How CBM Australia supports engagement with government for disability inclusion and prevention

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Contents

Abbreviations

AusAID	Australian Agency for International Development
CBR	community based rehabilitation
CCBRT	Comprehensive Community Based Rehabilitation in Tanzania
CSO	Civil society organisation
CDD	Centre for Disability and Development
CRPD	Convention on the Rights of People with Disabilities
DFAT	Department of Foreign Affairs and Trade
DPO	disabled people's organisation
MoU	Memorandum of Understanding
NGO	non government organisation
SEEPD	Socio-Economic Empowerment of Persons with Disabilities
SHG	Self Help Group
WASH	water, sanitation and hygiene
UNCRPD	UN Convention on the Rights of Persons with a Disability

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How CBM Australia supports engagement with government for disability inclusion and prevention

Introduction

CBM is a world-wide organisation committed to improving the quality of life of persons with disabilities in the poorest countries globally. CBM Australia's approach is to partner with key stakeholders in developing countries, Australia and internationally. Through these partnerships they support local organizations and community projects in developing countries to raise awareness of the cycle of poverty and disability and to advocate for inclusion of disability within powerful, international policy-making bodies and development agencies.

CBM Australia recognises that governments are key change agents for improving the opportunities of people with disability. Furthermore, the UN Convention on the Rights of People with Disabilities (CRPD) sets out obligations for governments to ensure the full realization of the fundamental rights and freedoms for all people with a disability. Hence supporting governments to act on their commitments through improved legislation, policy, practices and budgeting is a key part of the work that we undertake.

The CRPD has provided a reference point for the shift in approach CBM has already made in our work from a medical/charity model approach to a rights-based approach. This has led to a broadening of our approach both in terms of looking at how we engage with government for sustainable achievement of rights in our field projects, as well as how we have engaged with government and the sector in Australia through building our advocacy and alliance work.

The work supported by both the Inclusive Development and the International Programs departments therefore focuses on working with government to ensure their responses are adequate and appropriate. This is done, for instance by supporting partners or stakeholders who are engaging with their government through activism, advocacy, policy dialogue, advice or supporting service delivery. CBM Australia also engages with government directly, both in Australia, through the Australian embassies as well with governments in developing countries, by providing direct technical advice, training or advocating to governments.

Purpose

Although it is understood that CBM Australia is working with government through a range of approaches and for a range of outcomes, there have been limited opportunities for documenting and bringing these broad experiences together to explain these different approaches and show concrete examples for collective analysis and learning. This internal CBM Australia report and related documents aim to encourage reflection and learning within CBM and with the Nossal Institute of Global Health.

Methodology

The cases in this report were identified and gathered through semi-structured interviews with CBM's Program Officers, Technical Advisors, regional/ country office and project staff in-country, as well as drawing on reports and evaluations.

Structure of the report

The report starts with a section explaining the four different approaches to working with government, followed by a brief introduction to each approach, highlighting what we are doing and the key lessons learned.

Each section is followed by case studies giving more detailed insight into how we are engaging, key achievements, challenges and the lessons learned.
Fifteen case studies covering key projects from CBM Australia's International Programs and the Inclusive Development Team are described in this report.

Approaches to engaging with governments

CBM Australia engages both directly and indirectly with governments. Indirectly, CBM Australia supports other organisations, for instance disabled people's organisations or civil society organisations to engage with governments.

In working with government at local, regional or national level in developing countries, as well as with the government in Australia, we have identified four main ways of working: activism, advocacy, advising, and improving service provision[1].

[1] Adapted from a model proposed by Start D and Hovland I (2004), *Tools for Policy Impact: A Handbook for Researchers*, Research and Policy in Development Programme, Overseas Development Institute, London.

Activism

This approach uses groups of people to agitate to government for change, often on one particular issue, such as rights for people with disability. Activist groups target the government indirectly via, for instance, social media - raising people's awareness on a particular issue. The aim is then that people will step up and speak out on the particular issue to exert political pressure, through rallies, demonstrations, petitions or writing a letter to a politician.

Advocacy

This is the act of arguing in favour of something, such as a cause, idea, or policy, backed-up by "evidence" from research. This approach, without being confrontational, focuses on building direct relationships with decision-makers and providing arguments and suggestions about actions that a government could take.
In many developing countries, civil society organisations tend to choose this "softer" more relationship-focused and less-threatening approach by trying to foster relationships through which they can effectively engage with government, using their experiences and good practices to advocate for their cause. Therefore, we have a significant number of cases explaining how CBM Australia fulfils this advocacy role directly or through its partners.

Advising

In this approach, a government often directly calls on an organisation to give advice on the best approach to implementing a particular disability policy or plan, for example. In some cases, a third party may contract an organisation to directly advise an overseas government. For example, when CBM Australia's Inclusive Development team advises government, they can be put forward as advisors by the Australian government's Department of Foreign Affairs and Trade (DFAT) rather than being asked directly, putting CBM Australia in a unique position to directly advise governments in developing countries on disability inclusion.

Improving service delivery

Organisations can also assist governments with improvement of their service delivery. This can focus on strengthening existing government services (which are often under-resourced), for instance by piloting and modelling approaches or innovative ways of doing things, or by temporarily providing extra training, equipment or resources, to demonstrate how it can improve the quality and accessibility of the service in the long term.

CBM Australia does not support work that creates parallel support or welfare structures for people with a disability, instead always aiming to work alongside government to help them with better formulating, strengthening or implementing their plans and policies and works towards embedding and uptake of these activities by governments.

A mixed approach

There are many instances where CBM or partners move between the four approaches, taking on different roles at different times. Many partners supported by our International Programs find that once they have successfully advocated to governments to consider disability inclusion, they are then asked to directly advise the government on implementation.

The Inclusive Development team on the other hand are brought in as advisors for short-term advisory tasks, and are trying to build more advocacy or activism into their "short-term" engagements to make their advice more sustainable and increase the likelihood of the advice being taken up. They are therefore targeting and capacitating a broader group of stakeholders in the country (including disabled people's organisations) who can continue to advocate when CBM Australia is no longer directly involved. In the countries where both teams are working together there are opportunities to complement each other in the different roles.

Activism

with examples from India and Bangladesh

How are we involved in activism?

In Australia, campaigning has been part and parcel of CBM Australia's broader advocacy approach. This is done directly by CBM Australia and by working within coalitions for change, both mainstream and disability focused. Some recent examples of this are "Make Poverty History" (a mainstream coalition) and Vision 2020 (a disability coalition)[2].

In many open societies, where the right to hold alternative views to those of government are upheld and protected by law and in practice, activism often is a first (and successful) step to bring about awareness and change. In many developing countries however, when these rights are not practically recognized and people are not familiar with taking an activist approach, it is much more challenging, as it requires a long process of educating, organizing and mobilizing people (in groups) to speak -up for their rights, and not always without risks.

Therefore, in the contexts in which CBM is operating, few cases can be classified as "purely" taking the activist approach. Organisations mostly tend to use a combination of activism and advocacy to pressure governments from the outside to take action.

Cases on activism

In Bangladesh, self help groups speak up about the violation of rights of people with disability, particularly to local government officials. Rallies and meetings are common approaches being used. But as part of their regular communication and advocacy plan, they also engage with local governments through advocacy by investing in building relationships.

In India, Mobility India has set up disabled people's organisations and federations which target government at different levels. The DPOs are the activists – they act as a watch dog, inform the government about violations of rights, ask for information through the Right to Information Act, and remind government about what is not working for people with a disability. While some groups operate as noisy activists, other groups take on a friendly advisory role, both types of groups aiming to influence government decision making.

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[2] For more insights into CBM's experience with campaigning through coalitions can be found in the "Review of CBM Australia's Advocacy and Alliances for Disability Inclusive Development Program" – December 2013 by Lesley Hoatson

Key learnings

- People with disabilities won't necessarily become activists overnight – but with support from project partners on how to engage and how to pitch the right message to the right government person, confidence increases and they can be great activists for change.

- Apex bodies, federations or peak bodies are a useful way of coordinating activism (and advocacy) and providing groups a sense of legitimacy, with an authoritative backing to speak out.

- Sometimes using a broader inclusion message, rather than just focussing on disability in activism or advocacy to government, encourages more people within the community to stand up and voice their needs and those of marginalised groups.

- Government representatives will be more responsive to an inclusion message when it is delivered by people with disabilities themselves, but it does require intentional coaching to build the confidence of people with disabilities to do that.

- When developing a model of working with government, have a "menu" of approaches that you can use and adapt according to each new context, or if plans don't proceed as intended.

