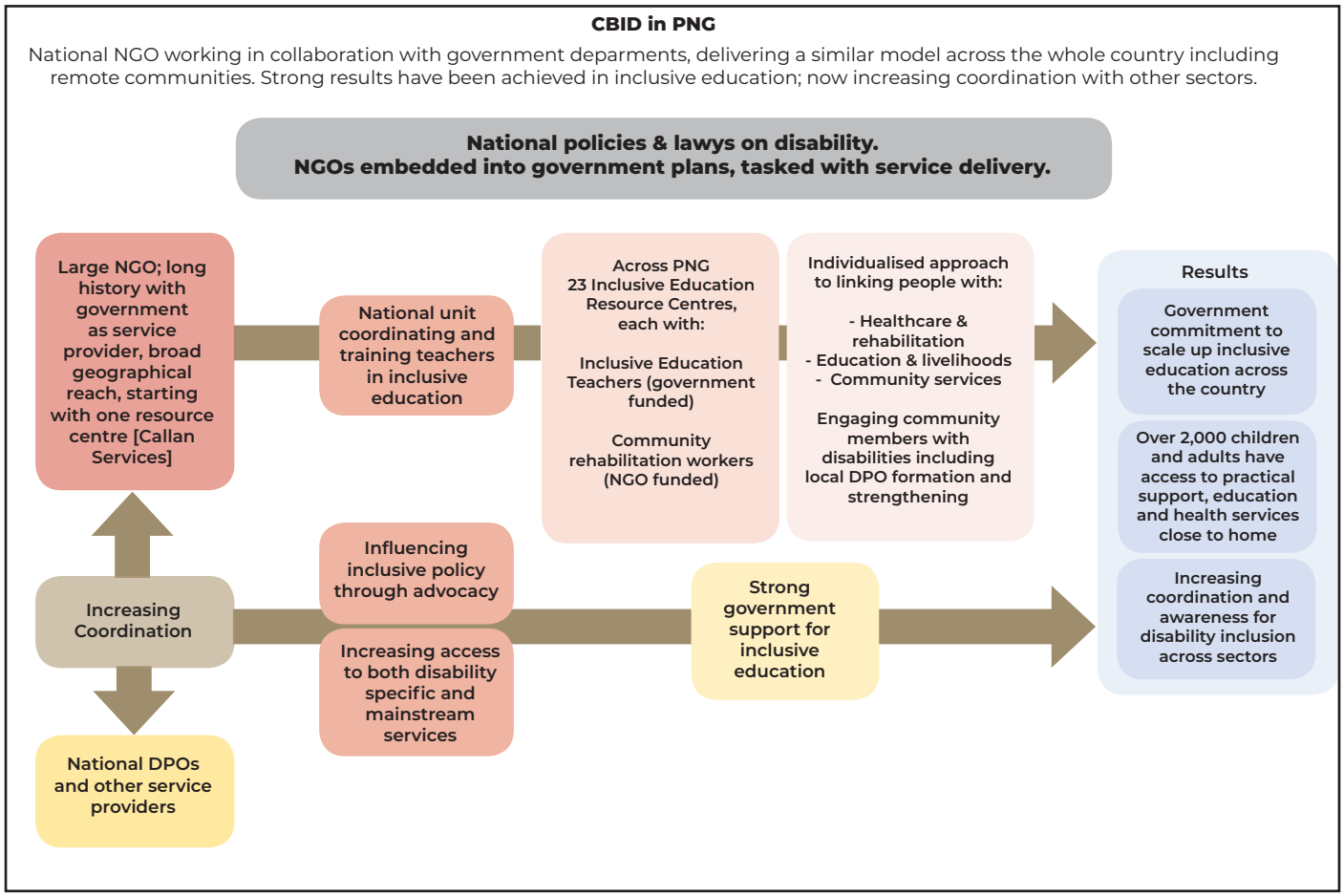
CBID in PNG

Collaboration with government departments to improve access to inclusive services

Community based inclusive development (CBID) practice focuses on the creation of inclusive societies where people with disability have access to social and development benefits like everyone else in their communities. The rationale is that no one should be excluded from development for any reason, and that the inclusion of marginalized people in development processes reduces poverty, builds community resilience and benefits the whole of society. CBID uses a twin track approach in which people with disability, governments and community based organisations work together to address barriers to meaningful participation and inclusion experienced by people with disabilities. At the same time, it ensures specific services and supports required by the diverse population of people with disabilities are provided to enable full participation and the movement's capacity to engage effectively with government and other development stakeholders.



