

CBM Australia proposal to AusAID

IMPROVING THE QUALITY OF LIFE OF PEOPLE WITH DISABILITIES: BUILDING UNDERSTANDING AND TECHNICAL CAPACITY FOR DISABILITY INCLUSIVE DEVELOPMENT

April 2011

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ACRONYMS

| | |
|-----------|---|
| ACFID | Australian Council For International Development |
| ADDC | Australian Disability & Development Consortium |
| ADRA | Australian Development Research Awards |
| ALAF | Australian Leadership Award Fellowships |
| ANCP | Australian NGO Cooperation Program |
| AusAID | Australian Agency for International Development |
| CBM | agency formerly known as Christian Blind Mission/Christoffel Blindenmission |
| CBR | Community Based Rehabilitation |
| CIDA | Canadian International Development Agency |
| DFID | United Kingdom Department for International Development |
| DID | Disability Inclusive Development |
| DIDT | Disability Inclusive Development Team |
| DPO | Disabled Peoples Organisation |
| EC | European Commission |
| GIZ/GTZ | Deutsche Gesellschaft für Internationale Zusammenarbeit (formerly known as GTZ) |
| GPDD | Global Partnership for Disability & Development |
| HIV | Human Immunodeficiency Virus |
| IDDC | International Disability & Development Consortium |
| JICA | Japan International Cooperation Agency |
| NGO | Non-Government Organisation |
| MDG | Millennium Development Goals |
| mhGAP | Mental Health Gap Action Program |
| NGO | Non government organisation |
| OECD | Organisation for Economic Co-operation and Development |
| PDF | Pacific Disability Forum |
| PIFS | Pacific Island Forum Secretariat |
| PME | Planning, Monitoring and Evaluation |
| PWD | Person(s) with disabilities |
| TA | Technical assistance |
| UNCRPD | United Nations Convention on the Rights of Persons with Disabilities |
| USAID | United States Agency for International Development |
| WASH | Water Sanitation and Hygiene |
| WWHearing | World Wide Hearing Care for Developing Countries |

1 EXECUTIVE SUMMARY (MAXIMUM 4 PAGES)

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Name of project: Improving the Quality of Life of People with Disabilities: Building understanding and technical capacity for Disability Inclusive Development

Project Summary:

The goal of this partnership between CBM Australia and AusAID ('Partnership') is to enhance the quality of life of persons with disabilities in developing countries by building understanding of and providing accessible and responsive technical resources on disability inclusive development practice

The objectives are to:

- Proactively support building the understanding and capacity of AusAID and relevant partners to implement disability inclusive development.
- Support the inclusion of persons with disabilities in development programs through responsive and timely technical assistance and analytical support.
- Work in partnership to promote, build on and disseminate the knowledge base on disability inclusive development.

The main activities include capacity development (e.g. through training, systems development, mentoring program), improving access to technical support for disability inclusive development (e.g., technical assistance, development and dissemination of technical guidelines), and building on and disseminating the knowledge base on disability inclusive development (through pilot projects on supporting implementation of the UNCRPD, resource databases). The overall framework will be supporting building capacity and systems for an inclusive, sustainable and effective international development assistance program. The overall expected outcome is an expanded understanding and practice of disability inclusive development in Australian supported international development assistance.

The proposed partnership is consistent with both CBM and AusAID's objectives for disability inclusive development assistance and ultimately supporting the quality of life and rights of persons with disabilities. Recognising AusAID's leadership role in Australian international development assistance, CBM Australia has key strategic objectives explicitly focused on building capacity and understanding of disability inclusive development within AusAID as a pivotal point in ensuring wider development assistance is inclusive and our overall objectives are met. It will take a staged and sequenced approach to working with a range of partners, including disabled persons organisations, key regional and global strategic partners, governments and non government organisations to implement disability inclusive development.

In keeping with the principles of the UNCRPD and AusAID's *Development for All*, key DPOs and people with disabilities will play an active central role within the partnership including in governance, technical assistance and capacity development activities. In so

doing, this enables a greater voice and meaningful participation of people with disability in international development assistance.

The main beneficiaries of the partnership are people with disabilities and their families, and the government and non-government agencies that support the quality of life and rights of people with disabilities. The partnership activities will be planned, implemented monitored and evaluated within CBM's ANCP accredited systems. There are no major risks in the proposed program.

