Millennium Framework for action: Towards an inclusive, Barrier-Free and Rights-based Society for Persons with Disabilities in Asia and the Pacific).	deliberately focusses on, people with disability Twin-track	Initial countries: Samoa and Cambodia additional 2 countries: PNG, East Timor (Mid-term Review Report P. 9) Will support countries in the region where there is strong commitment and existing efforts
UK	Different date for different aid and development agenda The Disability Framework/Guideline was launched on 3 December 2014	two key factors had initiated the discussion and subsequent inquiry: the *World Report on Disability* (World Health Organization, 2011) and an address to the UN by Lynne Featherstone MP, Parliamentary Under-Secretary of State, in September 2013 in which she asserted that the government was "determined to make people with disabilities a key development priority"	No specific indication in other policies Leaving no one behind guidelines 2014: Twin-track	No restriction

		their focus was on universal issues identified in international community and international development agendas, such as the MDGs and Hyogo Framework for Action (HFA)		
US	Political focus: the US works in geopolitically strategic countries, countries with effective democratic governments, poor countries that have potential to impact on global development trends, countries affected by disasters, including health pandemics, countries in need of humanitarian assistance, and countries affected by conflict, including civil unrest or war.	the US already had a wide range of federal laws that protect their [persons with disabilities] rights	clearly stated that no one should be excluded from the development process in partner countries	

This analysis provides the contextual framework from which the interview schedules (see Appendix) were developed for the fieldwork to address the second research question. The detailed findings from those interviews are explained in the next chapter.

Chapter 5: Field Research Findings

5.1 Introduction

This chapter presents findings from the field research conducted in Myanmar (Burma) between 1 December 2015 and 29 April 2016. The findings in this chapter address the second research question: Is the commitment to disability inclusion of the signatory donors to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) consistent throughout their aid delivery chain? If so, how does this occur and, if not, why not?

As explained in Chapter 3, 19 participants from 13 different organisations who were interviewed informed the findings presented in this chapter. The units of analysis are explained in the following table 5.1 Units of analysis. The interview schedules are included in the Appendix. Because participants had been assured of anonymity, no interview extracts that contain potentially identifying information have been included in this report.

5.1.1 Interview participants

As explained in Chapter 3, the aim of the interviews was to learn how participants understood their organisation's commitment to disability inclusion in their respective international aid policy (which have been discussed in Chapter 4) and to identify how policy commitments to disability inclusion are implemented across the aid delivery chain. As noted in Chapter 1, Myanmar signed and ratified the UNCRPD on 7 December 2011, Australia did so on 18 July 2008, and the UK followed suit on 8 June 2009. The US signed the convention on 30 July 2009 but has not yet ratified it.

Table 5.1 Units of analysis

Organisations	Type of Organisation	Gender	Local (L) vs Foreigner (F)	Respondents
ActionAid	INGO	2 Male 1 Female	F	I1 I2 I3
FHI360	INGO	2 Female	1F 1L	I4 I5
HI	INGO	1 Male	F	I6
Plan	INGO	1 Male	F	I7
Save the Children	INGO	2 Female	F	I8 I9
MCRB	INGO	1 Female	F	I10
Kan Let	Donor contractor	1 Female	F	I11
LIFT	Multi-Donor Trust	1 Male	F	I12

		2 Male	L – Persons with Disabilities	L1 L2
MILI	LNGO			
Nyein	LNGO	1 Female	L	L3
Spectrum	LNGO	2 Male	1F 1L	L4 L5
DFAT	Donor	1 Male	F	D1
DFID	Donor	1 Male	F	D2

Senior staff of the three donor organisations whose aid policies were examined in Chapter 4 were invited to participate in the study. Only the Head of DFID in Myanmar from the UK and the Counsellor (the most senior personnel overseeing aid program in Myanmar at that time) of DFAT from Australia responded positively to the interview request. Information was available from publicly available sources and from interview respondents and this has provided a partial picture of the USAID presence in Myanmar in relation to disability inclusion.

5.1.2 Participating organisations

In this section, I sketch out the main organisations participating in development through international aid in Myanmar to provide context to the international aid and development sector in that country. This is done in relation to publically available material typically provided by the organisations on their dedicated websites.

The organisations who participated in the interviews were: the responsible departments from two of the selected donor countries (DFID in the UK and DFAT in Australia); seven INGOs (Action Aid, FHI 360, Handicap International, the Kan Let program funded by USAID, the Myanmar Centre for Responsible Business/MCRB, Plan International, Save the Children, one multi-donor trust fund (Livelihood and Food Security Trust/LIFT), and 3 LNGOs (Myanmar Independent Living Initiative/MILI, Nyein (Shalom) Foundation, and Spectrum – Sustainable Development Knowledge Network/SDKN.

The three donor countries are presented first followed by each of the remaining organisations in alphabetical order in order to understand the context of the data and findings developed from the analysis of the interviews.

5.1.2.1 UK Department for International Development (DFID)

The website of the UK Department of International Development (DFID) presents a clearly defined vision for Myanmar:

> A resource-rich Burma that is accountable to its people and open to responsible investment
> has great potential to reverse years of decline. Our aim is to help Burma harness this potential

- to help create a better governed, more peaceful and prosperous country that uses its increased wealth to reduce poverty and vulnerability, and build the human capability to take up opportunities within Burma and the region more broadly. Our narrative is one of supporting transformational reforms that lead to greater political and economic inclusion whilst helping build the bedrock of better public services (Department for International Development, 2015c).

It focuses on five areas:

- ☐ Peacebuilding and conflict resolution
- ☐ Improving state capability, democratic governance and accountability
- ☐ Economic transformation and job creation
- ☐ Supporting the development of a dynamic and resilient rural population and economy
- ☐ Developing human capital (Department for International Development, 2014b).

It funds development in three main ways:

- ☐ Bilateral programmes managed by DFID's office in Yangon, implemented primarily through UN agencies, IFIs and local and international NGOs. In 2015/16 these had a budget of £95m (~US$146m), with a total budget for the period 2011/12 to 2015/16 of £298m (~US$459m).
- ☐ DFID global and regional programs, with a budget for Burma in 2014/15 of £11.34m (US$17.5m).
- ☐ Core funding of multilaterals (e.g. UN, IFIs) and global funds (e.g. GFATM, GAVI). The multilateral core budget in Burma attributable to DFID in 2013 was £48.48m (~US$75m). The global funds core budget in Burma attributable to DFID in 2013 was £12.35m (~US$19m) (Department for International Development, 2015b).

For security reasons, DFID does not disclose the identities of its implementing partners or their beneficiaries. Their current partnership policy states that "none of our bilateral aid is provided through central government systems, only through United Nations organisations, trusted international and local NGOs and, where circumstances allow, to authorities at the township level" (Department for International Development, 2014b).

5.1.2.2 United States Agency for International Development (USAID)

Although USAID did not respond to the interview request, it is important to understand its contribution to aid investment in Myanmar. The following information was publicly available on their various websites including at https://www.usaid.gov/burma.

The USAID Myanmar (Burma) mission was formally established 2012 with the aim to "strengthen Burma's transition to democracy, expand economic opportunity, improve health and resilience of

vulnerable communities, further national reconciliation, and promote greater international cooperation" (https://www.usaid.gov/burma/our-work). Its four focal areas are:

- ☐ Democracy, human rights, and rule of law
- ☐ Peace and reconciliation
- ☐ Inclusive economic growth
- ☐ Global health.

USAID funding is part of the budgeting strategy of the US State Department, which decides how funding for new and ongoing programs will be allocated (United States Agency for International Development, n.d). Total funding for Burma in 2011 –2016 amounted to US$616m. This amount is calculated from the information provided in the USAID interactive website for each of the fiscal years 2011-2016 (https://explorer.usaid.gov/cd/MMR?implementing_agency_id=1).

USAID works with counterparts in Burma including government departments and multilateral agencies (the UN), as well as the American private sector, universities, and non-governmental organisations, to provide humanitarian, democratic, human rights, governance, and economic development assistance. In 2014, Pact World was the main implementation partner, receiving US$17m for the "Shae Thot: The Way Forward" project, which focuses on "reforms to advance community development and grass-roots democracy". The largest spending sector in 2014 was "emergency response" (US$51m). It began supporting the Livelihoods and Food Security Trust (LIFT) fund in 2016, along with other global support programs (https://explorer.usaid.gov/cd/MMR?fiscal_year=2014&measure=Obligations).

5.1.2.3 Australian Department of Foreign Affairs and Trade (DFAT)

Australian aid to Myanmar was limited to humanitarian assistance delivered through UN agencies and INGOs but since 2010, with the change of government in Myanmar, Australia has increased its aid investment (Department of Foreign Affairs and Trade, n.d). The purpose of Australian aid is to help people overcome poverty. Its three key priorities for Myanmar from 2015 to 2020 are stated as follows:

- ☐ Enhancing human development
- ☐ Promoting peace and stability
- ☐ Promoting inclusive economic growth and government management (Department of Foreign Affairs and Trade, n.d).

Australian aid funding is part of the federal government's Overseas Development Assistance (ODA) budget. Aid delivered to Burma for the period 2011 -2016 amounted to AUD459.5m. This amount was calculated using the information provided in the DFAT yearly performance reports (Department of Foreign Affairs and Trade, 2013, 2014a, 2015a, 2016).

Australian assistance has supported national government priorities and provided funding to national organisations through the Myanmar Humanitarian Fund (MHF) managed by UNOCHA and other

implementing partners including bilateral agencies (Department of Foreign Affairs and Trade, 2017b), UN agencies, and international and Australian NGOs. According to its most recent report, "Australia has a strong reputation for being an engaged and flexible donor that works effectively with other donors, humanitarian stakeholders and national actors, including the Government of Myanmar, to provide effective aid" (Department of Foreign Affairs and Trade, n.d).

5.1.2.4 ActionAid

ActionAid Myanmar is a human rights-based organisation whose mission is "to work with poor and excluded people to eradicate poverty and injustice". It started its Myanmar operation in 2000 from an office in Thailand; an in-country office was established in 2006. It operates in 500 communities in 26 townships under 8 states and divisions, partnering with 17 local organisations through a fellowship program. Under this program, youth from different communities are recruited and provided with two-month-long training courses. They are then deployed back to their own community as active change agents working through community mobilisation, networking and resource mapping. Through the fellowship approach, the organisation is involved in the areas of women's rights, disability, education, food security, disaster risk reduction (DRR) and climate change adaptation using the human rights-based approach (HRBA). Four program priorities were identified in their strategy for 2012–2017:

- ☐ Sustainable livelihood
- ☐ Women's rights
- ☐ Governance
- ☐ Youth and education (ActionAid, n.d).

ActionAid receives funding from all donors, including individual supporters from donor countries, but it does not accept funding from USAID because it does not believe that USAID's strategy and priorities are in line with the human rights-based approach (https://www.actionaidusa.org/blog/new-draft-usaid-mission-statement-prioritizes-american-interests-over-people-living-in-poverty/).

5.1.2.5 FHI 360

FHI 360 is an American non-profit human development organisation dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Its work is said to be "grounded in research and science, strengthened by partnerships and focused on building the capacity of individuals, communities and countries to succeed". It focuses on health, education, nutrition, environment, economic development, civil society, gender, youth, research, technology, communication and social marketing. It began operating in Myanmar in 2014. It is working on health (with a specific focus on TB and HIV), education, and civil society and media. It receives funding mainly from USAID and other related multilateral donors. A disability advisor and a disability specialist are employed through the Civil Society and Media project funded by USAID, and they are tasked with disability inclusion in their partners' project activities (https://www.fhi360.org/countries/myanmar-burma).

5.1.2.6 Humanity & Inclusion (formerly Handicap International)

Handicap International is an international aid organisation that supports persons with disabilities and war victims. It has been active in refugee camps on the Myanmar–Thai border since 1984, providing mobility aids to people with disabilities. It became formally involved in relief and recovery efforts for two years after Cyclone Nargis struck the delta region of Myanmar in 2008. It reopened its Myanmar office in 2014, mainly focussing on assistance for land mine victims with funding from USAID. Currently, it is developing projects related to inclusive education, disaster risk reduction, and victim assistance through services such as

- rehabilitation
- disaster risk education
- mine/ERW victim assistance
- local policy making and support for Disabled People's Organisations (DPOs), and
- inclusive livelihood.

It provides disability technical support to ActionAid for disaster risk reduction activities and partners with INGOs and LNGOs, including DPOs, on disability-related issues. Currently, it receives funding from USAID, the US State Department, Canada, European Union, the Grand Duchy of Luxembourg and other multilateral donors (https://www.handicapinternational.be/nl/myanmar-0).

5.1.2.7 Kan Let (USAID fund contractor)

There is no publicly available information or website about Kan Let. The information below came from interview respondents in this study. Kan Let (a Burmese term meaning "helping hand/outreach hand") is USAID's Office of Transition Initiative (OTI) program. It was named after the speech given by US President Obama during his first visit to Myanmar in 2012. It is the donor organisation of USAID's OTI program in Myanmar. The program began operation in 2014 with three foci: peace, reform and victim assistance. It is mainly a strategic program for a political transition in Myanmar with a specific focus on victims of war, landmine victims and persons with disabilities, supporting them in education, employment and access to services. It also provides disability inclusion training to partners as well as to the staff of USAID who act as disability advocates to its stakeholders. It supports programs and projects in conflict-affected areas in Myanmar through INGOs (including HI) and LNGOs/DPOs (including MILI).

5.1.2.8 Myanmar Centre for Responsible Business (MCRB)

The MCRB is a joint initiative of the Institute for Human Rights and Business (IHRB) and the Danish Institute for Human Rights (DIHR) whose purpose is to encourage responsible business activities throughout Myanmar. It aims to provide a trusted, impartial forum for dialogue, seminars, and briefings to relevant parties as well as access to international expertise and tools. It facilitates dialogue and processes aimed at building national and local capacity and partnerships on business and human rights-

related issues. It has undertaken research and published sector-wide impact assessments on the oil and gas, tourism, information and communication technologies and mining sectors. Disability is mentioned in these publications and the centre is currently advocating, together with DPOs, for a disability-inclusive business model. It is funded by a consortium of international donors, led by the UK's DFID (http://www.myanmar-responsiblebusiness.org/about.html).