Establishment and support of self -help groups with confident activists who are successfully securing funds for people with disability

Key themes

- self help groups
- Federations
- local government
- training on activism skills
- demand for local services

Bangladesh

How are we engaging with government?

In Bangladesh, CBM Australia has supported the organisation Centre for Disability and Development (CDD) with establishing self help groups of people with disability. They have 96 self help groups (SHGs) established, and activism is channelled through 12 coordinating bodies, called "apex bodies", which consist of representatives from each self help group.

These groups encourage people to raise awareness and speak up about the rights of people with disability, particularly with local government officials. Rallies and meetings are common approaches to sensitize them towards inclusion of the needs of persons with disabilities in government initiatives. For example, SHGs are increasingly taking up the role of ensuring people with disability are protected from abuse of their rights and against violence. They are using their collective voice, communication skills and links with local officials to support their peers in need. In most areas they operate as an information centre for other people with disability in their community. As part of the CDD project, 144 self help group members participated in a training that skilled them up on how to identify local resources and improve their networking skills with both government and non government organisations.

Achievements

People from the self help groups are using their newly acquired insights and skills by arranging meetings with Members of Parliament, encouraging them to follow up with the government's Social Welfare Ministry to increase the number of disability pensions provided in each district. One of the groups who set up meetings with a local Member of Parliament contributed to securing a new government allocation of BDT 100,000 (AUD$1,400) for assistive devices. As a result of successful advocacy for group income generating activities, another group from Chittagong managed to get an amount of BDT 160,000 (AUD$2,250) from the social service department to set this up.

The groups are also aiming to have more funds allocated to disability issues from local government budgets. As part of their regular communication and strong advocacy plan to engage with the Union Parishad (lowest tier of local government), 19 Unions out of the 20 in their area have now allocated budget of BDT 1,011,000 (approximately AUD$14,000) to disability issues. Other commitments secured from governments at the various layers include grants for income generation, allocation of agricultural land, and funds for the construction of a workshop for a self help group. At a national level, apex bodies have successfully advocated for a government circular to be sent around stating there should be

an additional standing committee at Union Parishad for consideration of disability affairs as well as organising free birth registration certificates for persons with disabilities.

Each campaign success boosts the confidence of the group members, which is in strong contrast with only a few years ago when most of the group members were still isolated at home, without the confidence to show up in their communities, let along speaking up on their needs and successfully securing (funding) opportunities with governments for people with disability. Another significant achievement is that while at the beginning of the project, most SHG members were mainly thinking about their own particular needs, now they are working to represent and address the needs of other marginalized people as well as persons with disabilities within their communities. They now perceive themselves, and are being perceived by other community members, as active and competent and able to bring about positive change. Of course, in some cases there is still stigma and discrimination, but their involvement in activism with friends has provided strong support and a strong boost in confidence and status for people with disability.

Lessons learned

People won't become activists overnight, but when supported by project partners through a step-by-step process of how to engage and what their message should be, their confidence increases and people become active change agents. Furthermore, having an apex-body, which represents the interests of a number of self help groups, is an effective way of coordinating campaigning and encouraging people to strategise together as well as building on each other's successes.

Working towards inclusion of marginalised groups – DPOs and Disability Federation moving from activism and advocacy towards an advisory role

Key themes

- local DPOs and Federations
- demand for local services
- linking with other marginalised groups

India

How we are engaging with government

In India, CBM Australia has supported the NGO *Mobility India* to develop an approach to work with government for better disability inclusion in the southern state of Karnataka. It involved first of all, establishing small disabled people's organisations (DPOs) at village or "block" level which took between three and four years. The DPOs are the activists – they act as a watch dog, inform the government about violations of rights, ask for information through the Right to Information Act, and remind government about what is not working for people with a disability.

When these DPOs were successfully established, a district level Disability Federation was formed. This group is officially registered, can raise funds, and now employs two people with a disability as staff members. The Federation is the advocate and advisor to the government. They forge a friendly relationship with the government, highlighting the things they are doing right, alerting them to opportunities for better action on disability as well as helping them to implement solutions to provide better disability inclusion. The Federation can also provide funding to a DPO, if they assess that their activist work could have a strong influence.

Achievements

As a result of the combined efforts of DPOs and the Federation in their different roles, district and block government now have approached the Federation for support. The national government requires 3% of the district's budget to support disability inclusion so local governments are asking the Federation for advice on how to allocate this.
At a village/ block level, community members have worked with local government to form a development plan. As part of this project, governments and DPOs were also encouraged to ensure other marginalised people's issues were represented too – the ultra-poor, low caste, women and children.

Many government buildings and local areas have become more accessible. When advocating for this, the Federation highlighted that this did not just benefit those with a disability, but also the elderly and children.
Mothers of children with disability have become government funded Accredited Social Health Activist (ASHA) health workers, who act as an interface between the village and

health system, and are being paid an honorarium to do home-based visits. They have a strong role in early identification of other children with impairment or disabilities, advising on nutrition, immunisation and prevention, and enabling education of children with severe disabilities who have been unable to attend mainstream schools. Finally, Children's Parliaments have been set up with the support of this project and other NGOs have also advocated for better support for children with disability in the community.

Five years down the road, Mobility India's work has now been completed in Attibele, while it is still ongoing in other parts of Karnataka. There is an active Federation in place as well as DPOs who will continue the work in the community and with the government. Mobility India is now looking at replicating this successful model in other locations.

Lessons learned

Investing in and establishing a constructive relationship with the local government is important, as they are now thinking about people with a disability across all government services. The approach selected and outcomes that can be achieved however heavily depend on contextual factors. Mobility India has found that what may get resonance and have impact in one district will not necessarily work in another – due to competing priorities, and social, economic and cultural features of the communities involved.
It is therefore important to have a "menu of options" that a Federation can draw on when engaging with government. For example, discussions or approaches that may work in a peri-urban setting where more people are likely to have accessed education, may not work as well in a different setting.

Talk about inclusion, not just disability inclusion

Mobility India and the Federation have also found that talking to government about inclusion of all marginalised groups, rather than just disability inclusion, will get more traction and support. Both the children's parliaments and village development planning processes involved people with disabilities who were representing not only their own interests but also needs of other marginalised groups. By talking about the broader community needs and those of other marginalised groups, other community members have joined in the discussions with government too, and have spoken up for the needs of people with marginalised groups including people with disabilities in their community.

Advocacy

with examples from Australia, India and Cameroon

How are we advocating?

CBM Australia uses advocacy to engage with governments, both directly and indirectly. Direct advocacy includes our work in Australia with the Australian parliamentarians, and through the Australian public service including embassies in developing countries and often as part of our advisory work with governments in these countries. Indirect advocacy includes strengthening and capacity building of civil society organisations and DPOs to engage with government in their countries. This is an essential part of our alliance work. In our field programs we support regional/ country offices and field partners to use advocacy where relevant to raise awareness and engage with government.
Through advocacy, relationships are being established that enable stakeholders to advocate for disability inclusion, discuss new ideas or models with governments and they often result in longer term collaborations in which governments are requesting these organisations to advice them directly or assist them in improving their service delivery.

Cases on advocacy

Through this enquiry, it was found that most of the organisations that CBM supports have an advocacy component to their approach. In this section, we have selected five cases in which advocacy was the main way of engaging with government.

In the first case, it is described how CBM Australia's approach to the Australian government has been shaped and evolved over time with some concrete examples of successful engagement. The second case, gives the example of how CBM Australia supports the Australian Disability and Development Consortium (ADDC). ADDC is a network with representatives from the development sector, universities and disability specific organisations, who are successfully engaging with the Australian government and politicians on making their aid programs more disability inclusive.

The three other cases show examples of how implementing partners and DPOs supported through CBM's International Programs team are involved in advocacy by engaging with governments in Cameroon and India. In Cameroon for instance, the approach taken by CBM's implementing partner Socio-Economic Empowerment of Persons with Disabilities (SEEPD), focuses on messaging to government that disability inclusion is their responsibility,

while actively facilitating opportunities for government to take up these responsibilities and publicly acknowledging their achievements.

In India, through the Integrated Community Based Rehabilitation and Eye Care Services, DPOs were established at each of the equivalent layer of government (village, block, district and state level). This structure, with DPOs that go beyond district level, turned out to be a significant driver for successful engagement with government, especially at the lower levels (when the higher level DPOs could help with making these connections).
The last case in this section, also from India, describes an example where after successfully advocating for a nation-wide community based rehabilitation program, CBM India is now being requested by the government to advise them on how to set this up.

Key learnings

- In trying to influence government, don't just focus on specific disability policies, but also identify opportunities to address disability inclusion in other areas of public policy or to strengthen a particular sector.