Project Cost: \$2,722,650 + GST

Project Duration: 3 years



2 INTRODUCTION AND OVERVIEW OF CBM

This section provides an introduction to CBM as the primary partner in this proposal. It outlines who CBM is, what the organization brings to the proposed partnership program, and the existing relationship with AusAID. This is provided up front in order to provide context for key players and lessons referred to in subsequent sections.

CBM International is an international development organization that works to improve the quality of life of people living with disability who face multiple barriers to participation in the development of their communities, and who therefore experience the double disadvantage of poverty and disability. CBM brings over 100 years of experience to this work and together with its partner organisations, CBM is active in 700 projects in 70 countries in Africa, Asia, Pacific, Latin America, and Eastern Europe. Partnerships are central to achieving CBM's goals and therefore CBM works closely with persons with disabilities, their families, local partner organizations – government and non-government, alliance partners including UN agencies, global organisations, and Disabled Persons' Organisations (DPOs). An overview of the CBM International structure can be found in Section **Error! Reference source not found..**

CBM is in official relations with WHO; our cooperation includes technical expertise in alliances such as Vision 2020, MhGAP, and WWHearing and to key sector resources such as the Community Based Rehabilitation Guidelines (2010) and the World Disability Report (2011). Recognizing a need for evidence based practice, CBM has developed partnership with various education and research organisations, including the London School of Hygiene and Tropical Medicine and the University of Melbourne. Other CBM international alliance partners include, for example the International Disability & Development Consortium (IDDC)¹ and the Global Partnership for Disability and Development (GPDD)², both on which CBM plays an executive role. CBM is an ECOSOC accredited organisation since 2002 and participates actively in UN processes around the CRPD.

Numerous CBM member associations are advocating to, funded by, or working with other bilateral donors to promote disability inclusive development, including for example, GIZ, USAID, IrishAID, New Zealand Aid Program, European Commission, and CIDA. CBM has internal coordination and communication mechanisms which enable us to share our information and expertise globally on disability and development.

CBM Australia is a member association of CBM International. CBM Australia is integrally involved in the development and implementation of CBM's global strategy³. In particular, CBM Australia has played a leading role in CBM's global shift from a more medically framed disability organization, to one grounded in the rights of persons with disabilities with a renewed focus on advocacy, alliances and capacity development for inclusive development.

¹ <http://www.iddcconsortium.net/joomla/>

² <http://www.gpdd-online.org/>

³ As noted in December 2009 report to AusAID's ANCP regarding CBM's accreditation.

The CBM Australia strategic goals focus efforts on providing and resourcing quality international programs, advocacy and community education⁴. Specifically, Goal 3 within the current strategic plan directs CBM **“to work in partnership with people with a disability to be a leading resource on disability inclusive practice in international development, so that more people will benefit from development programs from all sources”**. This includes objectives that focus on disability and inclusive development in the following areas:

- contributing to and disseminating an evidence base;
- capacity development of relevant stakeholders,
- advocacy and awareness raising,
- and provision of technical assistance.

This builds on over a decade of concerted advocacy and capacity development with the Australian international development sector, including AusAID and ACFID. As a result, CBM Australia has built networks and partnerships in policy, research and training with various other development NGO's, management contractors, universities and disabled persons organizations.

CBM Australia strategic goals have and continue to priorities advocacy and capacity development work with AusAID. This is in recognition of AusAID's pivotal leadership and influence on the wider Australian international development sector. Earlier strategic goals (2007-2009) focused on advocacy and the development of a disability strategy for Australian International Development Assistance. With the launch of AusAID's disability strategy in November 2008, this focus has shifted towards supporting the implementation of this strategy. Specifically, *CBM Australia key performance indicator 3.2 directs CBM Australia to “assist AusAID in the role out of disability as a cross cutting issues within Australian International Development Assistances”*. The focus of this assistance is to support the development of AusAID's capacity and systems to implement *Development for All*⁵, and ultimately, to fulfil our mutual objective of improving the quality of life of people with disabilities. This sequenced and targeted approach is reflected in the partnership proposal outlined in the following sections.

CBM Australia has numerous key networks and partnership to support our role in disability inclusive development. CBM Australia is an executive member of and secretariat for the **Australian Disability & Development Consortium (ADDC)**⁶. ADDC is an Australian based, international network focusing attention, expertise and action on disability issues in developing countries; building on a human rights platform for disability advocacy. Through our engagement with ADDC, CBM contributes to a collective and representative voice on disability inclusive development and accesses an ideal platform for both analysis of sector needs and disseminating learning.