5.1.2.9 Plan International

Plan International began working in Myanmar in 2008 in response to cyclone Nargis. A permanent office was established in 2012 with the aim of "supporting children and their families to live more fulfilling lives". It is a child-focused international organisation whose programs are aimed at supporting children using an integrated community-based development approach. It has five main priorities in Myanmar: early childhood care and development (ECCD); water, sanitation and hygiene; disaster risk management; maternal, neonatal and child health; and child protection. It operates in four states/regions: Ayeyarwaddy, Mandalay, Sagaing, Rakhine and Kachin, including in camps for internally displaced people (IDP). It receives funding from a wide range of donors including offices in the US, Japan, Australia and Europe. It also receives funding from bilateral donors including the German, Australian and Swedish governments as well as from multilateral donors such as UNICEF (https://plan-international.org/myanmar).

5.1.2.10   Save the Children

Save the Children has been in Myanmar since 1995. It is a large, stable organisation whose offices cover 300 of the 330 townships across the country. It partners with more than 70 organisations, both LNGOs and INGOs. The organisation's global strategy (2016–2018) is based on the vision of "building a better world for and with children" and it aims "to achieve the rights of all children putting the most deprived and marginalised children first" (Save the Children, n.d). Its Myanmar program focuses on health, nutrition, child protection, education, HIV/AIDS, child rights governance and livelihood. It receives funding from both bilateral and multilateral donors and also manages five multi-donor funded consortia: DAWN Microfinance, the Global Fund, MEC (Myanmar Education Consortium), LEARN (Leveraging Essential Nutrition Actions to Reduce Malnutrition) and SUN CSA (Scaling Up Nutrition Civil Society Alliance) (https://myanmar.savethechildren.net/what-we-do).

5.1.2.11   Livelihood and Food Security Trust Fund (LIFT)

LIFT is a multi-donor fund established in 2009 with the aim of improving the lives and prospects of smallholder farmers and landless people in rural Myanmar. Its activities include promoting agricultural commercialisation, climate-smart agriculture, financial inclusion, business and skills development, and targeted nutrition support for mothers and children. They also fund a migration window to make migration safer, and to connect workers to new economic opportunities and jobs (Livelihoods and Food Security Trust Fund, n.d). They also support research to provide evidence to encourage greater public

and private funding and to inform the development of rural policies that will improve the lives of poor people. It cooperates with the Government of Myanmar, mainly the Ministry of Livestock, Fisheries and Rural Development, the Ministry of Agriculture and Irrigation and the Ministry of Finance. Projects are implemented through local and international NGOs, UN bodies, research and academic bodies. Its donors are Australia, Denmark, the European Union, France, Ireland, Italy, Luxembourg, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom and the United States of America. From the private sector, the Mitsubishi Corporation is a donor. LIFT is managed by UNOPS, which administers the funds and provides oversight and monitoring (https://www.lift-fund.org/implementing-partners).

5.1.2.12 Myanmar Independent Living Initiative (MILI)

MILI is a local disabled people's organisation established by three young leaders with disabilities in 2011 with the aim "to build an inclusive and right-based barrier-free society where persons with disabilities can live independently with their full potential as other". It has three major pillars of engagement: development, social business and political. Development includes most agendas (health, education, vocational and livelihood, arts and sports and project development). The social business operates its own car rental, printing and vinyl, entertainment, and business project development services. The political pillar engages in activities associated with inclusive democratic reforms, peacebuilding, referendums, elections, constitution and law, rule of law and justice and political rights for people with disabilities and marginalised populations. It has local branch offices in 12 states and divisions. Its current major donors include Japan and the US. It has been partnered by many INGOs including UNICEF, Save the Children, ActionAid, Mercy Corps, Handicap International and Leprosy Mission International as a local disability technical organisation in DRR, education and livelihood projects (http://mili.org.mm/).

5.1.2.13 Nyein (Shalom) Foundation

Nyein foundation is a multi-ethnic local organisation founded in 2000 to resolve armed conflicts in Northern Myanmar, Kachin State. It was founded by a senior pastor of the Kachin Baptist Convention who formed an advisory board and working committee made up of religious and community leaders with the vision of "a just and peaceful society for the peoples in Myanmar" (http://www.nyeinfoundation.org/content/our-vision). Its aim is to "increase inclusion and participation in the peace process, increase engagement with government policymakers and other key decision makers, and increase the capacity of individuals and groups". It has a four-fold strategic approach - stopping violence, building trust, empowering people, and developing inclusive systems – and three main programs - peace process support program, research and policy advocacy program and nurturing youth peace-builders program (http://www.nyeinfoundation.org/). It receives funding from bilateral donors, multilateral donors and INGOs such as USAID, Norwegian Aid, European Union, Danmission, the government of Japan, UNICEF, UNHCR, OXFAM, Mercy Corps, Bread for the World (BROT, a

Protestant Development Service), and ERIKS Development Partner. It has its main office in Myitkyina – Kachin State, head office in Yangon and four state coordinating offices in Kayin, Kayah, Chin, and Mon, with around 150 staff members (http://www.nyeinfoundation.org/content/our-partners).

5.1.2.14   Spectrum SDKN – Sustainable Development Knowledge Network

Spectrum SDKN is a locally registered organisation helping to inform, empower and educate all levels of society on governance, environment and natural resource management to influence policy, involve communities and create active citizens. It was founded in 2007 "to see change so that Myanmar is considered a country where people live with peace, dignity, justice, equity, fullness and quality of life" (https://spectrumsdkn.org/en/about/vision-mission). Its programs focus on four main issues: natural resources, rights, economic justice, and 'others', which includes energy, gender and education (https://spectrumsdkn.org/en/). It has an operational team of fewer than 15 international expatriates and local staff. It receives funding from bilateral donors, multilateral donors and INGOs while engaging with relevant government departments, parliamentarians, private sector groups and communities. It is known for its publications of educational resources on its four focal areas (https://spectrumsdkn.org/en/about/key-constituencies-stakeholders).

5.2   Aid Delivery Chain – How aid works in Myanmar

In order to identify the factors that influence aid delivery, it is important to identify how aid is delivered in Myanmar. Although some interviewees mentioned that they received unrestricted funds from their head office through individual donations and local business contributions through the Cooperate Social Responsibility (CSR) scheme, these sources were not significant compared to the funding from bi-lateral donors. During fieldwork, it was also found that the selected donors did not have bi-lateral aid agreements with the Myanmar government and that aid and development assistance mainly flowed through downstream INGOs and LNGOs, including fund contractors and multi-donor trust funds. Therefore, such aid was not considered in this study. Figure 5.1 presents an overview of the aid industry and the interrelationships among its stakeholders as perceived by the interviewees. This representation of the aid delivery chain in Myanmar, derived from information available on participating organisations' websites and confirmed by participants, shows how aid funding flows from donors to the recipient country. The participants identified three modes of aid delivery: direct-to-government aid delivery (bilateral), INGO aid delivery, and local NGO aid delivery. Additionally, an intermediary mode flows through fund management institutions to INGOs and LNGOs then into the recipient country.

Such different modes of aid delivery by donors to recipient country including government and communities clearly suggest having different rationales for each of those aid delivery modes. The rationale behind each aid delivery mode will be explored in the following section.
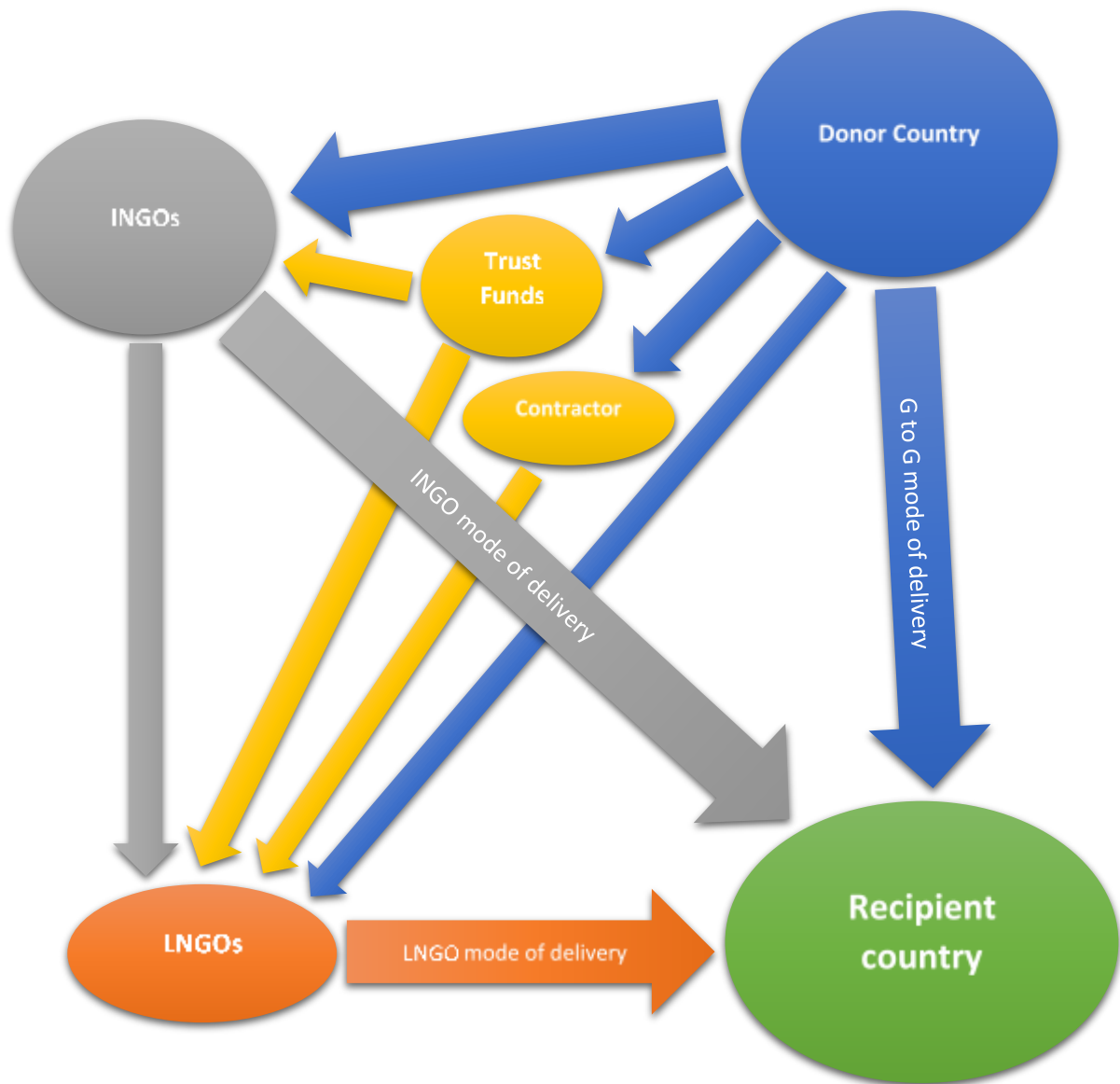
Figure 5.1 *Aid Delivery Chain in Myanmar*

5.2.1 Direct-to-government aid delivery

The government to government mode of delivery is a formal aid channel based on bilateral agreement between the donor and the recipient country according to the aid policy, foreign policy and development priorities of both parties.

In this mode of delivery, the relationship between the government and the donor country is the main point of focus. There was no bilateral agreement between Myanmar and DFAT (Australia), or DFID (UK) or USAID (USA) before 2012 because these countries had imposed sanctions on the Myanmar military dictatorship. The DFID participant commented that "there was no government in Myanmar which represents the people of Myanmar" before the 2010 election, suggesting the UK did not recognise

the previous military government as the government of Myanmar as part of the international sanctions against the dictatorship. Both the US and Australia initiated government to government aid delivery only after the 2012 by-election, in which opposition leader Aung San Suu Kyi participated following her release from house arrest.

At the time of the field research undertaken for this study, both the DFID and DFAT participants reported that the donors preferred to provide assistance through INGOs who already had established relationships with the relevant government ministries rather than supporting the government directly. They both pointed out that the current (at that time) election winning party would take some time to set up a well-functioning government and have discussions to develop policies on country development agendas. They also commented that, even though both countries engaged in ongoing discussions with the Myanmar government on a range of issues after the sanctions were lifted, disability inclusion was never one of the topics.

5.2.2   INGO aid delivery

The interview data suggested that the INGO pathway is the most popular and widely used mode of aid delivery for all the participating donors across all aid agendas. In this mode of delivery, the nature of the Myanmar government is not as significant a concern as it is in the government to government mode. Rather, aid is based on the donor's interests and the specific area of need (e.g. poverty, health, education, civil rights, human rights) in the country that is what drives action. Even while the country was under international sanctions, all three donors actively supported the people through already established INGOs and UN agencies in health, education and poverty reduction, particularly during natural disasters or humanitarian crises such as Cyclone Nargis in 2008, Cyclone Giri in 2010, the Kachin armed conflict in 2011 and communal racial/religious conflict in 2012.

In this context of INGO aid delivery mode, needs (priorities) are identified and defined by both the donor and the INGO according to the donor's aid policies and the strategic priorities of donors and INGOs. Interviews with INGO representatives indicated that the INGO offices in donor countries helped to align the respective donor's policy with a particular program or project proposal submitted by their counterpart office in Myanmar when funding became available. The credibility, experience and, in some cases, the place of origin of the particular INGO are closely scrutinised by the donor. According to the interview participants, there is a significant amount of competitiveness among INGOs and the donor usually has the bargaining power to dictate the way the aid is delivered by imposing guidelines and other requirements.

In this mode of delivery, INGOs need to have a significant relationship with government ministries, departments and officials and with local communities through NGOs as implementing partners if their aid delivery is to succeed. These relationships are one of the sources of competitive advantage for the

INGOs in gaining access to most major international aid funding since their head offices or national offices operate in the donor countries.

5.2.3 LNGO aid delivery

The LNGO was identified as the preferred mode of aid delivery by all interview participants, including donors. This was because LNGOs are set up by locals in local communities. However, as the two donor representatives explained, because donors do not usually have funding for local grants or small grants but only for global or regional programs, the LNGOs are unable to access donor funding directly. Another major barrier to direct engagement between donors and LNGOs identified by participants was the lack of operational management capacity and skills with regards to due diligence standards in LNGOs which do not align with the operational standards required by donor organisations. Donor requirements also include a minimum level of experience in the field, credibility including the ability to meet reporting requirements and requirements to have mandatory organizational and operational policies, thus formulation and adoption of those policies were also given as a factor hindering LNGOs' direct access to donor funds. For example, all donors only accept English as the medium of communication, whereas most community-based organisations lack that capacity. One LNGO participant stated that, because of difficulties in accessing donor funding, they were facing financial challenges to maintain their operations let alone grow as an organisation.