- Publically acknowledging government's achievements in disability inclusion and actively facilitating and supporting governments in their efforts to become more disability inclusive, helps to create ownership – together with messaging that disability is their responsibility.

- Anticipate positive outcomes in advance! Advocacy might be successful!

- It works best to have disabled people's organisations working at different levels (following the layers of government) so that the higher level DPOs can support the lower level DPOs in approaching government for change.

The evolution of CBM Australia's advocacy to the government - and some examples of how we are engaging

Key themes

- political engagement
- policy change
- DFAT
- data collection

Australia

Background

From the late 1990's CBM Australia recognised that to have impact they needed to intervene in a range of ways across a number of strategically chosen stakeholders. Early advocacy by CBM in Australia focused on two overlapping areas: being an active member of Australia's peak body for development Australian Council for Overseas Aid (ACFOA), and secondly, working within coalitions for change, both mainstream and disability focused[1]. This work was not so much to immediately mobilise but as ground work for later activism.

While never articulated as a time bound campaign, CBM Australia's advocacy work over the last decade has had multiple purposes[i]:

- Policy change – mobilising Australian NGO decision makers, government and AusAID to support policy development that mandates disability-inclusive practice in international development work.
- Supporting development stakeholders in improving practice in disability inclusiveness in their development work.
- Positioning CBM Australia as a 'go to' organisation for best practice in disability inclusive development.

Target audiences for advocacy and alliances work have been the Australian government (AusAID and later DFAT), but also included NGOs, Australian Managing Contractors, and disabled people's organisations in developing countries. CBM Australia engaged with the government in various ways – both directly and indirectly, through lobbying/policy development, organisational awareness raising, capacity building, training, research, resource development and networking and coalition building.

From 2000, CBM Australia attempted to regularly discuss with AusAID best practice disability work. CBM Australia having strengthened advocacy and alliance within its own organisation, also began learning how to be effective in direct lobbying of federal politicians from both parties and looked for political champions. Furthermore, the decision to form a disability movement consortium, called the Australian Disability and Development Consortium (ADDC) was followed through (as detailed in the case study Together we can do more: *Supporting disability-inclusive development advocacy to the Australian Government* below). With the election of a new government in late 2007, the new Parliamentary Secretary for International Development Bob McMullan would drive forward an agenda moving the Australian aid and development sector to include disability within their organisational policies, international programming and data collection.

How CBM is engaging with the Australian government to inform new policies or laws

One example how CBM Australia is advocating is by responding to relevant calls by the Australian government for submissions that will inform the consideration of new policies or laws. These are not just policies focussed on disability, but take an inclusive perspective aiming to make international development policies, disability inclusive. For instance, CBM and ADDC lodged a submission to the Joint Standing Committee on Foreign Affairs, Defence and Trade's Inquiry into human rights issues confronting women and girls in the Indian Ocean – Asia Pacific region . They wrote a joint submission to the Inquiry making the point that women and girls with disability should be included in all efforts to eliminate human rights abuses against women and girls in the Indian Ocean – Asia Pacific Region. CBM Australia was called as a "witness" to the public hearing to give evidence. In the final report, one main and three sub-recommendations were incorporated on including women and girls with disability.

CBM Australia has a unique voice, advocating for disability to be considered in a wide range of non-disability specific government policies and processes. Through its advocacy, CBM Australia has fostered a relationship with the government's Department of Foreign Affairs and Trade (DFAT) and is now being seen as a reliable and trusted partner who can bring expert advice on disability that is relevant to government.

How CBM has engaged with the Australian government on data collection on disability

CBM Australia has successfully advocated to the Government's aid department that more data should be systematically collected about disability in the aid program. The Australian government now requires Australian NGOs that receive government aid funds to report on the number of men and women, boys and girls with a disability who are supported through their development projects. This has led to NGOs having to pay more attention to those with disability within their target area, and many organisations now recognise and see the need to pay more attention to and do more to support people with disability.

Together we can do more
Working with ADDC – advocating to the Australian Government as a coalition

Key themes

- coalitions
- Australian government
- engagement with politicians
- mobilising disability and development organisations

Australia

How we are engaging with government

A small number of Australian NGOs, including CBM, have been working on disability issues in an international context and advocating for change over decades. In 2000[3] a group of agencies led by CBM and others linked to the peak aid body ACFID set up the Disability and Development Working Group and began campaigning to Australian Government and within the sector for a greater focus on disability through disability specific programs and mainstreaming disability inclusion across all development and humanitarian programs. As a result of this advocacy work, the Australian Government became interested in disability inclusion and later in 2007[4] established a Disability department within the agency.

The aid agencies found, however, that the interest in disability-inclusive development was growing beyond just the development sector - among universities and disability service organisations. So a broader national network was formed - the Australian Disability and Development Consortium (ADDC) was launched with the aim of achieving greater success in influencing the Australian Government to support disability in development. To enable this network to function successfully CBM continues to support a small secretariat reporting to an Executive Committee.

A key objective of ADDC is direct political advocacy to the Australian government about the importance of disability in development, particularly leveraging off the back of the UNCRPD in 2006 (ratified by Australia in 2008) and the Australian Government's focus at the time on poverty alleviation. Supported by political analysis ADDC's advocacy efforts focus on reaching parliamentarians who have an interest in disability and have influence within the aid program. Over the years ADDC has employed many strategies to raise awareness of benefits and impacts of including people with disability in the aid program with Australian parliamentarians and provided the opportunity to politicians to hear directly from people with disability, by sharing their voice and lived experience of disability.
Other strategies included:

- Hosting parliamentary events (such as breakfasts, photo displays) at critical times to launch reports, provide a platform for political announcements, mark and celebrate International Day of People with Disability and support sector budget submissions and election proposals. Parliamentarians with portfolio responsibilities for aid are

[3] From "Review of CBM's Advocacy and Alliances Work for Disability Inclusive Development Program" by Lesley Hoatson – December 2013 (the timeline developed by Kaye Dickson)

often invited to speak at these events, requiring their advisors to research and write the speeches and liaise with the Disability section with DFAT. These events are often supported by partners including sponsorship from CBM.

- Scheduling one on one lobbying meetings at times with partners including CBM and ACFID and other coalitions.
- Developing ADDC budget and election strategies and influencing other coalition proposal to be inclusive of disability.
- Working closely with the DFAT Disability section which briefs the Minister and other parliamentarians.
- Taking part in international meetings and delegations including the Disability Reference Group which would often meet with Ambassadors and Heads of Mission in the region and Australian politicians.

Achievements

CBM has continued to support the ADDC secretariat since its inception in 2007 and been an active member of the Executive Committee. Through its political engagement work ADDC has contributed to key achievements including the establishment of a Disability section in AusAID, now DFAT in 2007, the launch of the first disability-inclusive strategy in the aid program 'Development for All: Towards a disability inclusive Australian aid program, 2009-14' by the Labour government, which was then continued by the Liberal Government with a further strategy in 2015 'Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia's aid program".

This work in developing progressive policy has seen the Australian government credited as an international leader in disability in development. The Independent Review of Aid Effectiveness argued '*Australia is regarded as a world leader on integrating disability into aid. For this reason and because of the intrinsic need, disability should be a flagship*' of the government[5]'. It also showed that NGOs can have an important contribution to government aid policy. The Independent Review stated that '*Australia's impressive disability strategy is an example of how involving NGOs in policy development can improve the outcome'*.[6]

Lessons learned

- CBM's voice is stronger if same/consistent messages are voiced by others. Actively participating in a network such as ADDC is an efficient strategy to achieve this.
- Authentic partnerships among NGOs and public and private organisations are required for sustainable impact on development.
- Building ownership is crucial to the success of a diverse group and this requires power sharing; building a strong sense of being a collective and sharing the limelight so members feel that they gain credibility from their involvement.
- Advocacy is a long term game; change doesn't happen quickly and can easily roll back.
- The voice of people with disability must be central to political engagement in line with the UNCRPD.
- CBM has also learnt to have 'specific asks' of government, not general requests.

[5] Commonwealth of Australia, The Independent Review of Aid Effectiveness 2011, P 176.
[6] Commonwealth of Australia, The Independent Review of Aid Effectiveness 2011, P 206

Advocating to local governments to address disability across all its programs – using the media, and building momentum for disability inclusion with an easy campaign

Key themes

- advocacy to advising
- local government engagement
- strong public relations
- emphasising government responsibility

Cameroon

How are we working with government?

This large community development project supported by CBM Australia has been refining its approach over a number of years. Starting as a community based rehabilitation project that supported the development of associations of people with a disability, the Socio-Economic Empowerment of Persons with Disabilities (SEEPD) project in Cameroon has built further on this by facilitating awareness of political rights and promoting political representation of people with disability. After six years, the project now is deliberately triggering interest and creating momentum for local councils to be more responsive and active in addressing disability inclusion. Using evidence from action research and taking advantage of the policy framework has been key to making this happen.