CBM Australia and the Nossal Institute for Global Health⁷ at The University of Melbourne formed the **CBM-Nossal Partnership for Disability Inclusive Development**⁸

⁴ CBM Australia Strategic Goals 2010-2014

⁵ [Development for All: Towards a disability-inclusive Australian Aid Program \(2009-2014\).](http://www.ausaid.gov.au/keyaid/disability.cfm)
Available at www.ausaid.gov.au/keyaid/disability.cfm

⁶ www.addc.org.au

⁷ www.ni.unimelb.edu.au

(hereafter called CBM-Nossal Partnership) in 2008. This partnership has become a tool for implementing the technical assistance, research and capacity development objectives of CBM Australia, bringing together the respective expertise and networks of both organisations. Contracts in each of these areas - research, technical assistance and capacity development on disability inclusive development, are managed and implemented by the CBM-Nossal Partnership at national, regional and international levels. Partnership personnel have extensive program, training and research experience in disability inclusive development, and can draw where needed on the sector expertise in wider CBM and The University of Melbourne. The Nossal Institute for Global Health brings to the partnership a breadth of health and development expertise with extensive experience in working with AusAID and other donors, and designing and managing international development assistance activities⁹. Nossal's disability program started in 2002 and has been running the Masters Degree subject in disability inclusive development since 2003. Some examples of the CBM-Nossal Partnership's research, capacity development and technical assistance work include training and technical assistance to AusAID, management and implementation of several AusAID funded ADRAs, disability focused Australian Leadership Award Fellowships, training on disability inclusive disaster management, and consultancies for various Australian and international NGO's including for example, the Disability Rights Fund, Red Cross, World Vision, Fred Hollows Foundation, Australian Volunteers International, Plan, Caritas, and WaterAID. Individual programs of technical assistance and capacity development in policy and programs are developed in consultation with these partners. In Australia, we are currently prioritizing inclusive practices with organizations that have AusAID ANCP partnerships and Humanitarian partnerships. This includes a partnership working with Plan Australia to become a resource in disability inclusive humanitarian programs.

AusAID has a long standing relationship with CBM Australia through the AusAID NGO Cooperation program (Head Agreement No37893). AusAID re-affirmed CBMs full accreditation in 2010 after an extensive review in 2009. In 2011, AusAID and CBM established an ANCP partnership agreement. CBM Australia has also been contracted under this head agreement to provide early support to AusAID in the implementation of the *Development for All* strategy. This has included, for example advise on communications and capacity development strategy, policy development, particularly with the scholarships team, and on-call technical assistance across a range of areas.

CBM's existing networks and experience provide a strong and practical foundation for the implementation of disability inclusive development, including the analysis and disseminations of lessons learned – both in Australia and internationally. It is uniquely positioned as a primary provider of technical assistance and capacity development on disability inclusive development.

The proposed partnership activities outlined below will support CBM's key objective of being a technical resource on disability inclusive development through capacity development, technical assistance and research. This seeks to ensure that more

⁸ Work completed by the CBM-Nossal Partnership is contracted under the banner of either CBM Australia or the Nossal Institute for Global Health.

⁹ AusAID funded work by the Nossal Institute has included for example: 10 Australian Leadership Award Fellowships (of which three were disability focused), three Australian Development Research Awards (two of which are disability focused), the Health Policy and Health Finance Knowledge Hub, the Australia-Africa Community Engagement Scheme, and the Australia-Indonesia Partnership for Maternal and Neonatal Health (AIPMNH) in Eastern Indonesia.

stakeholders are involved in quality disability inclusive development practice, thereby increasing the reach of development programs and ultimately, the quality of life of persons with disabilities.

3 STRATEGIC CONTEXT AND ANALYSIS

3.1 KEY ISSUES AND LESSONS LEARNED

3.1.1 BACKGROUND

It is estimated that 10% of the world's population or some 650 million people have a disability¹⁰. Of those, 80% live in developing countries¹¹. There is a strong link between disability and poverty. It is estimated that 20% of the poorest people in each community have a disability¹². Disability contributes to and deepens poverty at an individual, family and community level, through limited access to, for example, education, rehabilitation, and employment opportunities. Similarly, poverty can contribute to disability, through lack of access to adequate nutrition, preventative and curative health, clean water and sanitation and unsafe working conditions. As many as 50 per cent of impairments are preventable and directly linked to poverty¹³. It is increasingly acknowledged that without the inclusions of persons with disabilities, development objectives, particularly the Millennium Development Goals cannot be achieved¹⁴. The Recent UN Summit on the MDG's acknowledged the need for greater attention to people with disability¹⁵.