5.2.4 Intermediary mode of fund management

Participants reported that the intermediary fund management mode of aid delivery is widely used for public-private partnerships (PPPs). A PPP can fill the gap for local organisations in relation to meeting the due diligence criteria of donor organisations, policy compliance and management effectiveness and efficiency at the same time being able to receive donor funds (although typically at hands length from the donors).

There are two types of intermediaries in this aid delivery mode. First, a management agency or team can be established by way of a trust fund into which donors deposit available funds in accordance with their aid agenda. Examples of this type include 3DF (Three Diseases Fund, for malaria, tuberculosis and HIV/AIDS), 3MDG (Three Millennium Development Goal Fund, for maternal, newborn and child health, HIV, TB and malaria, and health systems), LIFT (Livelihood Food Security Trust fund) and various consortia, such as MEC (Myanmar Education Consortium) and MCCR (Myanmar Consortium for Community Resilience).

The second type involves a private management firm funded by USAID partnering with local organisations, including private businesses. Examples of this arrangement include Development Alternatives, Inc. (DAI) and Nathan Associates Inc. These organisations call for proposals from local organisations and partner with them according to specific selection criteria. Interviewees indicated that PPPs operate as a sub-donor as well as an INGO without directly implementing projects in communities.

Although the trust fund approach to aid delivery has been practised in the country for many years in relation to health, education and other development needs, delivering funds through a private contractor is fairly new. According to Kan Let, they only started operating in the country in 2014, the same year in which Nathan Associates Inc. started. This was the result of international sanctions against Myanmar as well as the Myanmar government's restrictions on the development of associations. MCRB further explained that a formal platform is still to be provided for engagement between the private business sector and the NGO sector, but legal provisions for establishing such a platform do not yet exist, especially in relation to taxation, and there are no laws with regard to forming a social enterprise. Therefore, the fund management approach made it easy for local organisations, who have little or no experience in developing funding proposals, to write up project reports and develop other project management capacities while serving as intermediary fund managers in the LNGO aid delivery chain.

5.3   Is the disability part of the discussion in the Aid Delivery Chain?

This section presents findings in relation to the second research question, "Is donors' commitment to disability inclusion as prescribed in their respective aid policy documents consistent with their aid delivery chain?"

It was evident that donors are delivering aid through different modes of aid delivery depending upon different rationales in relation to their own aid policy, local situation and context. As explained in Chapter 4, disability inclusion was part of the three donors' aid policies and also it is an international legal requirement as highlighted by the UNCRPD, however the question of whether "disability" was part of donor rationale in deciding on mode and type of aid delivery still remains.

According to all the interviewees, including the two donor participants, there is insufficient or no attention to disability inclusion in aid delivery in Myanmar, except for some disability-related activities in a LIFT-funded project. Save the Children, ActionAid, and FHI 360 have specific disability-related activities but these are not included as part of mainstream provisions. These activities are discussed in detail later in this chapter.

5.3.1 The disability inclusion phenomenon: What influences the disability discussion?

The following results were generated by analysing interview transcripts to identify the triggers for disability inclusion in organisational activities and categorise them into dominant themes. Analysis of the field data using the analysis framework (see Table 5.2) identified three dimensions that influence disability inclusion in the three aid delivery modes: the human dimension, the policy dimension and the funding dimension (see Figure 6.2). In the following section, interviewees' perspectives on the three dimensions that influence disability inclusion are presented. The intermediary mode of fund management and related institutions are discussed under the INGO mode of aid delivery.

Table 5.2 *Analysis Framework*

|	Reasons for inclusion or exclusion	
Disability inclusion Yes/No	Funding	Power
		Lack of power
	Human	Leadership
		Activists
		Staff with disability
	Policy	International
		Local
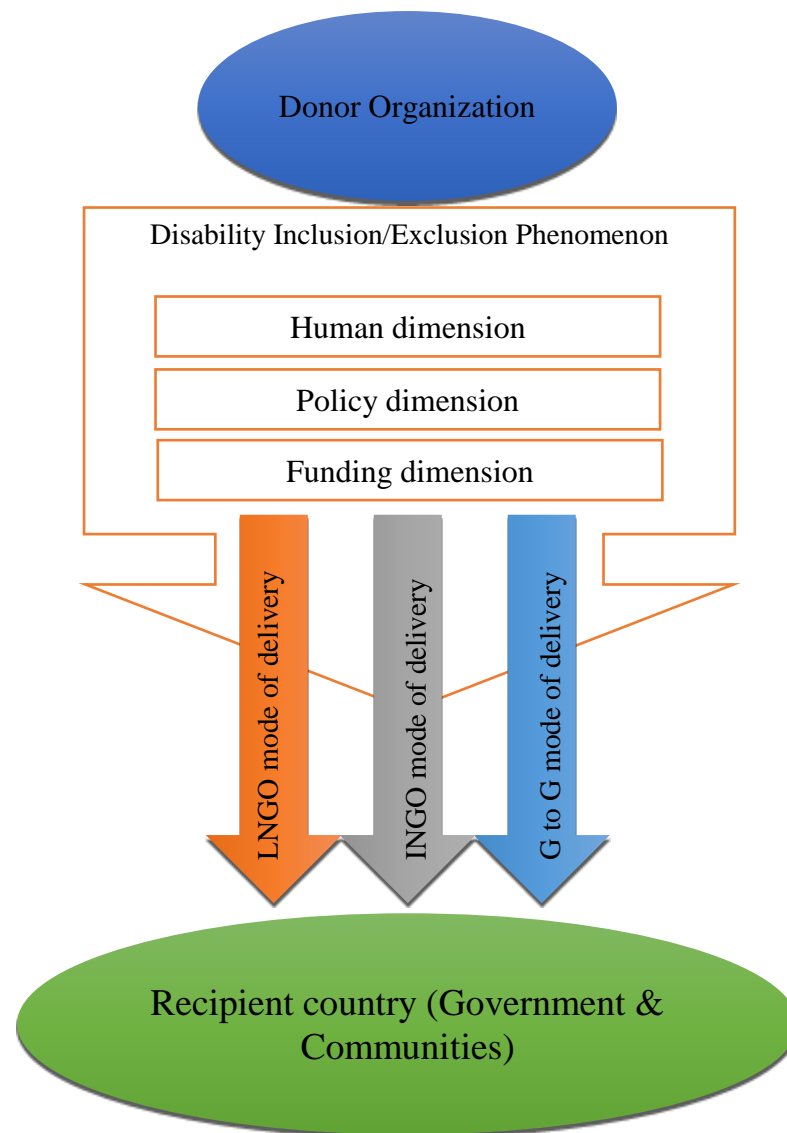
Figure 5.2 *Disability inclusion phenomenon*

5.4 Human Dimension

It is evident that human dimensions play a major role in the aid delivery chain in Myanmar, influencing aid policy compliance and UNCRPD accountability. This occurs in the context of face-to-face interaction as well as in political, policy, economic, funding and cultural contexts. This influence subsequently informs policy considerations through monitoring, evaluation and review reports.

My analysis of the interview respondents' perspectives has identified that the human dimension has three sub-dimensions: leadership (position); activism; and involvement of staff with a disability. Each of these is elaborated below.

5.4.1 Leadership

An organisational leader's understanding and commitment are clearly related to how that organisation talks about or acts in relation to disability inclusion (Andrews, McConnell, & Wescott, 2010). It was revealed in the interviews however that any particular leader's ability to create a disability inclusive organisation also depends on the nature of that organisation and other factors such as policy, availability of funding and knowledge and capacity of its staff.

5.4.1.1 Leadership in donor organisations

The donor organisation is the starting point of the whole aid delivery chain and is part of the donor country's government bureaucracy. Accordingly, the leadership of donor organisations plays a vital role in implementing the donor country's public policies, foreign policies and directives.

In the interviews, the two donor organisation participants talked about the limitations and opportunities that existed for them to influence relevant Myanmar government leaders, officials and the heads of INGOs and LNGOs. Both acknowledged their responsibility to include people with disabilities in accordance with the UNCRPD and their respective country's disability inclusive policies. Both, however, pointed to factors such as their organisation's bureaucratic system, formalised foreign relations and political priorities as limiting their influence over the human dimension and, therefore, the effectiveness of disability-inclusive practices and decision making. Additionally, both donors had to rely on their implementing partners (INGOs and UN agencies in Myanmar) to initiate a requirement for disability inclusion. In relation to gender equality and child protection, by contrast, the requirements are strictly enforced and imposed on the implementation partner. It appears therefore that disability inclusion is seen as optional in contrast to gender equality and child protection.

Both donor participants observed that disability inclusion was still not acknowledged among their aid priorities for Myanmar. Various reasons were offered: there was not enough information or it was not communicated well enough; the time was not right; their implementation partners, including other donors, did not give priority to disability inclusion; Myanmar is not yet interested in the disability inclusion agenda; and, most importantly, their countries had not yet made disability inclusion a mandatory requirement in their aid delivery chain (as for example with gender equality and child protection). Each of these factors is discussed in more detail below.

In terms of information, the DFID participant noted: "There is no information about disability or, if there is, it is not well communicated". The DFID participant, however, acknowledged that they are still required to report disability data back to their head office and that they received disaggregated disability data from LIFT, which is the largest donor to the multi-donor trust fund.

The DFAT participant did not identify lack of information as a major reason for not discussing disability inclusion with their partners, instead, commenting that the time was not yet right:

[For] people with disability to fully participate in the development process, I mean when we get to the stage of communicating community-based budgeting, that will be more of a consideration but we are not there yet. I'm hoping in terms of time we can have a proper broad policy come into session in education, in health and other sectors where we can advocate through policies such as disability inclusion but we are not at that stage yet, it's still very early days … We stand ready to engage with the new government but the new government is not yet in a position to engage … We've recognised the value of setting aspiration through signing up these agreements (UN Conventions) but recognising that implementation of them is a weakness in quite a number of these UN resolutions. So, we may have to be realistic that people understand that we are not going to be able to implement it all overnight, it will take time. (D1)

Similarly, the DFID participant commented:

Peace, humanitarian assistance, inclusive economic development and reaching the poorest are current priorities and it is still in the development stage and not yet considering about disability inclusion. (D2)

Both interviewees reported that disability inclusion was not a priority for their partners or for the country:

It is not being seen as (a) priority by any government, donor, recipient government, development practitioners or else … Every donor country is looking at Aung San Suu Kyi … They want to please Daw Suu. If Daw Suu sends [a] strong message about disability inclusion that would make donors aware of the importance of the rights of persons with disabilities. (D2)

In dealing with partners, I have to admit it is far more relevant for us to make sure that they implement if they are using our funds that they are consistent with our policy including the inclusion policy but we also have a very important policy with respect to child protection and to gender inclusion …Where there is interest from the government to seek a donor's advice on policy questions, we are happy to respond but it's on a request basis … The engagement is very much driven by what the specific question that they are asking for. (D1)

Further, according to the DFID participant:

The current conservative government's manifesto does not address anything about inclusion of persons with disability… and there is no specific requirement for inclusion of persons with disabilities. (D2)

The DFAT participant, in contrast, reported that it is a requirement for them to comply with their disability inclusion policy:

> We are responsible for making sure that it's implemented across the department… We are
> public servants tasked with implementing public policy and it remains our public policies…
> with these (we are) trained and we continue to implement it. (D1)

The DFID perspective, then, is that there is no interest in disability inclusion among their partners, including the recipient government, and they are not required or mandated to demand that people with disabilities be included in their partners' aid projects. At the same time, they enforce the requirements to comply with gender equality and child protection through partnership agreements and these are monitored closely through project reports. Such enforcement was confirmed by interviews with INGOs and LNGOs, who all reported that they have to comply with their own organisation's gender and child protection policies in order to access the donor's funding. Organisations such as MCRB, the Nyein Foundation, Spectrum and MILI explained that the UK provided necessary training and technical inputs for them to develop such policies for their own organisation and that they are required to report on their compliance with the policy by providing information on specific indicators, but that disability was not part of these requirements, so no training or technical inputs were offered or available.

The DFAT participant, on the other hand, seemed to believe that some of their partners are doing quite well regarding inclusion of people with disability but they do not think it is the right time to ask their partners, including the Myanmar government, to set disability inclusion as a priority in their aid projects. As with the UK, Australia also places great emphasis on policy compliance for child protection and gender equality in their aid delivery. ActionAid, MCRB and Spectrum reported receiving support to develop their organisational child protection policy, and all of Australia's partners acknowledged a mandate to report specifically on those issues, but not on disability.

5.4.1.2 Leadership in INGOs

In the INGO aid delivery mode, the human dimension also seems to be the dominant factor in determining whether the disability is included in decision-making and practice. At the same time, the human dimension is influenced by the funding requirements, the donor's policy, the organisation's policy and the legal requirements of the country within which it is operating.

In this dimension, leadership significantly influences the way an INGO approaches disability inclusion. This is particularly evident in smaller organisations (10 – 50 people) where an understanding of disability and commitment to disability inclusion by the leader of that organisation has a direct bearing on the organisation's priorities.

For instance, the Myanmar Centre for Responsible Business (MCRB), which has a staff of 17, focuses on responsible business practices using the UN guiding principles for business and human rights and

actively promotes the inclusion of people with disabilities in businesses through equal employment and business innovation. The head of this organisation reported that her organisation had not done so because donors asked for it but because she believes it is necessary to achieve the organisation's vision of promoting responsible business activities throughout Myanmar. She is aware of the rights of persons with disabilities because she has had experience working with them:

> None of the donors, except the Danish one, have come back and asked, "We want to know more about what you are doing on disability". (I8)

She presumes this is because they are happy with what MCRB is doing. She added that:

> … [unintentional] discrimination against disabled [people] is obviously very deeply ingrained in the bureaucratic culture and there is a long way to go [in order to achieve inclusion]. (I8)

For ActionAid (with more than 200 staff), human rights has been the guiding principle for their activities, and leadership alone is not sufficient for disability inclusiveness. Although the leader of that organisation spoke about being well aware of disability and the situation in Myanmar, he confessed that it is not possible to keep disability on the agenda in every discussion unless there are passionate, disability committed staff in the organisation who also speak up and seek to ensure disability inclusion. Moreover, he added that relying only on "unrestricted funding" for disability-inclusive practices in mainstream development programmes is not sustainable in the long run.