The Road Safety Campaign –easy for governments to engage

An alarming increase in disability caused by motorbike accidents has prompted SEEPD to develop an awareness raising and advocacy campaign to promote more careful driving. Local governments, eager to be involved in disability, have been invited to be involved, and use resources – banners, radio spots, lessons on safe riding - developed by the project. From here, it is expected that councils can address other issues around disability.

Research on the increase in disability from motorbike accidents was presented to local governments to demonstrate the impact on communities and resources, and thus the need for government to be involved with disability prevention. SEEPD facilitated the active contribution and engagement of a number of councils and the regional transport authority in road safety campaigns across the region.

Moving from Advocacy to Advising - Councils buy-in and commit

In 2015, the project undertook a scan of development stakeholders in the region and performed a SWOT analysis. Within the context of a national move towards decentralisation, local councils are set to have increased powers, responsibility and resources, making them the focal point for the orientation and management of local socio-economic development. This has informed the SEEPD Program on the need to prioritise councils as leverage in transforming communities into disability inclusive communities.

In 2015, the project conducted training for 15 councils on disability inclusion, inviting each council to send their mayor and the council development officer. This was timed to happen strategically before the development of council budgets and plans for 2016. A pre-requisite

for attending was that councils had to sign a memorandum of understanding (MOU), undertaking to develop an action plan on how they would include disability in local government development plans, and to identify a disability focal person (usually the council development officer). The SEEPD team clearly articulated that they could provide advice as needed.

Advocacy – through strong communication

The project employs a dedicated communications officer, who is part of implementing the project's effective communication strategy; raising awareness on disability issues, enhancing program visibility but also very importantly raising the profile of disability in relation to development. As part of her role, the communications officer highlights good examples of governments considering disability in development - through a radio program, print media, internet and TV time. This boosts local government enthusiasm and popularity, promotes dialogue and builds the notion that to be a progressive council, you should be working on disability inclusion. The project team deliberately tries to promote the work of councils who are taking active steps towards disability inclusion. Their primary message is that it is the government's responsibility to address disability issues as an integral part of their community development objectives, and the program is there to help support them in meeting their objectives.

Achievements

Local governments now recognise the need to consult people with disabilities and are beginning to take an active role in providing support services. There is a clear attitude change from a charity to an inclusive approach with recognition of the need for more consultation with and representation of people with disabilities. Furthermore, more funding is going towards disability and more public places are being made accessible.

Lessons learned

One of the key things to learn from SEEPD is their advocacy approach. In particular SEEPD's messaging to government stresses that it is their responsibility to ensure disability issues are addressed, but SEEPD also actively facilitates opportunities for government to be engaged and support them in taking up these responsibilities (as opposed to inviting them to be part of the program's objectives and activities).

Another aspect that has really helped with creating interest and momentum was positive communication and having someone whose job it is to seek opportunities for promoting information and for paying attention to disability inclusion through the use of media.

An unexpected outcome - Anticipate success in advance!

One of the unexpected challenges of engaging with government has been that the momentum and commitment by local government has exceeded expectations. The project team has seen an exponential demand for support and advice to local councils in developing inclusive municipal plans. The transition from advocacy to an advisory role of the project team is unchartered territory and the management of staff time, resources, and implementation of other program components needs to be considered and planned for within this exciting environment of change.

Setting up structures for people with disabilities to voice their needs at all levels - advocacy through DPOs

Key Themes

- DPOs mirroring levels of government
- CBR
- Eye care

India

How we are engaging with government

Experiences in a number of CBR projects in India have demonstrated the importance of having disabled people's organisations established at each of the equivalent government levels (village, block, district and state). This enables them to influence at all levels of government. Most CBR projects usually establish DPOs at village, block and district level. The district level DPOs then link in with state level DPOs that are usually already established. This model is effective for advocacy- if a DPO at block level is finding it difficult to engage with block-level government, they can coordinate with the district-level DPOs to elevate the issue to the district-level of government.

Achievements

The project *"Integrated Community Based Rehabilitation & Eye Care Services"* in Jharkhand followed this model and they have been able to really influence government, leading to change. The DPO that was developed through the project has now set up its own small office next to the district government so that applying for schemes and attending meetings is easy. When community members come to the DPO office they can be escorted to the government office and helped with the application process for disability certificates, which is particularly useful in cases where many people with a disability are illiterate in this area. In addition, having a strong state level DPO can potentially help with the development and efforts of the village, block and district level DPOs. The building and strengthening of the state level DPO in Jharkhand through a separate CBR Rollout project meant that when lower level DPOs were established in the Integrated Community Based Rehabilitation and Eye Care Services project, they already had the power of the state government level to support them.

Challenges

In one case where this structure was not present, there were significant challenges in engaging with government. The Community Based Rehabilitation Cluster Project – Parivartan initially established DPOs *at village level only.* A mid-term review identified that this had led to challenges with the DPOs not having the higher level support to draw on when trying to influence at village level. They needed to be able to show influence at the next level up, in order to influence government at their own level - but instead they weren't able to pass the village leader.

Lessons learned

The partner has really learnt from the challenge described above and is now using a new model with DPO representation at different levels. The project supports DPOs to liaise with government at village, block and district level in order to raise awareness on disability.

Straddling the advocacy and advisory space: the road towards a national CBR program

Key themes

- CBR
- national government policy
- advocacy to advice

India

How we are engaging with government

Over the last four years, CBM India has been engaging with both state and national governments advocating on what can be achieved with community based rehabilitation (CBR). As a result, the government now has a better understanding of the concept of CBR and CBM is a respected partner because of its source of knowledge and experience in this field. This has led to CBM taking on an advisory role with the government to develop a national, government funded CBR scheme.

The Indian government's Department of Disability Affairs (part of the Ministry of Social Justice and Empowerment) is working towards the scheme, with CBM as a technical partner. It is anticipated that 80% of funding will come from central government and 20% from state governments. It is furthermore intended that a wide range of disabled people's organisations, government departments, non government organisations and the private sector will all be involved. CBM has submitted a proposal to the government in late 2015 that outlines a proposed model for the initial rollout of a national CBR scheme. This will now be shared with the involved government departments for feedback and further improvement. At this stage, the government has committed some budget (which could be increased) to do a pilot.

What has enabled these promising developments?

Over the past four years, CBM has worked with government representatives from different levels to enable learning about CBR. CBM was involved in organising the first CBR World Congress in India in 2012, and state and national government level representatives attended. CBM has taken an advocacy approach, and has been identifying and involving key stakeholders within government including members of the Department of Disability Affairs and state governments. Although some government engagement has been happening for some time at different government levels, there has been a strategic and intentional high level policy focus at the national level. Partner organisations were given the opportunity to showcase to government how CBR works, and this has contributed significantly to the understanding of CBR implementation.

Achievements

Interest grew from the above-mentioned activities, with two states (Maharashtra and Orissa) then asking CBM to run congresses in their states for all districts and government officials. The Department of Disability Affairs also asked CBM to take the lead in consulting

all relevant players on the development of a national scheme. People with disabilities have been involved in the consultation processes and in refinement of the planning for the scheme. They were also actively involved through advising the Deputy Secretary of the Department of Disability Affairs during his visit to a CBR project. The attitude of the Deputy Secretary was that he wanted to talk with the DPOs as the experts on the Disability Convention. He was very keen on putting the "nothing about us without us" concept into practice. The extent to which the Deputy Secretary has been engaged and listened to the voices of people with disabilities through the DPOs was well beyond expectations. Likewise, the level of interest of Maharashtra and Orissa states has been beyond expectations. Key people in two successive governments were engaged and committed themselves to developing the national CBR scheme. This has been a significant driver.

Lessons learned

Relationships in government are worth building and maintaining

The previous national government was heavily engaged in discussions with CBM about a pilot "CBR Mission Mode" based on a proposal submitted to government in September 2013, but then there was a change of government in 2014 which meant significant work had to be done to re-establish the same level of commitment and identify new "champions". This has taken time, but fortunately one of the previous "champions" remained in office. The progress so far has stressed, once again, the importance of having good connections with key people in government. CBM has prioritised working continuously towards developing and maintaining relationships, for instance by personally inviting key representatives to events.

Considerable time is needed to work at national level. CBM has learnt a lot along the way on how government is operating and the challenges. They realised that they needed time for really understanding how government works and where opportunities are to influence government.

Advising

with examples from Fiji, Tonga, Timor- Leste, the Philippines and Zimbabwe

How are we advising?