Within this context, there is a growing emphasis in policy and practice on the rights of persons with disabilities. Pivotal, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) came into force in 2008 and serves to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity' (p. 4)¹⁶. Article 32 of the CRPD specifically deals with international cooperation, noting that core areas for cooperation and development should include programs, capacity building, research and information sharing and accessibility. Specifically, it states that countries should work together to: (i) ensure international development programs and cooperation initiatives are inclusive of and can be accessed by persons with disabilities; (ii) help each other through the sharing of information, experience, trainings and best practice; (iii)

¹⁰ Unpublished WHO document No A29/INF.DoC/1Geneva

¹¹ United Nations 2008, Mainstreaming disability in the development agenda (E/CN.5/2008/6), www.un.org/disabilities/documents/reports/e-cn5-2008-6.doc

¹² United Nations Economic and Social Commission for Asia and the Pacific, 2010, Missions Statement, <http://www.unescap.org/esid/psis/disability/>

¹³ Department for International Development (DFID) 2000, Disability, Poverty and Development, DFID, UK

¹⁴ "The MDGs and Disability" at www.un.org/disabilities/default.asp?id=1470

¹⁵ United Nations 2010, " Keeping the promise: united to achieve the Millennium Development Goals ". (A/65/L.1)

<http://www.un.org/en/mdg/summit2010/pdf/mdg%20outcome%20document.pdf>.

¹⁶ United Nations Convention on the Rights of Persons with Disabilities and Optional Protocol (2007) Accessed: <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

cooperate with each other in research and accessing scientific and technical information; and (iv) providing appropriate technical and financial assistance.

Consistent with Article 32 of the CRPD, disability inclusive development is increasingly described as a means to realising the rights of persons with disabilities to benefit from and contribute to development processes in their communities. Disability inclusive development is both a process and a goal for ensuring the inclusion of people with a disability in all aspects of society. Inclusive development refers to "... the empowerment and meaningful participation of persons with disabilities as agents and beneficiaries of development rather than as vulnerable subjects requiring care, protection or services..."¹⁷

Within this context, development cooperation is increasingly promoting disability in development. Approximately half of the OECD Development Assistance Committee member countries give some policy and funding commitment to disability¹⁸. Both bilateral and multilateral donors have funding and policy commitments, including for example The World Bank, Asian Development Bank, GTZ, DFID, JICA, European Commission, and USAID. *However to date, there has been limited coordination and sharing or lessons and resources in the implementation programs on disability in development cooperation.* All donor countries that have ratified the UNCRPD, are obligated under Article 32 to work together to promote, protect and ensure the full realization of the rights of persons with disabilities.

3.1.2 CLOSING THE POLICY-PRACTICE IMPLEMENTATION GAP

Australia has committed to achieving the Millennium Development Goals and has publicly recognised and advocated for the need for disability to be considered in order to achieve them. Australia has also ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and acceded to the Optional Protocol, and in so doing formally recognises that people with disabilities are entitled to the same rights as all others.

In 2008, the Australian Government launch *Development for All: Towards a disability-inclusive Australian Aid Program (2009-2014)*¹⁹. *Development for All* seeks to ensure that people with disability are included and have the same benefits and opportunities as others. It openly recognizes that in so doing, there is a need to strengthen AusAID's skills base and systems and processes, in corporate, communications and programs areas in order to deliver (Outcome 4), and that this modelling of effective inclusion is a critical based for effective leadership in disability and development (outcome 3) and improving the quality of life of people with disability (outcome 1)

AusAID is one of several bilateral and multilateral donors to have developed policy on disability in development. *Successful implementation of disability inclusive policy in*

¹⁷ United Nations General Assembly (2008). Fifth quinquennial review and appraisal of the World Programme of Action concerning Disabled Persons: Report of the Secretary-General. (A/63/183)