A similarly large organisation, Plan International Myanmar, is considered to be disability inclusive by its leader. This is because Plan as a global organisation has a generic inclusion policy for the most marginalised groups of people. Like all the INGO participants, the Plan director also explained that they did not have any experience of having their program or project proposals rejected or required to be rewritten because of disability inclusion, or of being asked to conduct a major review by donors in relation to disability inclusion. This appears to have made them think they are inclusive enough. However, he still sees it is a big challenge to include people with disabilities, especially those with severe disabilities and in areas where there are only a few individuals with disabilities and where resources are limited:

> It's become much more difficult when you get into perhaps more serious disabilities and also I think it's a challenge of resources. So, let's just say the number of deaf children in one area is quite a few … It's very difficult to establish special teachers and special schools and it's expensive and resources aren't there. (I1)

Similarly, staff from Save the Children spoke about how leader commitment can effect change at both global and country level:

> The commitment is there (according to Save the Children global strategy), the question will now be, 'How does it translate into practice?' And we are a quite procedural organisation, so basically they will develop the tool first, as every country to apply that tool … gather the data, disability will either come up or not come up depending on the data and then, they will basically say, 'What are you going to do about it?' and we will have to say, 'What we are doing about it?' and that's where at a country level, irrespective of the politics and the process, you can do whatever you like in a country office. So, if you have a country director who is a champion of it, they could end up with the very strong disability approach in the country and another country could not at all … and it doesn't matter how many documents you get or power points that say do it, it will only happen really well if the person really gets it and he is committed to it … You can ignore the global level and the CD (country director) can make things happen. You cannot look for the stairs from the CD and below that, you can have people who can make things happen. (I8)

The participant from FHI 360, which was engaged with LNGOs on civil society and media projects using funding from USAID, revealed that, even though they are required to include persons with disabilities in all of their project activities, this has still not been realised. She explained this was because they could not provide relevant support for their partners:

> We cannot provide them with those (disability inclusion) training concurrently because the organisation do not have enough staff and other resources, and it is supposed to be part of project orientation program … and my boss (organisation) could not provide the support as the disability inclusion is only a tiny fraction of the project … To tell you the truth, they are interested in disability because there are funding opportunities and they are committed on the issue to the extent … [that it is a] requirement of that funding. (I5)

In summary, the interview data indicates the importance of leadership in an INGO for disability inclusion but not just as leadership style or skill but as a personal commitment to disability inclusion as a moral obligation or at the least to comply with their own organisational policy or legal requirement of the country, both theirs and the country they are operating in.

5.4.1.3 Leadership in LNGOs

The leadership in LNGOs greatly influences organisational identity and reflects the way in which the organisation operates. The leaders of local organisations in Myanmar, however, are very much limited by their donors' requirements and what the available funding has been allocated for.

Spectrum is an organisation that focuses on resources, rights and justice issues according to the UN guiding principles for business and human rights. The leader of that organisation, however, confirmed that disability was not seen as relevant to the organisation's activities and disability inclusion had not been considered. This is in direct contrast to the UNCRPD articles. That viewpoint was also reflected

in an interview with one of his staff, who explained why he did not include persons with disabilities in the training courses that he has conducted. He stated:

> Even though I have a feeling that I should invite the persons with disabilities in our training about environmental protection in a village, identify them and invite them to the training and provide accessibility and adaptation for them, it is out of my reach and it would take longer, harder and more expensive to organise. I have to finish my training and activities according to our project log frame (logical framework) and if I cannot finish project activities within the project timeline and budget, my performance appraisal will not have a good result and it would impact my salary increment and promotion and, besides, the project target does not include persons with disabilities. (L5)

A similar scenario was present in the case of Nyein (Shalom) Foundation, which works for peace processes in the country. As the interview participant reported:

> We always realise we should do something to include them in our program but we don't know how to do it and we don't have guidelines for how to handle them. As for the MEC project, because of the donors' requirements, we were given disability inclusion training in the beginning and provided with specific guidelines on how to include them in our education projects. However, our senior staff and our director did not attend the training and we were not able to institutionalise it into our own organisation and now, it's been two years and most of the people forget about what we were taught in that training. (L3)

The interview evidence suggests that lack of awareness among leaders of local organisations about disability inclusion and the rights of persons with disabilities makes it almost impossible to implement disability inclusion even if this is spelt out by the donors or the international organisation partnering on the project. This is because, in most cases, "the leaders of the local organisations do not attend the awareness training or the project orientation sessions and, usually, it is the responsibility of project manager" (L3). The case in which 30 local organisations partnered with an international organisation to work on the civil society and media project funded by USAID provides an example. The leaders did not attend the training, which resulted in "not having the commitment of disability inclusion by the leader and not knowing how to include persons with disabilities in the project activities" (I4, I5).

In theory, the leadership of an NGO plays a critical role in realising disability inclusion as these individuals are at the front line of the aid delivery chain in the community. The leader's understanding of disability and commitment of disability inclusion shape the organisational inclusion culture and greatly impact on staff's understanding. It is evident that, if the organisational strategy mandates the inclusion of persons with disabilities, the leader of that organisation can always make things happen if he or she is passionate enough to do so. Also, the interview data indicate that leadership plays a vital role in promoting a disability inclusive culture but that, in practice, the sustainable achievement of

inclusion is unlikely to occur unless there is also support from other components of the organisation such as policy guidelines and passionate activists. The latter is discussed in a later section.

5.4.2 Activism in the human dimension

In the human dimension, 'activist' refers to a disability inclusion champion in the organisation who plays a vital role in ensuring that disability is always on its agenda. Having a disability activist as a staff member helps to promote disability inclusion but does not necessarily exert any influence in the absence of the leadership factor or support from the other dimensions.

5.4.2.1 Activism in donor organisations

The interviewees from the two donor organisations indicated that no technical experts on disability were employed at the time the field work was conducted. Both participants, however, reported that plans were in place to expand their teams following the transition to a new Myanmar government.

These interviews, however, contained suggestions about the influence of Kan Let, the disability-focused USAID initiative. This fund management organisation oversees activities of its donor organization, the USAID, and their partners. It focuses exclusively on people with disabilities through a land mine victim assistance project and, at the same time, seeks to promote disability inclusion in other USAID projects on peace and democratic transition. The leader of Kan Let, who appears to be an activist for disability inclusion, has a strong relationship with Myanmar DPOs (disabled people's organisations) and extensive knowledge of the disability situation in Myanmar. She describes herself as a physiotherapist for her technical background and she has a master degree in international public health, as well as experience working in landmine victims' assistance through other donor organisations. She explained that she raises the issue of disability inclusion in every meeting she attends using "the 1992 America Disability Act" as an advocacy tool. This legislation, she explained, states that "US organisations have to conform to the local legal requirements for disability inclusion if these exist or conform to US law where there is no local legal provision for disability inclusion". She reported that this strategy has been successful every time she has brought up this law with her donor and that having an employee with a disability focus within the donor organisation also helps in her advocacy role. She added that more advocacy on disability inclusion was needed in all of her donor's projects.

This suggests that having a technical specialist and particularly with disability experience or an activist for disability inclusion plays a significant role in ensuring that disability is mainstreamed in donors' programs. The leader of an organisation that is partnered with a donor organisation can also act as an activist within that particular donor organisation in some circumstances, especially if the donor has a strong legal or policy requirement for disability inclusion.

5.4.2.2 Activism in INGOs

There was also evidence from the interviews that the presence of an activist for disability inclusion in an INGO could have a certain amount of influence, but to ensure a sustainable commitment to and institutionalisation of disability inclusion within organisations still required favourable policy and leadership commitment.

ActionAid is an INGO that was identified as a disability inclusive organisation by the two donor organisation interviewees and participants from other INGOs. According to the country director:

> Action Aid started serious engagement with the disability issue because of a passionate staff (an activist) but the thing is one person or two person commitment does not actually work because regular basis (a constant reminder) and all your systems, everyone and all the projects have to be considered because we are highly dependent on the donors for different projects. (I1)

In one example, an ActionAid staff member who was passionate about disability issues was transferred to another project area where there was no involvement by persons with disabilities. Soon after she moved into that community, people with disabilities started to become involved in community activities and the community started to realise how these individuals could also contribute to the development of the community. This participant confirmed that having an organisational strategy that mandates the inclusion of persons with disabilities helps her to be able to reach out to the most marginalised people in the community.

The participant from Save the Children also talked about having a disability expert (an activist) in a team for a certain project may help to raise the topic in some discussions but it would not necessarily ensure significant change because

> We are very large, we do have a lot of bandwidth, we have a lot of ability to do a lot of things but we always want to do more than, I think, can be done quickly … I believe in a way that disability like many things, like gender, it is really something unless you really have a level of technical expertise, you can only go so far. (I8)

She argued that an activist would have to advocate at the very top level in order to create a disability inclusive INGO:

> It has to be a political push to somebody very significant within one of those 29 (Save the Children) head offices or within our operational head office, would need both to understand and be a champion of it because you'd have to be convincing the organisation that even though it's not a major focus that it should become a major focus and if it's going to rise, something else has to go down. (I8)

A similar limitation was identified by the disability team at FHI 360, who expressed their concern at the lack of sufficient commitment to disability inclusion by their leader, which prevented the agenda from moving forward. They gave the example of a request for approval from their leader to provide physical accessibility (a ramp to the entrance of their office):

> Even the ramp was just placed at the front entrance not long ago, it happened only after I submitted my resignation (she had been re-employed as a part-time disability focal person at the time of interview). It was long ago that I requested it. The same with other as well. I advise them that the disability inclusion training should be provided before we conduct the assessment and even before we release the grants but they don't consider and it's not in their priorities. I have to wait because if I don't they usually think I am very much emotional and a bit too over-focused on disability. So, waiting and waiting and then become disability exclusion, not inclusion. (I5)

In summary, it is evident from the interviews that have an activist in an organisation promotes discussion about disability inclusion but does not ensure its realisation in practice unless there is a commitment from the leader and other staff members within the local organisation along with supportive infrastructure.

5.4.3 Staff with disabilities in the human dimension

Having a staff member with a disability brings new understanding to those who work with them on a daily basis. The interviews revealed, however, that only one INGO had a staff member with a disability; none of the other participating organisations had a staff member with a disability and none had experience employing a staff member with disabilities in their organisations, with the exception of the DPOs.

The INGO ActionAid employed a young woman from an ethnic minority who had contracted polio when she was three years old, leaving both her legs paralysed and she is a wheelchair user. The ActionAid office does not have wheelchair access in its three storey building. This young woman was initially recruited as an intern and then promoted to project associate (an entry-level position) for the women's rights team in the organisation. All interview participants, including both donor organisations, mentioned this as an example of good practice giving reasons of inclusiveness, equality and empowerment of women with disabilities.

Having a staff member with a disability appeared to impact on many of ActionAid's actions not just within the organisation but also in its wider partner network, donors and other INGOs and LNGOs. According to the ActionAid country director:

> She reminds everyone in every room, every team that we have to do because it is not that bridging persons with disabilities in the organisation is just to help anyone but it is helping

ActionAid. It is to remind people that how this person is struggling every day. If she is not in the ActionAid women's rights team, many of the team members will not have experience or have thought about how a young girl with disability struggle when she goes to the field. She is the one continuously wanting to go to the field. It was a shock to the logistic team about how she would go about, does she require a strong man to carry her, and in fact, she does not allow anyone to carry her. Having her on our team challenges our way of thinking and approaches to our objectives. (I1)

However, he also observed that

Action Aid has a commitment to inclusion but it's not enough. We have to ensure that the monitoring system has a mandatory system on how it is included. The evaluation system has mandatory on how it affects the inclusion. Those things have not happened yet … Action Aid started serious engagement with the disability issue because of a passionate staff (an activist) but the thing is one person or two person commitment does not actually work because regular basis (a constant reminder) and all your systems, everyone and all the projects have to be considered because we are highly dependent on the donors for different projects. (I1)

In summary, it appears that having a staff member with a disability is inspiring and enlightening for an organisation and promotes discussion about disability inclusion. It is not, however, enough to ensure disability inclusion in practice unless it is supported by leadership, activists, and policy guidelines.

5.5 Policy Dimension

The evidence suggests that the human dimension in the aid delivery chain plays a key role in bringing disability inclusion into reality in any organisation, but it is a policy that ensures compliance. This section discusses the influence of the organisation's disability inclusion policy and examines its implications.

5.5.1 Policy dimension in donor organisations

It should be noted that, at the time of the field research interviews, there were no physical accessibility measures in place at the premises of either of the donor organisations. Such measures were, however, in place in the office of the non-participating donor. Further, according to the INGOs and LNGOs with whom they work, this donor (USAID) requires their partners to follow their strict accessibility guidelines.

As explained in the preceding discussion of the human dimension, it was quite evident from the interviews that donors are required to follow their own public policy guidelines and also various international conventions and treaties, including the UNCRPD. However, the extent to which they are willing or able to comply with these policy commitments is greatly dependent on how the responsible person or the leader prioritises policy requirements according to his or her own understanding of the

local context and interpretation of moral obligations. The interview participants from both donor organisations expressed their policy commitment to disability inclusion and willingness to implement this. They also explained the reasons for their failure to implement it in the country: not enough information, not the right time, not a priority for partners, lack of interest in the country and a view that it is not required to do so at this time.