Activism and advocacy can lead to governments changing their approaches. They then often invite organisations to work with them, on how to put policies into practice. When AusAID decided to prioritise disability – as a result of activism and advocacy - they realised that disability inclusive development (DID) technical advice was needed. CBM Australia and Nossal[7]were among the few organisations that focused on international DID, so it was not surprising that they were approached. Organisations now move from being "outside" advocates to "inside" advisors. Often there are challenges in moving from one role to the other, roles can become blurred, and there will remain a need to keep advocating as well.

The Inclusive Development Team

Since 2008, DFAT, CBM Australia and Nossal, have worked as a partnership focused on building the capacity of the Australian aid program and its key partners (often overseas governments) to implement DID. The work with overseas governments can vary from reviewing their draft disability policy, to sustained engagement by providing ongoing advice, and support to a government in a particular sector or with the implementation of strategies. In this advisory role CBM-Nossal also advises, trains and capacitates the Australian government, in particular the Australian embassies (which included the aid program), in DID. Support is provided through a disability "help desk" accessible to the aid program staff to seek technical advice on how to integrate disability into practice, providing training to DFAT staff and strengthening DID evidence through research.

The International Programs Team

Within CBM Australia's International Programs, CBM regional and country offices, implementing partners and disabled people's organisations are often being asked to advise when they have successfully advocated for changes, demonstrated interesting approaches or are being seen as experts in disability their countries. Usually the advice sits together with advocacy or with supporting government to improve service delivery. They are for instance advising national governments on approaches to rolling out nation-wide community rehabilitation schemes and advising (as is the case with Cameroon's SEEPD program) local governments on how to consider disability inclusion in their local development plans .

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[7] CBM-Nossal Institute Partnership for Disability Inclusive Development is a partnership between CBM Australia and the Nossal Institute for Global Health, University of Melbourne that involves collaboration on specific initiatives to advance evidence, knowledge and practice in disability inclusive development

The cases on our role as advisors

In this section, the first two cases describe how CBM-Nossal has advised the Ministries of Education in Fiji and Tonga on policy and tools for inclusive education. The third case from Timor-Leste shows an example on how CBM-Nossal provided ongoing support and advice to the Ministry of Health on inclusion across the health system. In the Philippines, NORFIL Foundation has advised local government on how to consider disability across sectors. An example from Zimbabwe shows how a mix of activism, advocacy and advising has been used to address inclusion in a water, sanitation and hygiene (WASH) program by engaging with local councils.

Key learnings from CBM, CBM partners' and CBM-Nossal's roles in advising governments in developing countries[8]

- Embed short term advisory assignments into longer term arrangements for ongoing engagement and support by local stakeholders.
- Policy change can be inspired by practice.
- Sometimes advocacy and resource identification need to go alongside specific technical advice. If a program has a poor development approach or is lacking key resources to undertake the task, it is worth the effort to advocate to improve this, rather than advising on how to make a poor program more disability inclusive.
- In trying to influence government, facilitating connections is as important as bringing expertise.
- Work to develop inter-departmental approaches to disability inclusion.
- As advisors, there is the license to challenge unquestioned ways for working. A local person with a disability is useful taking on this role has the potential to provoke people to think in new ways.
- Train and mentor local organisations to engage with governments.
  Be realistic about what governments can achieve and consider their readiness. Try not to overwhelm with the gold standard advice or suggestions for programs.
- Positive communication and having someone whose job it is to seek opportunities for the project to have a high profile creates interest and momentum with government, while reinforcing that addressing disability is their responsibility, and advisors/ NGOs are there to support government.

[8] There have been many lessons learned on how CBM-Nossal has been advising the Australian government. Here, cases and lessons specifically focus on our engagement with the governments in developing countries.

Support to the Fiji Government's Access to Quality Education Program: developing policies and tools that support inclusive education

Key themes

- policy advice
- national government
- from practice to policy
- education
- data collection tools

Fiji

How we are engaging with government

In Fiji, the Australian aid program's Access to Quality Education Program (AQEP, 2011-17) is working to increase options for the education of all children, including those with a disability by shifting to a model of inclusive education, where children with disability learn alongside their non-disabled peers in regular schools close to home.

Developing policies that support inclusive education

Under the auspices of AQEP, CBM-Nossal have been engaged as a technical advisory partner, and has worked closely with the Ministry of Education, as well as representatives from special and mainstream schools, disabled people's organisations and Teacher Training Institutes to review the National Policy on Special and Inclusive Education, and develop an implementation plan linked to the redeveloped policy. The current policy supports *special* education, but omits *inclusive education*, and because of this the Ministry of Education has a limited mandate and few resources to support inclusive education in mainstream schools.

CBM-Nossal facilitated two workshops in 2015 to support this process, and currently lead the writing of the resulting policy and implementation plan, which will be reviewed and finalised in 2016. This will give the give the Ministry of Education a road map for action, and official mechanisms for reporting on progress, identifying gaps, and advocating for resources.

Developing tools that support inclusive education

To date, Education Management Information Systems across the Pacific including Fiji do not have a reliable process for determining disability among students. In 2015, CBM-Nossal led the development and testing (with hundreds of students with and without disability) of tools to enable school staff to capture information related to disability, for example to assess children for functional difficulties, to identify and record learning support needs, referral and service provision. The Ministry of Education was consulted and approved every stage, including the provision of local ethics clearances.

It is envisioned that schools will utilise this tool to identify students with disabilities, and track enrolment, attendance and learning outcomes of students with disabilities. It will help strengthen the capacity of teachers to understand the various learning styles and inclusion requirements of the students in their classrooms. This will lead to better skills of the Ministry of Education to continue implementing inclusive education beyond the life of AQEP.

Lessons learned

Supporting disability inclusion within an overall education system strengthening approach

CBM-Nossal understood it was most effective to frame inclusive education as "quality education" and work within an education system strengthening approach, which simultaneously strengthened the general quality of education. AQEP provided a perfect opportunity for this in which disability inclusion has truly complemented the broader general education system strengthening approach.

Engage key stakeholders at all levels

Engagement of various stakeholders from across the Ministry of Education, including but not limited to the Special and Inclusive Education officer, in various stages of both of these activities has supported strong interest in and engagement with the policy, implementation plan and Disability Identification Tool. Their active participation in the process has resulted in the Ministry allocating more funding. We have learned it is important to engage horizontally across government, as well as strengthening disability inclusion focal points.

Policy change can be inspired by practices

The will to review the national policy and develop a policy implementation plan were inspired by outcomes of CBM-Nossal's work in five "inclusive education demonstration schools". With CBM-Nossal's guidance, AQEP supports additional funding to these five pilot schools, to address environmental accessibility, teacher training, provision of teacher aides, assistive technology and teaching and learning resources. As a result, the enrolment of students with disability at these schools has risen from 6 to 100, and several students with disability have gone on to achieve impressive scores in national standardised tests. These local level pilot examples have inspired change at the national policy level, as decision makers and other officials within the Ministry of Education have been able to see that mainstreaming students with disability into existing schools is a viable alternative to special schools.

Advising the Tongan Education Ministry: planting seeds is not enough

Key themes

- policy advice
- education
- facilitating local connections

Tonga

How we are engaging with government

CBM-Nossal was requested by the Australian government to work as advisors with a team from the Tongan Ministry of Education and Training, and DPO representatives. Many children with disabilities do not attend school in Tonga, even though the government has had an inclusive education policy since 2007. The policy has a step-by-step approach for implementation, and some steps have been taken to provide special facilities for children, but much is still to be done to fully involve children within mainstream schools.

The first task for CBM-Nossal was to carry out a situational analysis – documenting what was already being done and could be built on by both government and non-government organisations with regards to inclusive education in Tonga. Both education officials and the local DPO were involved in collecting information.

Achievements

The joint work and product (the situational analysis) created great interest and enthusiasm among the stakeholders involved. CBM-Nossal saw this as a great first step towards influencing the Tongan government to better meet the education needs of young people with a disability. It was a good basis for advising on a comprehensive action plan.

Challenges

Due to a number of reasons (such as the way in which the final document was presented as well as funding uncertainties), only a short summary was send to the Tongan Ministry of Education and Training and there was no possibility to directly liaise or continue the advisory work with the Ministry of Education to follow up on the summary report provided to them. It is therefore unlikely that the Ministry has been able to take the next steps as a result of the study, as this would have required more engagement. The local DPO who was involved in collecting information for the situational analysis has been unable to proceed further. The role that they could have played in follow-up support to the Ministry (advising) or keeping the Ministry accountable (activism) has not been fully utilised.