Quick snapshot

PNG provides an example of CBID in a context where a national NGO is working in collaboration with government departments to implement the approach across the whole country, with challenges in reaching remote areas. There is a particularly strong partnership between a national NGO, International NGOs, National and Provincial Health Service Authorities and National Department of Education, with all entities contributing to implementation at community level.

What does CBID look like in PNG?

> Staff from the IERC conduct eye screening during a cataract surgical outreach clinic in the Highlands

The CBID approach in Papua New Guinea (PNG) is predominantly facilitated by the Network of Callan Services for Persons with Disabilities (Callan), the largest provider of disability services in PNG. For more than 28 years, Callan has been supporting children and adults with disabilities to access community based rehabilitation, access to education and advocating for inclusive development. Since PNG independence in 1975, church based organisations and NGOs have delivered a high percentage of education and other basic social services where government services were not yet sufficient to meet the need. Today, access to health and education continues to be limited by mountainous terrain and a lack of road networks and transportation, pointing to the necessity of community-based services like Callan's, to reach the rural population. As such, they are viewed as important development partners and are key stakeholders in national development plans. CBM have supported Callan since 1978, increasing the breadth and depth of services and trained personnel. Since 2011, funding from the NZ Aid Programme has enabled CBM-NZ projects to support the strengthening of inclusive education.

In 2017, Callan started the transition from Community Based Rehabilitation (CBR) to the broader approach of Community Based Inclusive Development (CBID). In practice this means that Callan takes a comprehensive, holistic approach to empower persons with disabilities with rehabilitation services and supporting access to health, education and livelihood opportunities, working in partnerships for equal development opportunities. In 2018 in the five locations where CBM support Callan's work, using a CBID approach resulted in 750 children and adults with disability accessing rehabilitation services and 669 children with disability supported to access education and progress academically. Additionally, over 24,000 people accessed vision and hearing screening and services.

A particular strength of the approach has been in the area of inclusive education, where CBM and Callan National Unit have worked together with the National Department of Education (NDoE) to influence the implementation of the policy of inclusive education, which is under review in 2019. Estimates indicate that 90% of children with moderate to severe disabilities may still be left out of school.

In the health system, the partnership between CBM and Callan has particularly supported

capacities for eye health, orthopaedic and physiotherapy services. More recently, Callan has partnered with provincial health authorities to increase early identification of infants with disabilities.

Callan's National Unit continues working with what is referred to as the *Three Pillars* of the National Policy on Disability 2015–2025. These include the Department of Community Development and Religion, the PNG Assembly of Disabled Persons (PNGADP) (the official voice of Disabled Persons Organisations) and PNG Disability Sector Coalition (PNGDSC) (the voice of services providers in the disability sector), as well as other civil service organisations that support inclusion.

Structure

The Network of Callan Services for Persons with Disabilities is comprised of 19 Inclusive Education Resource Centres (IERCs). The IERCs are spread across cities and more rural areas of the country and are responsible for identifying and working directly with children and adults with disabilities in the community. These IERCs are established by Education Agencies that are approved by the National Education Board. There are two types of roles at the IERCs. These include *community rehabilitation workers* who receive wages through funding NGOs and qualified *inclusive education teachers* who receive their salary from the National Department of Education (NDoE). Both work to understand the needs of individuals and families and provide services under a CBID approach. The IERCs work with support and training from the Callan for Persons with Disabilities National Unit (CSNU), a faith based development NGO. As the lead and coordinating organisation within the Callan Network, CSNU provides capacity building for the IERCs and advocates to government for inclusive policy and funding commitments. The Callan Inclusive Education Institute (CIEI) and CSNU help conduct training for teachers across the Network and also mainstream teachers, to ensure that each child with disability has access to an education that fosters inclusion in society.

> Children with difficulty walking need access to mobility devices like wheelchairs and crutches to attend school

DPO formation has been one of the results of this process of social empowerment. Through strengthening of institutional networks, training and resource mobilisation, DPOs are supported through many of the IERCs. Strengthening of the DPOs has led to: one DPO gaining desk space and representation within a District government office, collecting data on people with disability exploring the level of participation in school and work life; and there are examples of successful advocacy by other DPOs. Provincial governments are showing interest to replicate coordination with DPOs in other areas.