All interview participants also confirmed that donors have a policy commitment to disability inclusion and, although it was usually part of a call for proposals and funding agreements for projects, it is not yet enforced. All of the participants stated that they had no experience of any donor coming back to them requesting consideration of disability inclusion in their project proposals or reports, and no project proposal had been rejected because there was no or not enough provision for persons with disabilities. This was talked about as being in sharp contrast to the treatment of gender in project proposals and project implementation. For example, one participant commented:

> We don't feel pressurised to take the disability issue seriously and there is no mechanism or regular audit from donors to check whether our projects are disability-inclusive or not, so we never got feedback about the issue from donors, so we don't see the need to work on the issue and it seems neglected. (I6)

An interview with a participant from Save the Children, however, revealed that Australia used to have a stronger commitment to disability inclusion when they supported the Myanmar government through the MEC (Myanmar Education Consortium), starting in 2013:

> I can honestly say, except for your particular (education project) proposal, in the two years that I've been here, we've not had disability as the topic of discussion, at all, either by the donor or by the partner or by the team here. I think the only exception has been MEC because we had very strong involvement from Australia and AusAID had, at that time, a strong commitment towards girls and towards disability and therefore, disability strategies. And they did the useful piece of analysis which then has helped our own analysis. (I9)

This initiative contributed to education reform in Myanmar; there is now, a serious discussion about developing an inclusive education system and a committee comprising relevant DPOs and experts has been formed. An interview with the Nyein Foundation participant confirmed that disability inclusion was considered in the MEC project which they manage in Kachin state:

> It is considered in MEC project as they have people who know about disability in the committee and they allotted budget for disability inclusion not like other projects which they did not think of it in the beginning but when they realise to include it, it is not possible anymore … There's not a lot of donors that are saying 'this is our priority' and there's not a lot of local organisations that are saying 'please help us expand our great work'. (L3)

According to interviews with participants from Kan Let and FHI 360, the USAID premises provide good accessibility as per the Americans with Disability Act (ADA) 1990, which requires them to provide accessibility for persons with disabilities according to their own legal requirements if no such law exists in the host country. In addition, interview participants talked about the US adopting a pragmatic and innovative approach to aid and development in Myanmar, seeking niche areas such as disability as an opportunity to invest, unlike the other two donors. In particular, the USAID department employs a disability focal person (who does not have a disability) who actively engages with the DPOs in the country and provides funding for disability-focused projects. This suggests that disability, if not fully inclusive in other mainstream projects, is actively considered as worthy to engage in and promote. They have also invited an American disability inclusion specialist to Myanmar, provided disability inclusive training within their organisation and conducted many meetings and workshops with stakeholders.

In summary, although it was not possible to interview participants from USAID, their Disability Act 1990 (ADA) appeared to have a greater impact on the promotion of disability inclusion in their aid and development programs. Although their approach of funding specialised disability projects may seem to involve segregation of disability from mainstream development agendas, many DPOs and disability-focused INGOs benefited from the funding opportunities provided by such projects and these activities seemed to send a subtle, if not strong, message about disability inclusion to other development projects and actors. This appeared to be more powerful than the human dimension upon which the other donors relied, since this is more vulnerable to personnel change. However, it is evident from the interviews that enforcement of that policy by the donor country as well as the in-country leader's commitment greatly influences how the policy is interpreted and implemented.

5.5.2 Policy dimension in INGOs

INGOs, including multi-donor trust fund organisations, have their own organisational policies and periodic global or local strategies that reflect their affiliations with different country offices and their management philosophies. It is important to note that the INGOs interviewed for this study stated that their organisation had no explicit disability policy.

In the case of Save the Children, this is changing as the interview participant noted: "Because of our global strategy focusing on the most deprived and marginalised children, children with disabilities are now becoming part of the discussion". Starting with the education sector, they are finding ways to include children with disabilities in their projects that are part of the broader MEC fund. However, for other priority areas such as health, child protection, livelihood and food security, child rights and governance, children with disabilities are not yet being considered as they lack sufficient data about them.

Even with an in-house organisational strategy, it is still necessary to align with the donor's strategy in order to access funding, and this includes policy requirements. As the Save the Children participant explained:

> They have their strategy, so our job would definitely be to know 'what are the strategic priorities of those donors' and then when you actually come to shaping up proposals or projects, you'd probably get even closer to the priorities of that donor. And Save the Children, because we are such a large organisation, we also have our offices in those countries who will also guide us and advise us on making our proposal or our project as responsive to the donor's priorities. (I8)

In addition, as previously explained, having an organisational policy with specific provision for, or at least some reference to disability inclusion, enables the passionate disability leader and/or activist to raise the topic in discussion and develop systems to implement the agenda. Conversely, there was also strong evidence that having an organisational policy with a stated commitment to inclusion in broad terms, such as a focus on marginalised communities, vulnerable groups or the most deprived persons, does not necessarily ensure that the disability inclusion agenda will be included in organisational discussions. Unless there is leadership commitment or the presence of an activist, even the existence of a clearly defined disability inclusion policy will not ensure actualisation of disability inclusion practice. All interview participants commented on this, giving as examples the failure of government agencies and UN agencies to be disability inclusive.

5.5.3 Policy dimension in LNGOs

The local organisational policy is only able to influence organisational practice if there is enforcement via its own organisational mechanisms and leadership.

As became apparent in an interview with the Save the Children participant, local organisations have little experience in development practices and organisational management because of the previous military government's restrictions on the formation of associations. As a result, LNGOs usually do not have an in-house policy for inclusion. Most of the LNGOs have their own statements of vision, mission and objectives, but they do not have policies or even, in some cases, the due-diligence guidelines that are required by donors or INGOs for partnership agreements.

The interview evidence suggests that most LNGOs are struggling to formulate policy guidelines and systems required by their partners, the donors and the INGOs, although they receive support in terms of training, workshops or, in some cases, the assistance of experts from the partner organisations to help develop important policy documents. However, it was clear that disability inclusion was never regarded by their partners as an important part of the policy, therefore there was no evidence of any LNGO trying to formulate a disability inclusive policy or guidelines.

For instance, participants from the Nyein Foundation and Spectrum explained how the Australian donor supported their organisations to develop their child protection policy. Similarly, ActionAid provided workshops on gender equality policy for its partners upon request from and support by the UK donor. Additionally, the 30 project partners (LNGOs) of the FHI 360 project on civil society and media requested support to develop disability inclusion guidelines, which was part of the project requirement for inclusion. However, this was not provided by the FHI 360 because there was no budget allocation to conduct a workshop or training or hire an expert on disability, which resulted in the failure of their project activities to be disability inclusive.

In summary, like the situation that prevails in INGOs, the policy dimension plays a key role in disability inclusion in LNGOs' activities and project implementation. However, it is the donor's requirements and policy implementation or the INGOs' policy enforcement that is required to actualise disability inclusion policy and practice in LNGOs, which are at forefront of aid delivery chain in the aid recipient country.

5.6 Funding Dimension

It is important to note that economic and political factors in the donor country influence the funding dimension. Analysis of the whole spectrum of factors that influence donor funding, however, was beyond the scope of this study. The present discussion only considers factors influencing donor funding that are specific to Myanmar. The interview data make clear that funding is the main force driving the aid delivery chain from donor to country through INGOs or LNGOs. Ultimately, funding considerations reflect the decisions of stakeholders along the aid delivery chain. The donor's decisions about who gets funding, how that funding should be utilised, and what priorities should be funded shape the aid delivery chain and, ultimately, reveal why and how policy compliance in relation to disability inclusion is or is not practised in Myanmar. The interview discussions revealed what influences this funding dimension and how funding influences aid decisions across the delivery chain.

5.6.1 Donors and the funding dimension

It is not clear from the interviews how the development needs of the recipient country, Myanmar, were actually prioritised by the donors apart from statements to the effect that: (1) the donors have an international aid policy with general priorities, which were then (2) developed through various meetings with various stakeholders and, subsequently, (3) funding is allocated to those priorities through the donor country's annual budget. The participants did, however, identify considerations that influenced the needs identification process.

5.6.2 Donor policy

As already explained, donor policy and policy requirements dictate fund usage to both INGOs and LNGOs. Both the donor country participants explained that their country's overarching strategic goals, as defined in their aid policy statement, were aligned with the needs of the host country (Myanmar),

apparently through information gathered from their in-country partners. The funding proposals of global development schemes, as well as local in-country calls for proposals that are in line with their own policy and funding availability, also play a part in identifying the country's needs. Project reports and formal and informal discussions with stakeholders, including government officials from the recipient country, are the main source of information used to identify the aid recipient country's needs.

In the context of disability inclusion, the interviewees observed that their policies dictate how and where investment in aid delivery should occur. The UK respondent, for example, identified

> … peace, humanitarian assistance, prosperity and economic inclusion and reaching the poorest as their aid strategy for Myanmar which are still under discussion and it is in line with overarching five goals of their aid strategic priorities. (D2)

This respondent pointed out, however, that disability inclusion is still not part of the discussion, while the DFAT respondent reported, as mentioned earlier, that they are responsible as public servants to make sure the Australian policies are implemented and that is how they are trained.

Both, however, acknowledged that disability inclusion is still not one of their urgent priorities and not yet part of their internal discussions or dialogue with the host government, even though disability inclusion is included in their country's aid policies.

Both the donor country participants also identified LIFT (the multi-donor Livelihood and Food Security Trust fund initiated by active donors in the country) as an example of a partner that has a disability-related project within its portfolio, and noted that LIFT was their only source of information about disability that they can use in reports to their own organisation's head offices. They both commented on the lack of information about the disability situation in Myanmar and the fact that what information is available was not well communicated, and gave this as an additional reason for their failure thus far to implement disability inclusion in their in-country aid programs.

In relation to priorities, the UK respondent explained that "peace, humanitarian assistance, prosperity and inclusive economic development and reaching the poor" are currently being considered as priorities for Myanmar but that this was still in the development stage; such a focus, however, would fit within the five overarching strategic priorities in the donor country's aid policy. The Australian respondent observed that the "aid program with Myanmar spans a number of sectors,… education, health, economic development, rural development, provide[s] large-scale humanitarian assistance and also provide[s] support in the area of governance" and that "operational grants to government schools as well as for low-income children to attend schools" are the only forms of development assistance provided directly through the government.

In summary, even though disability inclusion was a documented commitment as part of the international aid policy for each of the two donors, those commitments were not part of the considerations in the

development of country-level aid implementation policy or strategy. Disability considerations apart from the activities of LIFT appear to be missing from these 'higher' levels of the aid delivery chain, with a potentially negative impact flowing right through the aid delivery chain.

5.6.3 Legal requirements of the donor country

In addition to the priorities identified by the recipient country, both donor participants referred to their obligations to their own country's legal requirements, including UN treaties and conventions, in determining their country's funding allocations. Both donor participants acknowledged their country's obligations to the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Separately they were also very clear about the legal requirements in relation to gender equality and child protection, which needed to be reflected in all of their aid-funding activities.

Similarly, both reported that they were required to report back to their [country] head office on gender sensitivity, child protection measures and/or incidents and disaggregated disability data. The first two issues (i.e. not disability data) were described by both as significant requirements that had to be included in all funding or partnership agreements and reports. Failure to uphold those requirements would terminate funding and the contract or partnership. The UK respondent commented that "gender equality is part of an Equality Act 2010 and so we have to analyse [beneficiaries' information] and report back [to head office]". Similarly, the Australian interviewee observed:

> It's part of the performance reporting that we are required to do it. Our individual projects often have quarterly reporting schedules and then at the end of each year. We accumulate all of that individual project reporting into a disaggregated report on how the country has performed and publish this on our website. (D2)

Both donor participants pointed out that the operational requirements were strictly imposed on funding usage as part of their due diligence standard policies, which are in place to help build capacity for their implementing partners. Both, however, acknowledged that, even though disability inclusion was also part of their policy requirement, failure to implement it does not result in termination of the project as is the case for the child protection or the gender equality policy requirements, and it is not currently implemented in their programs in Myanmar.

5.6.4 Request from the aid recipient country

Significantly, both respondents reported that they closely monitored the host government's indication of priorities; in this case, they were referring to Aung San Suu Kyi, the then opposition leader and election winning party leader. As mentioned earlier the DFID respondent expressed every donor country had an intent of wanting to please the newly elected government and yet, the Nobel Laureate showed no sign of giving priority toward disability inclusion.

Similarly, the Australian donor participant remarked:

Engagement [with the host government] is being very much driven by what the specific question is that they are asking of us … in education, in health and other sectors where we can advocate through policies … such as disability inclusion but we are not at that stage yet … We stand ready to engage with the new government. (D1)

This suggests that the donor countries' processes of identifying in-country needs are more likely to be responsive to Myanmar government priorities than to information from the 'field' or their own country's legal requirements in relation to disability inclusion.

5.6.5 Political progress of donor country

In some cases, funding is also driven by the donor country's current political situation. For example, the UK respondent explained that it was not mandatory to consider disability inclusion in their aid investment: "The current [donor] conservative government's manifesto does not address anything about disability inclusion", although in the past, under a different government, it had done so. Additionally, during a conversation with one of the donor-initiated fund management organisations, it emerged that congressional discussion had led to the provision of funding to one of the donor country's political agendas – landmine elimination. Later, this led to the formation of an organisation, Kan Let, that specifically focused on landmine elimination and victims' support and which, by default, ended up supporting persons with disabilities in communities in Myanmar.

5.6.6 Funding disbursement

To understand how donor funding reaches the targeted recipients, the DFID participant explained that "we do not support the (Myanmar) government but through the UN, NGOs and businesses, [we] are the biggest donors for the LIFT fund". LIFT is a multi-donor trust fund, not a Burmese government instrumentality, and this is how donor funds get disbursed. The Australian interviewee noted:

We don't have any small grant scheme that we run at the moment (inside Myanmar). There is a global grants scheme and the NGOs that apply through that, they are expected to comply with all DFAT policies. (D1)

The same respondent repeatedly commented that there was no direct partnership with the NGOs and the only engagement with them took place through the forum organised by LIFT. This suggests that donor country representatives responsible for aid funding are working at 'arms-length' from the recipient country's government when it comes to the disbursement of their funds.

5.6.7 Funding partnership

The DFID participant also stressed that his country did not support the government directly as its previous military dictatorship was not seen as representing the people of the country, although he was expecting this approach to change in the near future. Currently, all of his country's aid was delivered directly through the UN and INGOs as well as trust funds such as 3MDG and LIFT.

This respondent further explained that they have direct engagement with the LNGOs as well as the UN and INGOs through direct partnerships and trust funds.

5.6.8 Bargaining power of donors in fund allocation

It was evident from interviews that donors have the greatest bargaining power when it comes to directing the ways in which aid and development resources are distributed. There were, however, some examples of local NGOs and INGOs having some say over how available funding was utilised.