Lessons Learned

Agree upon government engagement in partnership agreements with third partners

Sometimes, providing advice through a third party, poses a risk to ensuring direct and continues engagement with government. Therefore when discussing partnership advisory agreements, it is recommended to reflect upon, define and agree upon engagement with

government, either directly or indirectly through identifying empowering and linking key stakeholders in the country.

The "art" of presenting our advice and engaging key stakeholders

CBM Australia has learned that they are most successful in working with government when they present their findings in a simple, achievable and realistic way – focussing on, for instance just the three main recommendations and not in an overwhelming amount. CBM has learned to make recommendations that can easily be embedded into existing policies or approaches.

Furthermore, CBM may not (always) be involved in further supporting implementation of the advice, therefore being able to share recommendations with key stakeholders outside of the government (such as DPOs, or CSOs) in a way that they understand and can act upon them, is a way of building in sustainability.

Advising on disability inclusion in health programs

Key themes

- health
- long term support
- local advisor
- interdepartmental approaches

Timor-Leste

How are we engaging with government?

The Australian government has put much emphasis on supporting disability inclusive development in Timor-Leste, and seeks to influence the way in which the Timorese government has considered disability in new policies and plans. In 2012 and 2013, CBM Australia has played a role in both advising the Australian government (DFAT) about how best to ensure its own aid policy and support to the government of Timor-Leste is inclusive, as well as directly advising and supporting the Timorese government with disability inclusion. The advice was centred on small discrete requests for information about particular interventions and workshops on CRPD ratification.

Recognising that more intensive interaction would lead to broader systemic change, in 2014 the Australian Embassy in Timor-Leste contracted CBM (following an open tender process) to directly advise partners of the DFAT funded Health Program over a two year period. This has led to direct advisory relationships with particular departments of the Ministry of Health, as well as with maternal and child health NGOs who in turn work with the Ministry of Health.

CBM Australia's focus is to influence the approach used to address disability, supporting the government to move from a welfare approach toward seeing disability inclusion as part of a broader strategy to inclusive health systems. Currently responsibility for any disability issues in the Ministry of Health resides under the Non-Communicable Disease Department". CBM Australia sees their role as trying to influence the Ministry of Health to consider disability inclusion across all aspects of the health program. A local project officer – a person with a disability – has been employed as part of this advisory project and is based in one of the national disabled people's organisations. The project officer provides continuity to work and assists building sustainable relationships with government and non-government partners, while CBM Australia project staff visit quarterly. Having a person with a disability who is directly engaging with the health ministry staff at national level and the implementing partners has been very beneficial.

Achievements

As a result of the collaboration and networking, CSOs and the DPO have a unique space to connect and engage with the Timor-Leste Ministry of Health. The project officer from the DPO has played a critical role in making that bridge and building the relationship. There are emerging signs that some aspects of the Ministry of Health are beginning to develop a more rights-based understanding of disability. Some examples of this include: the Ambulance Department's collaborative work with the project officer to include the perspective of people with disabilities in community assessments of perceptions of health transport; the

Director of the Public Health Directorate's acknowledgement of the importance of listening to the voices of people with disabilities in health programs following hearing a moving speech by the Director of one of the national DPOs; and government midwife and doctors' participation in DPO facilitated disability-rights awareness raising training.

Challenges

Working to promote better consideration of health issues for people with a disability can be a challenge when the Ministry of Health has no budget for mainstreaming disability and most disability funding sits with the Ministry of Social Solidarity (MSS). In trying to promote consideration of disability inclusion and access to health service for people with disability, CBM Australia is working with the DFAT Health Program Coordinator and the Ministry of Health to try to create linkages across the MSS and the Ministry of Health at key entry points. Additionally, CBM has provided support to consider whether and how an interdepartmental disability working group within the Ministry of Health could contribute to the goal of disability inclusive health systems.

Lessons learned

The work that CBM Australia undertakes is advisory – they bring no budget for implementation. However, there is a useful role that CBM Australia feels they can play as being the provocative outsider, with a license to ask questions and challenge attitudes, approaches, and unquestioned ways of working. For example, CBM Australia has questioned whether rehabilitation for people with disabilities should sit within the Welfare Section of MSS, rather than as part of the Primary Health Care approach supported by the Ministry of Health.

Advisors – bring expertise, but also facilitate others to have ideas for action.

While CBM Australia may have skills in providing technical advice, this must be done in conjunction with a focus on building relationships and connecting groups in order for them to see how disability inclusion can happen. Simply bringing people together who would usually not meet – such as people with disability and government officials – can create the sparks for action. CBM Australia has learned not to position itself as the role of expert who sits at the centre of an advisory assignment, but rather a facilitator who brings some expertise and helps all stakeholders, including DPOs, determine how they can be working together and what role they can each play.

Showing local governments how to consider disability inclusion- with specific agreements, expectations, and an exit strategy

Key themes

- local government
- specific term of engagement
- strong public relations
- emphasising government responsibility

The Philippines

How are we working with government?

CBM Australia funds NORFIL Foundation in the Philippines to engage with local government to advise them on fulfilling their responsibilities to local people with disability. NORFIL uses a community based rehabilitation (CBR) model, which works effectively because there are national government laws and mandates in place that require district governments in the Philippines to consider disability issues. District governments therefore welcome an organisation like NORFIL who can help them put in place practical disability policies and practices. This CBR model would not work as well in a context where government still has *to be convinced* of the need to address disability issues because there are no laws, policies or mandates requiring them to do so. In addition to the above, NORFIL is also doing work which could successfully work in any context, for instance through activating parents in groups and training them to support their children with a disability.

A five year plan

Within a five year period NORFIL is aiming to have achieved working alongside a district government to help them have better policies, processes and budget to support people with a disability in their area, particularly children. They will be advising all district government departments on how to make their approaches more inclusive. By then, they will have also established an Association of Parents of Children with a Disability, and through them, train parents both in the practical aspects of supporting their children, as well as how to liaise and advocate to the district government. Parents are encouraged to join the Parents Association. NORFIL furthermore facilitates better access to education for children with disabilities.

At the end of five years, NORFIL will leave the area, with the expectation that the established structures of the Parents Association and appropriate and responsive government policies and practice will mean continued support of people with a disability.

Keys to success in working with local government

Mayors sign a *Memorandum of Agreement* for five years which formalises their involvement with NORFIL *before the project start*s. This makes government officials more accountable to NORFIL and people with a disability. The expectation is that as the relationship progresses, NORFIL's funding will gradually reduce as the government takes ownership for upholding and continuing the programs and services.

Once the project starts, NORFIL works with each district government to establish a "disability affairs committee", which has government representatives from all departments. The role of the committee is to support all government departments to think about how their work could be more disability inclusive - whether that is the health department, or the transport, infrastructure, vocational training, sport, or social welfare unit. Having a high-level government official with some power and status to chair this committee helps it to be more influential. NORFIL provides advice, direction and ideas.

Lessons learned

Elections bring about change and NORFIL is ready to familiarize new mayors with disability inclusion issues. They have learned it is important to get local government policies and procedures for disability inclusion passed, because this will formalise inclusion practices, even when the government changes.

NORFIL furthermore invites all the different district governments together for an annual reporting and planning day. They have learned that this joint meeting of mayors from different districts helps create a healthy spirit of competition between governments (who can be the most disability inclusive?). Awards and recognition further help promote active commitment and engagement in the process of disability inclusion.

CBM Australia and Inclusive water, sanitation and Hygiene work with World Vision

Key themes

- DPOs
- WASH
  mixed approaches
- (international) NGO links
- local government services

Zimbabwe

How are we engaging with government?

CBM provides technical support in disability inclusion to World Vision Australia's Water, Sanitation and Hygiene (WASH) program in Zimbabwe, Sri Lanka, and PNG. This is funded by the Australian Government Civil Society WASH fund. The goal in all three projects is to work with government to improve their water, sanitation and hygiene services. CBM aims to ensure that these services are inclusive of and benefit people with a disability.

In Zimbabwe, World Vision Zimbabwe has a partnership arrangement with city councils in Gwanda and Bulawayo – both are in poor peri/urban settings. World Vision has an existing strengthening relationship with the local government through a previous project, and which they are building on in this Civil Society WASH Phase II. CBM Australia works with World Vision within this local government strengthening approach. CBM takes a largely indirect approach to engage local government in improving water and sanitation services. This is achieved by building the skills and knowledge (and connection) of local DPOs and the international NGO to, in turn, build the capacity of the local government.