Twin track approach

A twin track approach is used to identify and address the needs of individuals for disability-specific interventions at the same time as linking them to broader community and government mainstream providers. The aim is to support these education, health and

livelihood services to be inclusive of people with disability. A focus on early detection and intervention through community workers and family members is guided by an individualised plan that is developed using a person-centred approach. These plans enable children with disabilities to be better prepared for school (e.g. with assistive devices, prerequisite skills for Braille and starting to learn PNG Sign Language etc.). The individualised plan often includes liaison with local health providers for assessment and possible intervention (e.g. treatment of clubfoot or cataract). The IERC staff continue any follow-up care with the family in the community. At the same time, support to schools means the schools are better prepared to include children with disability effectively, and to transition through the school system. Transition to university is supported in the same way.

Tools

For the disability-specific interventions, staff at the IERCs use standardised case management tools to identify the need at an individual level and maximise the effectiveness of service delivery. The community rehabilitation workers use Case Management Plans (CMPs) and the inclusive education teachers use Individualised Education Plans (IEPs). These person-centred tools are used to collaborate with individuals and their families to agree on short and long term goals and work together to progress the achievement of these goals. Working together as a team on goals that are important to the person has helped generate successful outcomes. Data suggests that use of these tools is contributing to better health and functioning outcomes for children, youth and adults with disabilities, and better learning outcomes for children.

> An Inclusive Education teacher from the IERC teaches maths to a blind student

An IEP/CMP cycle is followed whereby the IERC staff build trust with the family and get to know the child or adult; assess functional ability of the person including strengths and challenges and gather information on their interests. Thy then hold a meeting with the person, family and other key stakeholders (e.g. school teacher in the case of a child of school age) to identify goals for the year and make a plan for how the goals can be achieved; monitor progress on the goals; and meet with person/family/teacher to share the progress.

A Client Database records data from the CMPs and IEPs across the selected IERCs in the Network that have fully implemented it. This provides a platform to analyse data for trends and identifying collective need, which can be shared with higher level decision makers for responsiveness to the need.

History of the approach

Initially, provision for children and adults with disabilities was outside the formal education system. There were just a few specialised schools, all based in the national or provincial capitals, that relied on overseas organisations, local fundraising or volunteers for salaries and services. This changed in 1994 when the Government of PNG mandated inclusive education in policy as part of a bigger, more ambitious plan for education (or as it was called then,

special education). Special education was mainstreamed into the formal education system and a letter was sent to all schools advising that all children with disabilities had a right to education and a right to go to their community school without being refused.

As the first step to build capacity, disability was included in the training of mainstream primary teachers. One of the first Resource Centres was set up near a Teachers College campus. More Resource Centres were opened up over time across the country – some with the support of Callan and some by other NGOs - many linked with nearby Teachers Colleges. Teachers who had previously been paid privately to teach children with disabilities, were then paid by the NDoE as part of what are now called Inclusive Education Resource Centres. International NGOs and other development partners continued to fund Resource Centres for operation costs, equipment, capacity building and technical support. This supported the NDoE in fulfilling the new commitment to inclusive forms of education.

As the government increasingly took on its responsibility in the education area, Callan, while continuing to build the capacity of staff members in inclusive education, also focussed on building capacity to fill other gaps. This included health sector services in early identification of developmental delays, the prevention of blindness and deafness and the facilitation of the development of physiotherapy services.

There are now 23 IERCs across PNG, 19 of which are within Callan's Network. Each IERC works with people with a range of disabilities and with all ages. The NDoE continue to fund the salary of inclusive education teachers and provide per capita funding and other operational grants.

What frameworks and structures have been important to have in place?

International frameworks (Ratification of the UNCRPD)

PNG ratified the Convention on the Rights of the Child (CRC) in 1993 and the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2013. The CRC was particularly influential in the decision to adopt inclusive education. The policies for inclusive education embedded in government services which mandate roles and cooperation with NGOs, are influential on attainment of the Sustainable Development Goals and in particular, goal 4 on education for all.