The organisation HI, which mainly works on disability inclusion and focuses on persons with disabilities, acknowledged that the reduction in funding and the absence of a specific disability inclusion commitment by major donors presented the most difficult challenge they faced in advocating for and promoting the rights of persons with disabilities. At the same time, the interviewee participant from HI gave an example from his international experience of the bargaining power of donors:

> It is 16 years I work with HI and in 16 years 90% of the time when an organisation either
> came to me to ask some support in implementing disability inclusive project, it was requested
> by donors. (I6)

Both donors who responded to the interview stated that disability inclusion is yet to be considered in Myanmar, although both their countries have policies that require them to do so in their aid and development activities. Instead of initiating disability inclusion, they believed they complied with these disability inclusion policies by including a report from LIFT (multi-donor trust fund) on a disability-related project in their own reporting back to head office.

However, interviews with international and local NGO representatives suggested that the third (non-participating) donor adopted a different approach to funding allocation, whereby the in-country (recipient) office had the delegated authority to allocate funding (US$100,000) to any organisation whose activities it deemed fit according to country aid and political agendas. Additionally, that particular donor (in contrast to the other two) actively sought to engage through intermediary private management firms on any issue where it seems to be a 'niche' aspect of aid and development investment areas avoiding overlap with other donors as well as to make significant impacts. According to these representatives, this particular donor had established an intermediary organisation – Kan Let - to directly engage with the DPOs to work on a landmine victims' assistance program and provide non-discriminatory disability services.

5.6.9 Bargaining power of the multi-donor trust fund

Despite the confidence expressed by the two donor country representatives in LIFT, the LIFT representative acknowledged in the interview:

We were conscious that most of those projects probably were not doing very well on inclusion. So, that is why we were very keen to fund the project with HelpAge and the SPPRG (Social Protection and Policy Research Group) to pilot a project in order to develop the best approach for inclusion. (I12)

He explained that the HelpAge project, a community-based development project, and the SPPRG project, which provided research and training for LIFT implementation partners and communities, had contributed valuable practical information about ways of including persons with disabilities in mainstream projects:

The HelpAge project was basically demonstrating a form of community development which was much more inclusive of people with disabilities. That worked quite well. They were able to demonstrate how that could be done reasonably cost effectively … The SPPRG, the training that they did for all of our partners on the umbrella model [a situational analysis tool] looking at vulnerabilities, of course, included people with disabilities. That was designed with the same end goal in mind as the HelpAge project, which was to make the kind of community development that we were funding more inclusive of people with disabilities. It was a completely different pilot with the DPOs. They also piloted a way of including people with disabilities in the mainstream development processes as the community development. (I12)

He later explained, however, that this type of community development and disability inclusion was no longer their main focus after a new strategy was introduced in 2014:

Having done all of that, in the new strategy in 2014 and the context has enabled us to do this far. Fewer of our projects are doing this type of community development activity. (I12)

In the new strategy, LIFT has shifted its focus to increasing rural people's access to markets, services and farming input. He also explained that the organisation is not focusing on communities now, but rather trying to find ways to make a larger impact by engaging with businesses and service providers:

If I'm honest, I think we probably did quite poorly on ensuring a model that was consciously inclusive of people with disabilities. (I12)

He also expressed having all donors agreed to a new strategy is the whole value of LIFT operation and limitation to put detailed policy priorities in the strategy:

The real value in a multi-donors fund is that they all agree on one strategy. That's the tricky part and almost by definition that strategy is watered down... 12 pages document and it is not a huge detail document and partly because the more you tried to spell out, the more opportunity you leave for disagreeing with between of donors of other priorities. So, it's a bit

of an art to it, it's detailed enough to guide investment decisions but not too detailed to create endless conflict. That's the key thing: the reason to agree on a strategy. All investment decisions, all project decisions are taken by the board in line with that strategy. (I12)

In terms of disability inclusion, he confessed that the new strategy could no longer provide detail information of persons with disabilities who are impacted by its projects or funding:

It's much more difficult now when we are working with providers of financial services and providers of agriculture inputs. They are not collecting information about who or how many of their clients are people with disabilities. So, we can't report on it. We can only continue to rely on partners who are doing the work at the community level. (I12)

This evidence suggests that LIFT receives funding from multiple donors and has many different projects with partners: INGOs, LNGOs and private business firms. It seems to have the greater bargaining power to dictate disability inclusion, however, it is still not yet their policy priority nor an area of focus. And yet, with their new strategy they have to rely on their implementing partners' initiation for their projects to be inclusive of persons with disabilities.

5.6.10 Bargaining power of INGOs

The interviews suggested that INGOs have no funding influence on a donor or donors. However, as shown in Figure 6.1 and explained in the discussion of aid delivery modes, the INGOs are the primary grantees of donor funds for all major projects, and they usually have some bargaining power over the funding with regard to their downstream LNGOs.

In some rare cases, being a large organisation with extensive experience in areas of practice or implementation, or with strong engagement with the local NGO and the community, the INGO could have bargaining power over funding usage and design of the program or project. For instance, in the case of Save the Children, its position as a large organisation operating across 300 (out of 320) townships meant that it was usually the first port of call for most donors with regard to child-related programs. As this participant explained:

The push factor is if there is a donor having a strategy for disability inclusion and have available funding for it to implement, the Save the Children will be getting that fund and working on inclusion of children with disabilities. (I8)

As for PLAN, its proposal for a specific disability project was rejected because it did not have the required expertise and experience, as the participant explained:

There has been a call from the donor that specifically is focussing on disabilities. Actually, we haven't got any of those bits of them. We have tried to some of those. It's focussed on disabled people and obviously, you had to really focus on that at 100%. (I7)

This evidence suggests that INGOs are a major point of engagement for donors to deliver aid to the country and the communities, however, they have little or no say to dictate over the fund direction especially to direct aid funding towards persons with disabilities unless donors have specifically asked for it.

5.6.11 Bargaining power of LNGOs

As the aid delivery chain is solely driven by donors' funding, LNGOs rarely have any bargaining power over how the funds should be utilised. Analysis of the data, however, provided evidence of two apparently contradictory instances. In the first example, the Nyein Foundation was asked by an international NGO (Mercy Corps) to become a project partner because the Foundation was the only LNGO present in the area (an armed conflict zone) and therefore the only one able to access the community. The invitation was extended even though the Nyein Foundation's focus was on peace and the proposed project focused on community health. The project was later terminated by the Nyein Foundation because of these different foci and priorities.

In the other instance, as the director of MILI explained, HI (Handicap International) was implementing one of its landmine assistance projects with MILI as its local implementation partner on the recommendation of the donor, USAID. This was because MILI had already established a relationship with the donor and was one of only a few local organisations that were active and vocal about disability. MILI ended the partnership contract with HI, however, as they believed they were not treated with respect and transparency in relation to financial management.

It is evident that the LNGOs have very limited opportunities to access donor funding because of the lack of focus on disability and the fact that only small grant schemes, with very limited funds, were available. MILI described their engagement with INGOs as a disability-focused local organisation in a disaster risk management project, an education project, a democratic governance project, a landmine victim assistance project and a livelihood project, pointing out that they had very little room to innovate or advocate for disability inclusion.

5.7 Preconceived perspectives about the aid recipient country

All participants emphasised that the community in general in Myanmar did not understand about the rights of persons with disabilities, believing that disability was a consequence of past sins or karma. This belief has deep religious and cultural roots and was a major barrier to engaging the community in the aid delivery process for people with disabilities. All participants pointed out that persons with disabilities are mostly invisible in their communities because of the lack of understanding about disability and human rights as well as self-stigmatization of persons with disabilities by themselves, and this has often led to unintentional exclusion by donors, INGOs and LNGOs.

Additionally, all participants believed that the government of Myanmar does not give priority to disability inclusion, nor is there any relevant policy or legal framework, given the many urgent priorities that are the result of the unstable political and economic situation. This view is supported by several studies (Department of Population, 2015; Griffiths, 2010, 2012), Finally, despite the fact that the Ministry of Social Welfare, Relief and Resettlement is the ministry with responsibility for disability issues, the government's ineffective and inefficient administrative system limits collaboration among ministries, which has resulted in the failure of disability to become part of a cross-portfolio agenda.

5.8 Summary

Overall, the evidence suggests that disability inclusion is not yet viewed or implemented as a mandatory requirement, as indicated in the UNCRPD, in the aid delivery chain, despite the fact that all interviewees expressed the need for such inclusion and their willingness to implement it in their projects. The findings show that it is not the mode of aid delivery that necessarily determines whether there is the inclusion of persons with disabilities but, rather, the influence and strategic power of a certain individual in an organisation with knowledge of disability inclusion constructed from their own experience and in their own context. Policy and funding also play a role in determining whether or not there is disability inclusion. This appears to be due to the fact that the Myanmar government has not yet prioritised disability inclusion in its development agenda and there is no regulatory framework around disability inclusion and non-discriminatory practices.

Almost all of the participating organisations acknowledged that persons with disabilities were relevant stakeholders in their respective visions, strategies and mandates. The exception was Spectrum SDKN, whose respondent initially thought such people were irrelevant to their organisational focus. After subsequent discussion with the researcher, however, the respondent confessed that he/she lacked knowledge about the issue and recognised a need to find a way to engage such individuals in their program. All other participants acknowledged that they had not done enough for the inclusion of people with disabilities in their programs. The factors behind this were diverse: The key findings can be summarised as follows:

☐ Donor countries are well aware of their responsibility and obligation for disability inclusion prescribed by their own policies and the UN Convention on the Rights of Persons with Disabilities but are still reluctant to take this further and require mandatory implementation of disability inclusion within their funded projects, as they have done with other policies (on gender and child protection, for example).

☐ The requirement for disability inclusion in project activities is not mandatory but more of a sympathetic *ad hoc* response from donors with respect to their own understanding, their own agendas and emerging situations in the host country.

- INGOs have limited or no understanding of disability and disability inclusion required by their donors and the UN Convention on the Rights of Persons with Disabilities. This is exacerbated by the reliance of donor countries on multi-donor trust funds to conduct disability inclusion activities, which have a limited timeframe and are not sustained by ongoing funding.

- Neither INGOs nor LNGOs have specific guidelines for disability inclusion as part of their organisational policies.

- NGOs, both local and international, do not have enough bargaining power to initiate disability inclusion in mainstream development programs due to the following factors:

  o Lack of legal/policy requirements in the recipient country

  o The competitive nature of securing access to funding

  o Lack of understanding and information about disability

  o Lack of organisational commitment to disability inclusion

  o The fact that the work culture in projects is driven by the logframe approach (time-scheduled targeted activities).

In summary, even though donors do not enforce or communicate about disability inclusion with their implementation partners, as required by their aid policy, there is evidence that disability inclusion can still occur if there are leadership understanding and commitment. In these circumstances, the presence of a disability activist can further strengthen disability inclusion practices, although systematic institutionalisation of disability inclusion into the organisation is still required. Employing persons with disabilities in organisations helps to raise awareness and understanding about disability and disability inclusion, not just in their own organisation but within a wider network of stakeholders. The provision by donors of appropriate policy guidelines and commitment and willingness of donors and INGOs to facilitate disability inclusion is the most important factor for sustaining a disability inclusion culture at the front line of the aid delivery chain. Lastly, the interview findings suggest the inclusion of persons with disabilities in the aid delivery chain is not yet regarded as a moral obligation as prescribed by the UNCRPD.

5.9 Methodological strengths and limitations

The method used in this study has clearly generated descriptive data that can be used in future analyses, such as understanding organisations' cultural perspectives and how aid mechanisms operate and adapt to policy directives. The project's scope, however, was limited to three donors and their downline aid delivery process and to the political, cultural and socio-economic context of Myanmar. It is also important to note that the official government perspective and community perspectives on disability inclusion have not been included in the analysis. Some interviewees, however, commented on government and community involvement in aid delivery and disability inclusion. The main limitations of the methodology are discussed below.

The first limitation relates to timing. As explained earlier, the receipt of ethical approval and, therefore, the opportunity to conduct fieldwork coincided with the Christmas and New Year holiday period, when many potential participants (expatriates and foreign diplomats) were away on their annual vacation. The field study was also impacted by the Myanmar national election held on 8 November 2015 and the 14 days it took to finalise the results. The new government did not take office until April 2016, after Myanmar New Year. Since most of the targeted INGOs were human rights-based organisations, they were heavily involved in the election monitoring campaign that ran from before the election to the announcement of the new government's first manifesto. The Myanmar 2008 constitution, implemented by the military regime, did not allow for the winning party leader, Nobel laureate Aung San Suu Kyi, to become president, so the international community and many donors and INGOs closely followed the progress of the elections and the formation of the new government. It would have been, I believe, almost impossible to recruit interview participants if I had not been Burmese, well connected to that community, and experienced in social policy in Myanmar. My social and professional networks played a key role in the success of the recruitment process; for example, the country director of Action Aid Myanmar connected me to other directors of INGOs and the head of Myanmar Centre for Responsible Business linked me up with members of the diplomatic community. The field work was also extended from November to the end of April to accommodate the participants' busy schedules.

As a result of the time restrictions, the phenomenological study was limited to a small sample of 19 interview participants from 6 INGOs, 3 LNGOs, 1 donor fund contractor and 1 multi-donor trust fund. The interviews themselves, however, were of sufficient duration to allow for a comprehensive discussion of each participant's experiences and perceptions of disability inclusion in aid and development practices in Myanmar.

Second, the study was limited to 3 donors—the US, the UK and the Australia, which may not be representative of other donors. There may be other ontological considerations in relation to how disability inclusion is realised within the aid delivery chain, as well as other influences on the realisation of UNCRPD article 32. 1 (a). Similarly, analysis of data collected from 6 INGOs, 3 LNGOs, 1 donor

fund contractor and 1 multi-donor trust fund cannot be claimed to portray the overall reality of inclusive development practices in Myanmar. However, the knowledge produced from this study can provide aid and development policymakers and implementers with valuable information about the factors that influence disability inclusion in aid and development programs and practices in Myanmar.

Third, Husserl's phenomenology method greatly depends upon 'epoché – bracketing' or suspending preconceived knowledge during interviews, which is difficult for a researcher who has prior knowledge of the industry and its stakeholders. Often, participants avoided providing a particular piece of information because they assumed that I already knew the answer. Accordingly, I had to rely heavily on on reflexivity to monitor my interview approach and generate probing questions to identify what exactly that particular participant thought or knew.

The phenomenological method requires triangulation of data between different stakeholders and different techniques of data collection. The data were validated by comparing data from interviews with participants recruited from 4 domains of the aid delivery chain (donors, including multi-donors trust fund and intermediary fund management institutions, INGOs and LNGOs including a DPO) as well as different levels of staff within these organisations (senior management and project officers) as well as project documents and additional reports. However, it was not possible to collect data from other stakeholders, such as direct beneficiaries and government officials, due to time and budgetary limitations.