¹⁸ AusAID Companion Volume: Development for All Towards a disability-inclusive Australian aid program 2009–2014 - Supporting analysis

http://www.ausaid.gov.au/publications/pubout.cfm?ID=9348_8164_9843_1517_5112&Type=

practice is dependent on an ongoing process of leadership, raising awareness, and building understanding, commitment and capacity across all parts of the organization and its partners. This reflects lessons learned from other donors, which have sought to varying degrees, to implement disability inclusive policies including for example, DFID, JICA, GIZ, USAID, European Commission, Asian Development Bank and the World Bank. This includes ensuring that staff have ready access to expert technical assistance at all stages of policy and program development, including corporate enabling elements like human resources and procurement in addition to the more traditional development program areas. Similarly, lack of access to technical resources and assistances for partners, particularly in developing countries is identified as a major challenge to development cooperation and thus the implementation of the UNCRPD²⁰.

3.1.3 AVAILABILITY OF APPROPRIATE RESOURCES

There are a number of international, online sources of information and resources about Disability and inclusive development including for example, Source²¹, and the AusAID funded Australian Development Gateway²². These include links to key toolkits for inclusive development such as the EC funded Make Development Inclusive²³. Within AusAID, the Disability SharePoint site also includes some general tools and resources to support staff in why and how to include people with disabilities in AusAID's work. Whilst useful, these sources stop short of offering analysis and synthesis of information and have limited opportunities for capturing and sharing lessons on implementation nationally, regionally and globally.

Within AusAID, the transition to a disability inclusive development approach is being incrementally implemented. A Disability Inclusive Development Team (DIDT) has been established within AusAID to support the implementation of *Development for All*. In addition, two Disability Regional Specialists have been employed (one each in Asia and Pacific). However this will be insufficient resources to adequately support over 1000 staff and its partners in developing countries with the ongoing capacity development and technical assistance to realize *Development for All*. In the early stages of implementation of *Development for All* some smaller scale technical assistance has been provided on inclusive international development assistance through an existing contract with CBM which has informed the development of this Partnership. It is anticipated that as awareness of disability grows within Australia's international development assistance, the need for timely technical support, capacity development and capturing and disseminating learning will also grow. This will require a more systematic and sizeable resource base. A *planned program of both proactive and reactive, demand driven resources and support via an administratively efficient process* would enable timely and targeted expertise to be available to support Australia's international development assistance in implementing disability inclusive development. It would facilitate more consistent relationships with AusAID staff and key regional players and enable a more

²⁰ Thematic study by the Office of the United Nations High Commissioner for Human Rights on the role of international cooperation in support of national efforts for the realisation of the rights of persons with disabilities. Dec 20th, 2010 A/HRC/16/38.

²¹ www.asksource.info

²² www.developmentgateway.org

²³ <http://www.make-development-inclusive.org/>

balanced provision of proactive and reactive advisory support, analytical research, and learning and development²⁴.

Fulfilling Australia's international development assistance objectives while remaining committed to participation of persons with disabilities as agents of development will require strengthening the human resource base for technical assistance, research and capacity development amongst regional persons with disabilities and DPOs. Reflecting the principles and incremental implementation of *Development for All*, technical support to any Australian international development assistance should be provided with a clear role and growing leadership by local persons with disabilities. This ensures the support provided to AusAID and its partners into the future is sustainable, readily available and relevant; provided by those with understanding of both disability and development issues within the local context

3.1.4 EVIDENCE BASED AND SHARING LEARNINGS

A recent UN study of international cooperation around realization of the rights of persons with disabilities identified that there is limited cooperation on research in this area, despite this being a focus of CRPD Article 32²⁵. AusAID has committed to collecting and sharing the learning's resulting from implementation of *Development for All*²⁶. As an internationally recognised leader in disability and development, development partners globally are looking to Australia to contribute to a stronger evidence base and sharing of lessons as a result of *Development for All* implementation. To do so will require AusAID to strengthen systems for capturing, analysing and disseminating lessons and good practice on disability inclusive development.

There are numerous priority research areas where Australia can contribute to this research and evidence base on disability inclusive development²⁷. A key contribution would be to better understand the key resources that support countries to ratify, implement and report on the CRPD. This would support donor countries like Australia to invest and work more effectively and efficiently towards their development objectives and the rights of persons with disabilities.

3.2 RATIONALE FOR AUSAID INVOLVEMENT IN THIS PARTNERSHIP

3.2.1 SHARED OBJECTIVES AND PRACTICE PRINCIPLES

Shared objectives of AusAID and CBM Australia are outlined in the CBM Australia AusAID ANCP partnership agreement, an include, a commitment to reducing poverty, building partnership, being accountable, building community support and demonstrating results

²⁴ Thus reflecting lessons learned from AusAID's Education Resource Facility.