CBM Australia has supported the linking and collaboration between the DPO and World Vision Zimbabwe, as well their joint understanding of disability inclusive WASH and is enabling them to train and advise the local government. In 2014, World Vision Zimbabwe and the local DPO carried out a disability assessment (baseline) to identify people with a disability in the target area and to find out more about their access to and needs for WASH services. CBM supported this process through training and advising the two organisations, as well as the Australian WASH consultant, on what questions to include into a WASH survey (including the use of the Washington Group set of questions[9]) and how best to ask these questions.

Activism

World Vision uses an approach, called 'Citizen Voice in Action' to mobilise communities toward activism on issues of social importance. CBM Australia has been trying to ensure that disability is taken into account in this approach. CBM Australia is furthermore helping to train people with and without disabilities in how to monitor and review community development indicators and hold local government accountable on WASH issues. Through the project, DPOs have conducted training with people with disabilities in the project areas on their rights and in advocacy approaches.

[9] The Washington Group questions are an internationally comparable set of questions on disability for gathering information about limitations in basic activities (http://www.cdc.gov/nchs/washington_group/wg_questions.htm).

Advocacy

CBM Australia coached the DPO in how to prepare presentations and develop workshops for senior municipal staff, bringing the stories of people with disabilities to their attention. DPOs are mandated to represent the issues of people with disabilities, and World Vision Zimbabwe is involved in a WASH sector group where they discuss National WASH issues.
World Vision Zimbabwe is also facilitating relationships between communities and local councils, and showing councils ways to secure funding for construction of facilities for people with disability, in areas that have no infrastructure provided by the central government. The teams have lobbied for the community plans developed by Councils to be inclusive of the needs and interests of people with disabilities.

Advising

Following the baseline, in which people with a disability were actively involved, the project team was able to train and advise local government on their particular needs to access WASH, ways to fund equipment for people with disability and ensure people with disability can participate in WASH planning meetings.

Improving service delivery

The organisations have also worked with local councils to bring local water taps closer to the homes of people with disabilities and, through conducting accessibility audits that involve people with disabilities, public toilets have been constructed that are accessible.

Achievements

The DPO members involved in the disability assessment are now much more knowledgeable and confident to talk about WASH issues for people with disabilities. Collecting this information together has led to both organisations being better advocates. This was particularly important as many DPO members are urban-based with little exposure to poorer communities and limited knowledge on their particular needs.

Through activism

Following training on their rights, 80 people with disabilities signed up to participate in community health clubs. There are now some very active community groups, which include both people with and without disability, with relevant knowledge on water, housing, disability and social welfare. They are now voicing the concerns and needs of people with disability to the local council.

Through advocacy

Self help groups of people with disability have been set up, and “inclusion champions” (people with and without disabilities) are now present in each commune in the project area. They gather information from other people with disabilities in their area and take on an advocacy role in local planning meetings. The local councils are now using those groups for consultation on other community issues in addition to water and sanitation - a good indication of their future sustainability. The local councils are also now developing cross-council disability policies.

Through advising

Accessible public toilets have been built and evaluated by DPO members in the council areas. People with disability now participate in working group meetings alongside local

government representatives in Zimbabwe; and are reporting baseline findings, training and advising government.

Lessons learned

Much of CBM's way of working is to contribute to *more effective* engagement of others with government on issues of disability inclusion. Key to achievements has been investing in long-term partnerships with and capacity building of NGOs, local development organisations, and DPOs.

Improving service delivery

with examples from Vietnam, Tanzania, Ethiopia and Nigeria

How are we doing it?

Building on good policy and program commitment by governments, organisations can often influence governments by focussing on a particular way of working or providing a service. With some additional resources or by using a new approach, an organisation can assist government to build quality by modelling new approaches, providing extra training and equipment or funding to improve the quality and accessibility of the service in the long term. For instance, in Vietnam CBM Australia supports local eye hospitals to improve their services to the most disadvantaged, through professional training of government employed health workers.

The cases on improving service delivery

In the following three cases, partner organisations support government in improving and building on existing services in health and provide models for disability inclusion that they can adopt. CBM's support in Vietnam gives a boost to ongoing work of the government in eye health for poor and marginalised groups – by extending its reach, improving the skills of doctors, providing equipment, and training of community health workers to understand both eye health issues and disability issues.

The implementing organisation, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), works with the Ministry of Health to improve protocols and procedures for maternal and child health, and to ensure that standards are maintained and monitored after the end of the project. They also provide training to government hospitals.
In Ethiopia, CURE has for instance worked with the government on a cost-effective method for treating clubfoot that is being adopted country-wide. In Nigeria, the focus is on working with the state and local governments and non government organisations to establish community mental health services to increase opportunities for people in Benue to access needed mental health care.

Key learnings

- Governments respond when approached by organisations seen as experts – this brings attention, respect and response.

- Government champions are key to success of engagement and can have a major influence on outcomes.

- Don't rest on your achievements. Maintaining momentum and motivation at all stages requires continuous work. Something that works under one government may need extra focus when the new government comes to power.

- Healthy competition between local governments is a good tool to work with.

- Buy-in from higher levels of government is necessary to ensure actual commitment, budget allocation and policy support.

- Formally signing a MoU for engagement with government before a project starts work in an area (location/ theme), can help with ensuring and sustaining buy-in.

- Have a "plan B" for if the government is not able to engage as planned.

- Change takes time and needs significant investment in relationships.

Improving the services of government eye hospitals and clinics in rural districts

Key themes

- role of "champions"
- need for national policy drivers
- health

Vietnam

How we are working with government

CBM Australia funds projects in Vietnam that support government hospitals to improve their services in eye health and access to eye care services for poor and marginalised people. Government bodies have full ownership of the implementation of the projects. A recent evaluation has informed some of the insights below.

Achievements

CBM's support gives a boost to ongoing work – by extending its reach, improving the skills of doctors, providing equipment, and training of community health workers to understand both eye health issues and disability issues. The results are an improved government eye care service – with better identification, access and referrals established and on-going for eye care – with a focus on the poor. CBM's support resulted in an increase in the number of poor people accessing eye care through the government system, increased cataract surgical coverage in a target province area and improved surgical outcomes.

Challenges

Ensuring that people with other types of impairment (e.g. mobility, psychosocial, hearing) were able to access services as much as people with vision impairment alone has proven to be very challenging. Something government health staff found challenging also was how to be advocates for disability inclusion and as well as integrating intentional approaches for disability inclusion and tracking this into their systems.

> *"There has been enthusiasm for the disability inclusion approach but confusion about how to apply it practically",* Eye doctor in Vietnam

In the hierarchically structured Vietnamese health system, mandates needed to come from the national level in order for them to be given high priority. It was not too difficult to address the physical accessibility aspects in an eye hospital when the hospital director was part of the project implementation team, but in a commune health station or a general district hospital, the expectation that the CBM funded eye project could lead to broader change to address disability within a general hospital or clinic seemed unrealistic. Patient data management systems did not have ways of recording a person's disability, and budgets for modifications to hospitals and clinics to be more disability accessible were outside the responsibility of the eye health personnel targeted by this project.

Lesson learned

Key to success, of improving government eye programs at the provincial level, has been to have government staff members who are interested, active and committed. This has therefore been an important factor in deciding in which provinces to start a project. The active work of these committed government staff members really meant that things worked successfully.

There seemed to be a consensus amongst government staff members that the project had brought about increased awareness of the situation of people with disability, as well as their challenges, and there was more focus on trying to ensure that their needs were met.

In order to fully integrate *disability inclusion* into Vietnamese government eye care programs (or any other health programs), CBM has learned that it needs to advocate for changes that are mandated at a national level, as well as trying to influence change in individual districts or provinces. Only with national directives will the processes for considering disability be seriously adopted by government staff, supported by systems and processes that force accountability.

Boosting maternal and child health through improving national policies, and showing good practice in selected hospitals

Key themes

- showcasing an approach
- improving overall service
- health
- protocols & procedures
- training

Tanzania

How are we engaging with government?

In Tanzania, CBM supports a project to improve maternal and child health services in government hospitals, and to ensure that women with disabilities gain access to these services. The Community Maternal and Newborn Health Programme has been working since 2011 with selected hospitals around the capital, Dar es Salaam. It takes a two-pronged approach. The implementing organisation, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), works with the Ministry of Health to improve protocols and procedures for maternal and child health, and to ensure that standards are maintained and monitored after the end of the project.

The project team then works, for a limited amount of time only, with the selected hospitals providing training on safe emergency birthing procedures, training of nurses on how to deal with birth complications and delivery procedures for women with a disability. They introduce a monitoring system (Standards-Based Monitoring and Recognition SBM-R) which provides a methodology for tracking standards and successes in hospitals and problem solving where quality standards are not being met. CCBRT is using a "hot-house" model where hospitals receive intensive support and introduction of the monitoring system to track progress. They are trying to trigger the Ministry of Health's interest to adopt this model on a nation-wide basis.