Fourth, the study's findings were limited because it was not possible to incorporate the new Development for All strategy 2015-2020. The project was funded by an Australian Award Scholarship that restricts fieldwork to only one session. The application for ethical approval was submitted on 30 September 2015 and approved on 4 December 2015. The policy analysis was conducted from January 2015 to May 2015 and this provided the foundation for the development of the interview schedules to be used in the fieldwork. DFAT's new Development for All strategy 2015 – 2020 was launched on 25 May 2015. The new policy seeks to ensure disability inclusion in aid and development without specifying targeted countries, unlike the previous version which only targeted two countries initially, with the possibility of future expansion if this proved successful (AusAID, 2008). It addresses disability inclusion via the twin-track approach, by supporting implementation of the UNCRPD, development of accessible infrastructure in WASH assistance, inclusive education and skills and support for inclusive humanitarian development, building resilience in DRR and social protection. Before fieldwork commenced, I believed that an additional policy analysis of the new Development for All policy 2015 – 2020 would not generate any new information relevant to the scope of the study, which aimed to identify the essence of disability inclusion in the aid delivery chain, rather than to investigate the disability inclusion in Australian Aid programs in Myanmar. Additionally, preliminary findings from the fieldwork revealed that DFAT in Myanmar was not yet ready to implement disability

inclusive development programs in the country and were still waiting for the host government's indication of commitment on this issue. Therefore, it was decided not to conduct additional policy analysis of the new strategy as it would only be useful for the interviews if it had already been implemented. Additional future fieldwork would have been necessary, which would not have been possible for the reason explained earlier.

The implications of the field research findings are discussed in the following chapter and suggestions are made for further research.

Chapter 6: Discussion

The present study was conducted to address a gap in knowledge about how disability inclusion is manifested in the framework of aid and development policy and practices in a third world country, Myanmar, as prescribed by UNCRPD article 32. Since foreign aid is becoming a major transformational force for socio-economic and democratic transition and sustainable environmental practice in Myanmar through global development goals, it is vital to examine how aid and development policies have impacted on disability inclusion. This chapter discusses the findings of two research questions that investigated how disability inclusion, based on the natural rights of persons with disabilities as specified in UNCRPD, is documented in the aid and development policies of three major donor countries, and how these policies play out in the practices of these three major donors in Myanmar It also considers the implications of these findings for policy and practice, and makes recommendations for further research in the field of disability inclusion in aid and development.

6.1 Disability inclusion in aid and development policy

In answering the first research question, the findings showed that the three donor countries have different approaches to disability inclusion in their international aid and development policies. The UK did not (at the time of this study) explicitly address disability inclusion in its aid policy. It did, however, provide detailed operational guidelines for disability inclusion for implementing its aid policies in a document titled *Leaving no one behind 2014*.

Australia had developed a disability inclusion policy titled *Development for all strategy 2009 - 2014* prior to its international aid engagement with Myanmar. This policy adopted the twin-track approach to empower persons with disabilities through aid and development programs. This was by aiming to provide funding for disability specific programs as well as ensuring persons with disabilities were included in aid and development programs for the whole population.

The US did not, at the time of this study, have a specific disability inclusion policy. However, people with disabilities were included among the targeted beneficiaries of its aid policy as required under the 1990 US Americans with Disabilities Act, which primarily focuses on providing an accessible environment for persons with disabilities. In summary, disability inclusion was mentioned by all three donors in different ways and regarded as a relevant and cross-cutting issue in aid and development by all three donors selected for this study.

None of the documentation of these donors, however, indicated that failure to address disability inclusion in their aid and development programs was not acceptable on the grounds of human rights or moral obligation. Although this study did not focus on women and children in international aid and development policy, it is evident that the inclusion of women and children in such programs, which is

based on the acknowledgement of women's and children's rights, is significantly prioritised by selected donors and their implementing partners. This neglect of disability inclusion in the context of rights suggests that disability inclusion in aid programs comes from a different understanding about persons with disabilities (compared to women and children) and that disability inclusion may be seen as optional rather than mandatory. It appeared from the documentation that disability inclusion was unlikely to be enforced as a moral obligation, unlike gender equality or child protection, unless it is part of the (in-country) partners' proposed project activities.

As such, the commitment to disability inclusion in the donors' international aid policies and accompanying documents may mean that disability inclusion appears to carry little weight in their aid delivery processes. The findings in relation to the second question in this doctoral study found that the 'optional' nature of disability inclusion in donor aid policy, rather than promoting the rights of persons with disabilities, led to a cascade of unintentional exclusion or neglect of people with disabilities throughout the aid delivery process. This is despite Myanmar's recognition of the empirical evidence about the widespread exclusion of persons with disabilities in aid and development practices reported by WHO in 2011 and by SPPRG 2009.

6.2 Implications of aid and development policy for disability inclusion

Disability inclusion is underpinned and normalised as part of the three donors' aid and development policies, albeit in different ways, which suggests that such inclusion would systematically occur in policy implementation. The findings demonstrate, however, that this is not the case. Rather, the absence of a clear message to stakeholders about the importance of disability inclusion means that the universal recognition of the inherent rights of persons with disabilities as fellow human beings, as prescribed by the UNCRPD, and specifically required in Article 32 in international aid and development programs, is not enforced.

In the case of Australia's *Development for All strategy 2009 – 2014*, which clearly spells out a specific intention to empower the leadership of persons with disability at regional and international levels, such empowerment was reflected at the time of fieldwork in some major projects such as MEC (Myanmar Education Committee) and LIFT, in which DPOs were involved in policy and program development dialogue. However, in contrast to a clear discourse on empowerment, the disability or impairment prevention targets in this policy document may have sent out conflicting messages to stakeholders in relation to the medical complexities of some disabilities and the need to fix the 'disability'. Interview participants, for instance, explained that they were "not yet ready" or it was "not yet the time to consider disability inclusion" or they "don't have technical capacity or resources to include people with disability". Although article 25 of the UNCRPD mandates equal and nondiscriminatory access for persons with disabilities, it does not refer to prevention of disabilities. As well, a disability prevention scheme in Iceland that involved prenatal screening during the 12th week of pregnancy allowed the

mother to abort the child if the chromosomes were found to be abnormal, which has been criticised as a form of eugenic practice in relation to people with Down syndrome (Will, 2018). These concerns contrast strongly with policy and practice responses to gender equality and child protection prior to the development of relevant technical capacity. Most INGOs, LNGOs and DPOs who participated in this research were given training on gender equality and child protection prior to or at the time of contracting funding agreements and were supported by technical experts to develop policies on gender equality and women's rights or child rights and child protection.

In the case of the UK's approach to disability inclusion in its aid and development policy, which was operationalized in a separate document to other policy documents, the absence of a strong commitment to or priority targets for disability inclusion created unintentional exclusion practices along the aid delivery chain. There was widespread agreement among UK interview respondents that its funded aid programs were "not required to include people with disabilities" or that such inclusion was "an option".

In the US's aid program, according to participants commenting on USAID contribution in Myanmar, disability inclusion was regarded as a special opportunity for political engagement in Myanmar's democratic transition process. Analysis of US aid policy and findings from the field research suggested that this sent out a subtle message that disability was a 'special case' rather than an integral part of USAID's aid and development program. According to study participants, segregation of mainstream aid and development from specialist disability organisations or activities is becoming more widespread. Of the three donor countries, however, the US was the only one that was aggressively and actively seeking to promote a disability agenda across many issues. This occurred via support for disability-specialist INGOs, DPOs and the National Disability Council. That said, the inclusion of persons with disabilities in mainstream US aid and development programs and projects was not yet being enforced as expressed in their aid and development policy. However, their innovative approach to aid and development programs has led them to invest in disability-specific projects.

The lack of translation from policy commitment to disability inclusion into donor requirements for in-country enforcement of this commitment in aid and development programs and projects is concerning. On the other hand, the presence of the commitment to disability inclusion in the three donors' policies has created space and opportunity for those organisations seeking to promote a disability-inclusive approach in their aid delivery programs. It is evident from the findings of the field work that these opportunities were only realised by organisations that had a leader and/or a disability inclusion champion and/or staff with disabilities who understood the UNCRPD's requirements and the inherent rights of persons with disabilities. These leaders or champions also needed to be passionate enough to promote and advocate for disability inclusion and to have organisational policy or guidelines that supported disability inclusive practices. This was rarely the case in the organisations that were included in this study. This suggests that for disability inclusion in all aid and development programs to become

standard practice, there needs to be enforcement of policy commitment at country level including monitoring and reporting on progress towards and sustaining inclusion of persons with disabilities in all aid and development programs and projects.

Additionally, funding seems to have a significant impact with regard to the disability inclusion agenda and practices, since disability is still not as firmly entrenched in donors' agendas as are child rights, child protection, gender equality and woman's empowerment. Evidence from the funding dimension strongly suggests that lack of investment in the disability agenda weakens disability inclusion practices in the aid delivery chain.

There are new developments in the aid and development policies arena since this study has been done, such as the new Development for All policy of DFAT from Australia which seeks to ensure disability inclusion in aid and development without specifying targeted countries. It addresses disability inclusion via the twin-track approach, through supporting the UNCRPD implementation, enabling accessible infrastructure in WASH assistance, inclusive education and skills and providing support to inclusive humanitarian, build resilience in DRR and social protection. The growing number of policies on an international stage including new global development goals – SDGs (United Nations, n.d.-c) implies disability inclusive development programmes and projects of all aid and development agendas should be well expected in Myanmar. Similar development has occurred in the UK and the US with their shifting aid and development approaches and philosophies. The idea of universal human rights has been contested in Myanmar with recent racial, ethnic and religious tensions and conflicts among its people, and fundamental thinking about non-discrimination, equality, equity and inclusion have been greatly impacted. At the same time, the nationalism movement and the growth of xenophobia among the Myanmar population has deterred an open and honest debate among activists and scholars in the country (Crouch, Wade, & Bruinessen, 2018). In this context disability seems to be an effective entry point to promote the understanding about universal human rights, peaceful coexistence and the values of diversity through disability inclusive development policy and practices or even to access for NGOs to conflict communities, disability focused programme could be a subtle point of entry for human rights activists and practitioners to promote awareness the human rights values in the communities. As there is a strong stereotypical view against human rights being associated to favouritism of ethnic and religious minorities, especially Rohingya population, and foreign imposed anti-nationalism movement in the country (Crouch et al., 2018).

6.3 Understanding disability inclusion

The idea of human rights, while longstanding, has only been relatively recently specifically articulated at the international level in relation to people with disabilities by the UNCRPD. As a result, and following half a century of experience of an oppressive dictator regime, the Myanmar community, including its government, is yet to fully understand what this means (Saha, 2011). Similarly, universal

human rights and the rights of persons with disabilities are yet to be accepted to the point where the intentional or unintentional exclusion of people with disabilities is regarded as contrary to the moral obligations prescribed by international bills of human rights, including the UNCRPD and other conventions. In these circumstances, according to (Griffiths, 2012), donors, INGOs and LNGOs play a crucial role in promoting a country's awareness of universal human rights and the rights of persons with disabilities through their aid programs down to the grassroots level. This suggests that the aid and development policies and practices of donors and their implementation in-country define and shape all stakeholders' conceptual understanding of universal human rights of persons with disabilities. (Ware, 2014) suggests this is critically important in the absence of other powerful means of disseminating knowledge and practice about rights-based disability inclusion.

Although the UK and Australia have ratified the UNCRPD, the diverse prescriptions for disability inclusion by the three (including USAID) donors, directly and indirectly, define all stakeholders' understandings and values. Thus, the UK's approach fails to highlight the need for disability inclusion as a general policy priority, only targeting this in education. This has had a cascading effect on their in-country partners; Spectrum SDKN and Nyein Foundation, for instance, only included disability in education and health but not in their respective environmental and peace programs.

Similarly, Australia and the US, through their actions at a country level (and to some extent in their policies) around specific disability initiatives signalled disability as a distinctive area, thus potentially promoting a medical model of disability which requires technical expertise. This was particularly the case in Australia's in-country actions, which emphasised the need for disability prevention as part of the overall approach to human development in the country. This was clear from interviews, where program and project staff pointed to the lack of technical capacity or resources to include persons with disabilities in their programs.

The perception of disability as a 'special case' and its targeting by DPOs also appeared to result in a shrinkage of space for integration, collaboration and networking mechanisms with mainstream LNGOs and INGOs. Although support for DPOs was greatly welcomed by interview participants, the targeted approach of donors supporting DPOs saw disability singled out as an area requiring specialist technical expertise. This was evident in the fact that INGO stakeholders in Myanmar did not partner with any DPOs, and for some, did not even know they existed.

Moreover, all donors portrayed people with disabilities as part of the broad population of vulnerable persons and many interview participants saw them as appropriate beneficiaries of charitable activities rather than as partners in decision making, implementation or consultation. This is in contrast to how other members of vulnerable populations such as women and children are depicted in donor policy and programs where there is transparent recognition of their rights and respect for their rights which includes moral obligation.

6.4 Aid policy limitations on disability inclusion

UNCRPD describes disability as an evolving, multi-dimensional concept (UNCRPD, 2007, p. 1). Accordingly, it is necessary to understand disability through the lived experiences of persons with disabilities themselves in their local, pluralistic socio-cultural contexts if their rights are to be upheld and the UNCRPD is to be effectively implemented. This study has shown that, if disability inclusion is absent from aid and development programs, the opportunity to create a mutual learning culture is unlikely to be realised, and mainstream INGOs and LNGOs will fail to develop an understanding of disability. Similarly, the lack of disability inclusion in mainstream development programs means that DPOs and, more broadly, persons with disability themselves do not have access to the shared learning processes within the aid and development field that are vital for inclusive growth and development.

Because there is no mandatory requirement from donors for in-country partners who receive their funds to have or develop an organisational disability inclusion policy, INGOs and LNGOs usually fail to consider persons with disabilities in their programs. In extreme cases, there is no space for project staff to include or accommodate persons with disabilities in their project activities even if the situation appears to demand disability inclusion. For example, a project staff member of Spectrum SKDN was prevented by project activities, budgets and timelines from seeking to include persons with disabilities in their awareness training, even though suggestions had been received from the community and he himself believed that the inclusion of persons with disabilities would be beneficial in reaching the project's objective.