National legislation and policy

The history of church and state working together has resulted in trust between national departments such as the NDoE and Callan. Both entities share a common goal - education for all. In its infancy Callan was involved in the development of the first National Special Education Policy released in 1994. They have been working together with the NDoE ever since to develop IERCs across the country, partnering with Catholic Dioceses, other Churches and other local government and civil society institutions.

Improving prosperity of rural areas has significant emphasis within government plans. CBR is strongly supported in the PNG National Policy on Disability 2015-2025 as one of the International Frameworks for protection of the rights of persons with disabilities. The Health Plan also makes mention of CBR as the strategy to reach out to the communities. The policy

on inclusive education mandates the network of IERCs (who work in rural areas throughout the country) to identify, prepare and link children with disabilities with mainstream educational activity, and support the school to meet the child's individual needs. The policy is currently undergoing review, with preliminary outcomes calling for stronger collaboration and strengthening systems at the national level. With support from IERCs, the NDoE plans to pilot model inclusive schools in key locations as examples of inclusion for future replication.

The PNG National Disability Policy mandates disability advisory committees at national, provincial and district levels for advocacy and disability awareness raising.

What ways of working have been most important?

Bottom up and top down in parallel

Success in developing CBID is due to long term partnership between Callan Services (working from a bottom-up approach with support from NGOs such as CBM to top up resources not yet available through the state) and the state (providing top-down policy intervention). Alongside this, CBM has worked with universities and hospitals increasing capacities for services for persons with disabilities and linking those services with the IERCs who are engaging with people with disability in rural communities.

The strength of Callan lies in the proximity of IERCs to the community, their flexibility and the high degree of involvement and participation in their activities. Cross-learning within the network is aided by annual learning forums bringing together key stakeholders for inclusive development policies. Participation from the NDoE is invited during these events and other training events throughout the year. Workshops with representation from the NDoE and Callan have commenced to co-design tools such as an IEP template and implementation manual, to be rolled out across PNG. IERC staff were invited to input into the design.

Locally relevant implementation

PNG is the most culturally diverse of the Pacific island nations and has a rich heritage of traditional wisdom and knowledge. Staff within Callan understand the context of the local community well and are best placed to implement in alignment with local ways. Building trust with people with disability and their families is an essential element to success.

What are some of the ongoing challenges/ learning?

Resourcing for inclusive education

Despite the inclusive education policy, PNG faces challenges due to limited resources for its implementation and the calling of key parties to accountability. As such, implementation costs are contributed to by international NGOs and donor governments. The quality of education and teaching services in mainstream schools is impacted by a lack of accessible transport, premises, textbooks and school supplies. This is particularly noticeable for children who are blind or have low vision, with challenges in transcribing and distributing textbooks and resource materials in Braille. For more accessible and sustainable quality health and education services for children and adults with disabilities in PNG, it is necessary to further strengthen collaboration and linkages between IERCs and government health services and align inclusive policy with financial commitment.

Commitment of schools to inclusion

While the role of IERCs is clear, the roles and responsibilities of schools in inclusive education are not clearly specified and most mainstream schools have not yet taken ownership of inclusive education. In the future, formal agreements will be established between the NDoE, IERCs and schools to build institutional partnerships rather than relying solely on lineal relationships between IERC teachers and mainstream teachers.

Challenges in meeting demand for services

There is a constant need to further enhance capacity. IERCs need support to engage intentionally in collaborative relationships with local government units that can multiple and strengthen their reach and impact. Staff shortages mean that there are waiting lists and increasing client numbers will affect the quality of services. Ongoing support to IERCs is needed to provide access to technical staff for different types of impairments (e.g. physiotherapy, ophthalmology, orthopaedic/surgical support, audiologists).

Importance of data collection and use

Whilst collection and use of disability data has started, the methods and procedures need to be streamlined across PNG to ensure persons with disabilities are effectively counted and included across all programmes and services. Data analysis has been key in Callan's planning, and will be relevant for national planning. For example, analysis of such data will help to track the disparity of services between girls and boys at school and inform necessary changes. Analysis of the IERC Client Database has similarly been used to identify gaps in service delivery and space for capacity development (e.g. in gender disparity, lower delivery of services to some disability areas).

Further information

CBM has developed this series of case studies in collaboration with in-country partner organisations. For further information contact programs@cbm.org.au