Achievements

The monitoring score in relation to the standards set for maternal and newborn health in one of the local clinics, which had a history of poor service for women giving birth, jumped from 31% to 75% in a 12 month period. These results are shared with local governments – and they are really helping with keeping up the momentum and engagement. CCBRT are also tracking maternal and newborn indicators and have found these are improving across the region (this includes maternal mortality rate (MMR), neonatal mortality rate (NNMR) and still birth rate (SBR)).

Lessons learned

The experience of CCBRT in engaging with the Ministry of Health, hospitals and clinics, has been that by challenging "business as usual" thinking by introducing standards for improved service delivery and creating motivation, people have risen to the challenge. This has led to significantly quality and outcomes in maternal and newborn health.

A rethink on increasing supply and demand for mental health services - moving from a top-down to bottom-up approach

Key themes

- mental health
- state and local government
- revising approaches

Nigeria

How we are engaging with government

CBM Australia funded its partner, the Methodist Church of Nigeria, to better address issues faced by people with psychosocial disability in the large Nigerian state of Benue (with a population of 4 million). Nigeria is a country where the existing health service is overstretched – in 2015 community health workers were not paid for many months. Prior to this project, government mental health services in Benue were only available through a hospital psychiatric unit. Therefore, when the project started in 2011, the focus was on working with the state and local governments and non government organisations to establish community mental health services to increase opportunities for people in Benue to access needed mental health support/care.

The project was designed in collaboration with the two psychiatrists of the Government Federal Medical Clinic and the State Government Ministry of Health. Early in the project, State Government recognised its responsibility for providing health care and the project's role in supporting it to achieve development targets. It was planned that the project would support the training of quality government psychiatric nurses. Selection of nurses to be trained was done in collaboration with the Benue State Ministry of Health, Local Government Service Commission, and the Local Government Councils. It was also agreed that the State Government would establish psychiatric clinics within the primary health care system of 23 local government areas as well as employ the trained psychiatric nurses.

The project team went ahead and over a period of two years, 19 people were trained as accredited psychiatric nurses. Due to a variety of reasons and after numerous meetings and discussions, the government was not yet ready to set up the psychiatric clinics. After four years of project implementation, 11 of the trained nurses were employed in government services (including six in government clinics) with the remainder not employed by government.

A change of approach – from top-down to bottom-up

To address the above-mentioned challenges, a new approach was developed with the partner now focusing more strongly on local governments rather than the state government. This resulted in broader, lower level training of local government primary health staff (41 staff were trained) on mental health to ensure more health workers would

be able to provide mental health services. The training approach was based on lessons learned from the WHO's Mental Health Gap Action Program (mhGAP)[10].

The project team has furthermore established initiatives to raise awareness in the local community about mental health and possible services or treatments. A key aspect of this new approach turned out to be the focus on creating awareness and more demand for mental health services at the local level. A stakeholder alliance and trained mental health advocates are working towards this. The assumption was that this would create pressure on the state government to respond to the identified needs.

Achievements

As a result of these initiatives, addressing both the supply as well as the demand side of the mental health service, the trained primary health staff members in 17 out of 23 local government areas are now able to provide services for basic mental health concerns, referring complex issues to psychiatric nurses. There are more clinic sites and better geographical coverage than originally planned. On the demand side, uptake of mental health services has increased by approximately 1000% (with 1,025 people in 2010 and 10,985 people in 2015 accessing support through the primary health system). In mid-2015 a new state government was elected and with increased pressure on health services for psychosocial support, the project team is now discussing with the state government how best to respond to the continuing and pressing need for more specialised psychosocial services. One of the ways in which this could be addressed is by having more psychiatric nurses.

Lessons learned

At the beginning of the project, there was no existing government mental health plan, and the state government's intentions for mental health were vague. Achieving tangible results and holding the government accountable would have been easier if the project was designed to support any existing strategic plans in place at state government level, or to advocate for a mental health policy implementation plan. For future projects where success depends heavily on government commitment to delivering certain services, prior careful assessment of existing policies, strategies or implementation plans and government ability to implement these plans is recommended.

There is a need for balancing opportunism and realism in working with governments in resource – poor contexts.

Though there was a MoU drafted with the State Government (with the Head of the Ministry of Public Health) at the beginning of the project, for a variety of reasons it took a number of years for this MoU to get signed. With the newly elected state government who seems very determined to make things happen, there is a renewed momentum to reflect further and define what type of agreement would work best and with whom (for instance at what level of seniority CBM needs to engage with government staff members). This renewed

[10] The WHO Mental Health Gap Action Programme (mhGAP) aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income. (http://www.who.int/mental_health/mhgap/en/)

momentum is a reminder that patience, persistence and a long time-frame are generally needed when working with government to improve services.

It is important to have a plan B! It is a sensible 'risk management' strategy to have two possible scenarios or plans in place for projects depending so heavily on government buy-in. There could be a scenario in which the government is able to fully engage and fulfil its obligations and an alternative strategy/risk management plan for if government, for whatever reason, is not able to fully meet them.

The project should have ensured that government commitments were in place before the project supported significant training courses. In hindsight, the project team should have sought definitive commitments to employ nurses before the training, and got agreement about the clinics throughout the State where they would be employed.

In terms of interaction of supply and demand, by increasing community awareness which has created demand, the public health service has had to respond, creating pressure to respond more positively with the project.

Showing government the way to cheap and effective prevention of clubfoot

Ethiopia

Key themes

- national government
- health
- showcasing best practice
- sustainable procurement

How we are working with government

In Ethiopia, CBM Australia supports the CURE National Clubfoot Program through the NGO CURE Children's Hospital (CURE). In the past, CURE ran "clubfoot clinics" where children with clubfoot were treated. Now the organisation's approach focuses more on improving the ability of government hospitals and clinics to treat children with clubfoot, rather than running a parallel health service.

Achievements

The good relationship and interaction with the Ministry of Health and approach of advocating for change has led to clubfoot services becoming well integrated into Ethiopia's health system. This means for instance that treatment is now being covered in the national public health insurance scheme, which is expected to be rolled out soon. The Government has furthermore recognised the Ponseti Method as the preferred treatment for clubfoot in children under 10. This is a manipulative technique that corrects congenital clubfoot without expensive invasive surgery, and is considered global best practice. The Government has also included clubfoot on the newborn health checklist, which will lead to early identification and intervention.

The project has also assisted the Government with setting up a supply chain agreement for hospitals to source the necessary imported materials for clubfoot treatment internationally, making them readily available within the Ethiopian market. Until recently, the Government clubfoot clinics were reliant on the Red Cross to bring these materials into the country for use.

In providing advice, as the experts in clubfoot, CURE also has the mandate to train medical and community health staff in government hospitals on identifying clubfoot and providing treatment in local hospitals using the Ponseti Method. Since 2012, 15 new clinics have been set up in hospitals, meaning there are 37 clinics now across Ethiopia.

Challenges

Quality versus ownership

One of the challenges for CURE is getting the balance right between ensuring current quality treatment for people with clubfoot, versus giving government hospitals time to 'own' clubfoot treatment within the hospital system. CURE continues to provide plaster and bracing equipment used to treat clubfoot, while seeking to encourage the government to take on this cost and develop a way of importing the equipment into the country which will

reduce the expense. However, for some equipment such as the brace, there is no immediate plan for the government to take on production or cover the costs because it is too expensive. This is a challenge for sustainability.

Partnering with Government takes time

For a number of years, CURE has heavily invested in developing a strong relationship with the Ministry of Health. CURE wants to see clubfoot treatment taught in university medical training, but realises that this will require relationships to be developed with the Ministry of Education. The prediction is that it may take over 5 years before clubfoot will fully be integrated into the university health curriculum.

Lessons learned

There has been great benefit in 'positioning' CURE as 'experts'. CURE runs an annual symposium, where Government officials can learn about the treatment available for clubfoot. This approach has led to the Government's approval of the Ponseti Method for clubfoot and addressing issues with regards to import of equipment to make sure that the needed equipment is available in Ethiopia. The government has established a steering committee regarding the supply chain issues and invited CURE to join as a member. As a member of the steering committee CURE is now in a strong position to influence government.

Developing ideas with government

CURE is hoping that the government will fully own and manage clubfoot treatment in Ethiopia, and they facilitate this through the relationship and their position in the steering committee, giving them the opportunity to share and jointly develop ideas with the government. This has enabled government to adopt and fully own ideas shared by CURE leading to change happening more readily.

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[i] "Review of CBM Australia's Advocacy and Alliances for Disability Inclusive Development Program" – December 2013 by Lesley Hoatson