Because there was no in-country donor policy or set of guidelines for disability inclusion within the aid and development frameworks of donors, it was challenging for INGOs and LNGOs to engage with DPOs or persons with disabilities or involve them in consultation or partnership. This lack of engagement meant that there was no opportunity for lessons to be learnt about the Myanmar conception of disability and what disability inclusion models would be best suited in the Myanmar cultural and political context.

Although the host country government has the sole responsibility for promoting and protecting the rights of persons with disabilities in Myanmar according to the UNCRPD, the fundamental idea of universal human rights is not yet widely accepted or endorsed because of the long history of dictatorship, as explained in Chapter 1, although it is evident that the idea has significant support from the donors and INGOs (Hunt, 2016; Wilson, 2016). Therefore, the lack of prioritisation and enforcement of disability inclusion in the donors' in-country frameworks segregated people with disabilities not only within their own communities but also from mainstream aid and development INGOs and LNGOs. It also resulted in a failure to promote the human rights of persons with disabilities in communities along the aid delivery chain. Most importantly, it meant that the aid and development community in Myanmar failed to support and collaborate with the Myanmar government in implementing the UNCRPD.

6.5 Recommendations

The study's findings indicate those donor in-country frameworks should clearly spell out specific priorities and mandates for disability inclusion that cross-cut their aid and development policy objectives so the rights of the persons with disabilities are promoted as prescribed by the UNCRPD. Such in-country frameworks would need to ensure that organisational disability inclusion policy, guiding principles, and monitoring and evaluation frameworks are developed as part of funding agreements and that persons with disabilities are included at all levels in all program and project cycles - planning, implementing, monitoring and evaluation - as currently occurs in relation to gender equality and women's rights, child protection and children's rights.

Many scholars have argued that creating more space for persons with disabilities to interact with mainstream aid and development programs around the world will generate better international understanding of the diverse and multi-dimensional nature of disability (Albrecht et al., 2001; Amundson, 2006; Bickenbach, 2009; J. H. Braddock & McPartland, 1987; Covey, 1998; Deegan & Brooks, 1985; Gray, Gould, & Bickenbach, 2003b; Kruse et al., 2013; Kuppers, 2011; Nussbaum, 2006; Parmenter, 2004; Shakespeare, 2006, 2013a; Smith, Jolley, & Schmidt, 2012; van Dijk, 1997; World Health Organization, 2011). It is now time for these arguments to be applied in the Myanmar context. At the same time, it is also important to reject the charitable or medical model of disability in favour of UNCRPD's framework of the inherent human rights of persons with disabilities. In particular, recruiting persons with disabilities as employees at all organisational levels according to their skills and capacities would help to promote disability awareness and, ultimately, enhance understanding of equity and equality in terms of human rights.

In bringing disability inclusion into focus in aid and development programs and projects in Myanmar, it is important to avoid a situation in which the rights of persons with disabilities are seen only as part of a donor-driven philosophy and disability inclusion is 'written in' as a tokenistic gesture towards project performance. It is critical that the rights-based nature of disability inclusion is explained and promoted more widely within the cultural and political context of Myanmar. This can be done in relation to UNCRPD as Myanmar is a signatory to this convention. If persons with disabilities are targeted only as beneficiaries of aid delivery whose numbers can be counted in the competition to access donor funds, there is a danger of perpetuating the perception of such persons as 'charity cases'.

6.6 Further research

Although the disability survey in Myanmar was conducted in 2009, and data are available from the national census in 2014 and many other reports by UN agencies and INGOs, internationally comparable statistics about persons with disabilities are not yet available in Myanmar. Most importantly, the lived experiences of persons with different types of disabilities within the country's multiple cultural contexts

have never been examined. This is of particular concern given the different ethnic and religious communities in various eco-social contexts in Myanmar.

Likewise, although this study was limited to only 3 donors and their partner INGOs and LNGOs, its findings provide insight into how donors' policies influencedisability inclusion in aid and development agendas and could usefully inform future research into other active donors in the country and to other similar countries. However, care should be taken to consider the extent to which the UNCRPD is recognised in the local context and how the rights of persons with disability are understood in any investigation of how disability inclusion is realised in aid and development practices. As well, the relationship between donor and recipient governments plays a vital role in shaping how aid is delivered in a particular country.

Over the past few decades, there have been many improvements in disability inclusive policy and practice at an international level (Canadian Disability Policy Alliance, 2017; Government of Saskatchewan, 2007; Hahn, 1993; Thériault, 2007). Yet the policies and legal framework in relation to the rights and inclusion of persons with disabilities in Myanmar remain unexamined. New policies and laws are often endorsed in Myanmar with little or no input from a disability inclusive perspective, as required by the UNCRPD. (https://frontiermyanmar.net/en/making-better-laws-for-myanmar, http://www.myanmar-responsiblebusiness.org/news/lack-of-consultation-citizens-privacy-and-security-law.html, http://www.newmandala.org/43354-2/).

Similarly, donors' aid and development policies had never been examined from a rights-based perspective on disability inclusion before the present research study. The systematic approach and research design and methods utilised in this doctoral study could be applied to other donors and their partners to better understand their aid and development policy and practices and how these impact (or not) on disability inclusion. Myanmar has also signed other UN conventions, including the CEDAW (Convention on the Elimination of all forms of Discrimination Against Women) and CRC (Convention on the Rights of the Child), and many donors and INGOs have pledged to comply with these. To the best of my knowledge, the extent of their compliance with these conventions has never been studied systematically in Myanmar using the approach employed here. Further research along these lines can enhance understanding, inform the development of aid and development policy by donor countries, and provide insights and evidence that can be used by aid and development practitioners to advocate for better policy for disability-inclusive development and promote fundamental human rights for all.

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Appendix: HUMAN RESEARCH ETHICS COMMITTEE APPROVAL

THE UNIVERSITY OF
SYDNEY

Research Integrity
Human Research Ethics Committee

Monday, 7 December 2015

Prof Gwynnyth Llewellyn
Disability and Community; Faculty of Health Sciences
Email: gwynnyth.llewellyn@sydney.edu.au

Dear Gwynnyth

I am pleased to inform you that the University of Sydney Human Research Ethics Committee (HREC) has approved your project entitled **"Disability Inclusive Development Policy Analysis"**.

Details of the approval are as follows:

Project No.:   2015/850

Approval Date: 4 December 2015

First Annual Report Due: 4 December 2016

Authorised Personnel: Llewellyn Gwynnyth; Soe Sai; Barton Rebecca; Scarf Charlotte;
Smith-Merry Jennifer;

Documents Approved:

Date	Type	Document
22/09/2015	Other Type	Experience reference 4
22/09/2015	Participant Consent Form	DIDPA PCF
22/09/2015	Other Type	Experience reference 1
22/09/2015	Other Type	Experience Reference 2
28/09/2015	Other Type	Fieldwork Itinerary Draft
30/09/2015	Recruitment Letter/Email	Recruitment email
02/12/2015	Participant Info Statement	DIDPA PIS
02/12/2015	Interview Questions	DIDPA Interview Schedules

HREC approval is valid for four (4) years from the approval date stated in this letter and is granted pending the following conditions being met:

Condition/s of Approval

- Continuing compliance with the National Statement on Ethical Conduct in Research Involving Humans.

- Provision of an annual report on this research to the Human Research Ethics Committee from the approval date and at the completion of the study. Failure to submit reports will result in withdrawal of ethics approval for the project.

THE UNIVERSITY OF
SYDNEY

- All serious and unexpected adverse events should be reported to the HREC within 72 hours.

- All unforeseen events that might affect continued ethical acceptability of the project should be reported to the HREC as soon as possible.

- Any changes to the project including changes to research personnel must be approved by the HREC before the research project can proceed.

- Note that for student research projects, a copy of this letter must be included in the candidate's thesis.

Chief Investigator / Supervisor's responsibilities:

1. You must retain copies of all signed Consent Forms (if applicable) and provide these to the HREC on request.

2. It is your responsibility to provide a copy of this letter to any internal/external granting agencies if requested.

Please do not hesitate to contact Research Integrity (Human Ethics) should you require further information or clarification.

Yours sincerely

Professor Glen Davis
Chair
Human Research Ethics Committee

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2007), NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research (2007) and the CPMP/ICH Note for Guidance on Good Clinical Practice.

App   PARTICIPANT INFORMATION SHEET

THE UNIVERSITY OF
SYDNEY

Centre for Disability Research and Policy
University of Sydney
Faculty of Health Science

ABN 15 211 513 464

Professor Gwynnyth Llewellyn   Room 151

(3)   What will the study involve for me?

You will be asked to participate in an interview. The questions will be about aid and development programs in Myanmar and the inclusion of people with disabilities in these activities.
The interview will be done at a time and place that is convenient to you.

(4)   How much of my time will the study take?

The interview is expected to take about 30 minutes. It will be no longer than 1 hour.

(5)   Do I have to be in the study? Can I withdraw from the study once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the researchers or anyone else at the University of Sydney.

If you decide to take part in the study and then change your mind later, you are free to withdraw at any time. You can do this by informing the interviewer at the time, or contact the student researcher at any time before or after the interview. If you choose to withdraw it will not affect your current or future relationship with the researchers or anyone else at the University of Sydney.

You are free to stop the interview at any time. Unless you say that you want us to keep them, any information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

(6)   Are there any risks or costs associated with being in the study?

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study.

(7)   Are there any benefits associated with being in the study?

There are no direct benefits to you as an individual from being in the study.

(8)   What will happen to information about me that is collected during the study?
By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. This research data will be stored in an offline data archive at the University of Sydney that may be accessible in the future by other research projects.

(9)   Can I tell other people about the study?

Yes, you are welcome to tell other people about the study.

(10)   What if I would like further information about the study?

When you have read this information, Sai Kyi Zin Soe will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact

Sai Kyi Zin Soe, Student Researcher, Centre for Disability Research and Policy, University of Sydney
Ph: +62 (0) 450 003 503; email: sai.soe@sydney.edu.au.

(11)   Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive feedback by ticking the relevant box on the consent for. This feedback will be in the form of a one page lay summary. You will receive this feedback after the study is finished.

(12)   What if I have a complaint or any concerns about the study?

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of the University of Sydney *[INSERT protocol number once approval is obtained]*. As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:
- **Telephone:** +61 2 8627 8176
- **Email:** ro.humanethics@sydney.edu.au
- **Fax:** +61 2 8627 8177 (Facsimile)

Or

The Australian Aid program at the Australian Embassy in Jakarta on +62-21 2550-5556 (Telephone); +62-21 2550-5582 (Facsimile) or infoausaid@ausaid.gov.au (Email)

This information sheet is for you to keep

Page 3 of 1

Disability Inclusive Development Policy Analysis
Version [*1: 16th Sept 2015*]

Appendix: PARTICIPANT CONSENT FORM

THE UNIVERSITY OF
SYDNEY

Centre for Disability Research and Policy
University of Sydney
Faculty of Health Science

ABN 15 211 513 464

Professor Gwynnyth Llewellyn
Professor, Family and Disability Studies

Room 151
Building A, C42

I consent to:

- **Audio-recording**   YES ☐   NO ☐

Would you like to receive feedback about the overall results of this study?

                                   YES ☐   **NO** ☐

If you answered **YES**, please indicate your preferred form of feedback and address:

☐ Postal: _____

_____

☐ Email: _____

....
Signature

....
PRINT name

....
Date

Appendix: RECRUITMENT EMAIL

Recruitment Email

Dear Mr./Ms. xxx,

My name is Sai Kyi Zin Soe and I am a PhD student from the Faculty of Health Sciences at the University of Sydney. I am writing to invite you to participate in my research study about Disability Inclusive Development Policy Analysis. This study is looking at policy compliance relating to the disability inclusion commitments in international aid policy and their implementation. You are eligible to be in this study because you hold the position in your organization which oversees the overall policy implementation and direction and/or manages programs or projects. It would be very much valuable for this research project if you could share your experiences. I obtained your contact information from a publicly available list held by the MIMU (Myanmar Information Management Unit).

If you decide to participate in this study, you will be interviewed regarding your organization's activities with regard to development projects in Myanmar. The interview will be up to about one hour of your time. The research project is funded by an Australian Awards Scholarship offered by the Department of Foreign Affairs and Trade of the Australian Government.

Your involvement in this research is completely voluntary. You can choose to be in the study or not. If you'd like to participate or have any questions about the study, please email or contact me at: sai.saoe@sydney.edu.au, or on my mobile +95 (9) 450 001 577.

Thank you very much.

Sincerely,

Sai Kyi Zin Soe

Appendix: INTERVIEW SCHEDULE

Attachment 1

Disability Inclusive Development Policy Analysis

Interview Schedule

Senior Personnel of Donor (or) Implementing Partner (NGO)

- What are the scope, nature and priorities of your organization in Myanmar?

  Probe as needed:

  o Health, Education, Democratization, Human Rights?

  o Is there any difference with international level (or) Head Office level priorities?

- What are your organization's operational principles or approaches on global issues?

  Probe as needed:

  o Women's Rights, Social justice, Human Rights, Disability Rights, Social inclusion, Inclusive Development?

- Who are your partners (Funding/Implementing)?

  Probe as needed:

  o DFID, DFAT, USAID?

  o Care, Oxfam, Action Aid, Unicef, Save the Children, World Vision, etc.,?

- What are the criteria for choosing partners?

  Probe as needed:

  o Prior relationship, Experiences, Policies, Principles?

  o Organization Size, capacity, nature (local/international)?

- Is there any challenge in aligning priorities, policies and practices with partners?

  Probe as needed:

  o If so, what are those challenges?

- Why do you see them as challenges?

- What are the measures to overcome those challenges?

Perspective on Disability Inclusive Development

- Is there any requirement to include persons with disability in your organization's activities?

  Probe as needed:

  - If so, is that mandatory or voluntary?

- What is your (and) your organizational perspective on person with disabilities?

  Probe as needed:

  - Prevalence in Myanmar, Human Rights, UNCRPD, SDGs?

- How do you include persons with disabilities in your organization's activities and at which level?

  Probe as needed:

  - Employing?

  - Vulnerable beneficiaries, Consultation (Planning, Implementation, Monitoring, Evaluation)?

- How do you make sure they are included in those activities?

  Probe as needed:

  - Project contracts, ToRs, Reporting requirements, Indicators?