²⁵ UN Human Rights Council, Dec 20th, 2010 A/HRC/16/38

²⁶ AusAID Companion Volume: Development for All Towards a disability-inclusive Australian aid program 2009–2014 - Supporting analysis

http://www.ausaid.gov.au/publications/pubout.cfm?ID=9348_8164_9843_1517_5112&Type=

²⁷ Llewellyn, G., Makwira, J., Madden, R., Brentnall, J., Lukersmith, S., Mpofu, E., Bundy, A., Veitch, C., Broom, A. (2010) *Developing a disability and development research agenda for Asia and the Pacific*. Report prepared for CBM, Melbourne, Australia with support from AusAID

<http://www.addc.org.au/2011/02/ddra-asia-pacific/> .

and sharing experiences. AusAID and CBM share a common commitment to improving the quality of life of persons with disability in developing countries. Both parties have publicly recognized that in order to meet obligations under the UNCRPD and to achieve the Millennium Development Goals, it is essential that international development cooperation empowers and benefits people with a disability. Both AusAID and CBM Australia have articulated their role as facilitators in this process, raising the profile of disability in development circles and supporting the capacity building of relevant stakeholders such as disabled persons organizations, mainstream development organizations and partner government to play their respective roles.

AusAID & CBM have shared principles of practice in ensuring disability is included in development cooperation. Both organizations take a rights based and social view of disability and are committed to working with and empowering people with a disability to play a central and leading role in their work. Both recognize that a twin track approach is required – with both empowering, disability specific initiatives and mainstreaming disability are essential to inclusion and their objectives of improved quality of life for persons with a disability.

3.2.2 BUILD ON CURRENT COLLABORATION

As noted in Section 2, CBM and AusAID have a long history of working together. Most recently, CBM Australia, including the CBM-Nossal Partnership, has provided smaller scale technical support to AusAID based on ad-hoc requests from the AusAID Disability Inclusive Development Team. Feedback on work done to date has been positive for both AusAID's and CBM's objectives. However as outlined in Section 3, timely and effective response to the anticipated growth in demand for disability support as awareness of disability inclusive development grows within international development assistance policies and programs, it will require a greater, and more systematic investment in technical personnel, resource databases, and support systems.

3.2.3 FULFILL EXISTING COMMITMENTS

As noted in Section 3.1, The resource support outlined in this proposal will enable the Australian government to meet the commitments it has made in *Development for All* and in ratifying the UNCRPD. As outlined in Section 2, the specific commitments outlined in Article 32 require AusAID and its partners to be working towards disability inclusive development cooperation. Enabling Outcome 4 of *Development for all* acknowledges the need to build AusAID's skills base, systems and processes in order to meet the commitments outlined within it. The proposed partnership would seek to support the development of capacity, and include key pilot programs where learning is disseminated.

4 PROGRAM DESCRIPTION

A three year partnership between AusAID and CBM Australia is proposed in order to strengthen capacity of Australia's International Development Assistance to implement disability inclusive development, with a particular focus on capacity development,

provision of technical assistance and contributing to and disseminating a knowledge base on disability in development.

4.1 GOAL AND OBJECTIVES

The goal of this partnership program is:

To enhance the quality of life of persons with disabilities in developing countries by building understanding of and providing accessible and responsive technical resources on disability inclusive development practice

The objectives are to:

- Proactively **support building the understanding and capacity** of AusAID and relevant partners²⁸ to implement disability inclusive development.
- Support the inclusion of persons with disabilities in development programs through **responsive and timely technical assistance and analytical support**.
- Work in partnership to **promote, build on and disseminate the knowledge base** on disability inclusive development.

The overall activity will be provision of technical resources for disability inclusive development that provide both proactive and reactive professional development, information and consultancy support. The overall framework will be building capacity and systems for an inclusive, sustainable and effective international development assistance program

The main activities are summarized by objective and project phase in Table 1 in Annex 6.1.

4.2 EXPECTED OUTCOMES

Objective 1: Proactively **support building the understanding and capacity** of AusAID and relevant partners²⁹ to implement disability inclusive development

Outcomes:

- DID processes embedded in AusAID processes and systems
- AusAID staff are aware of their commitments under *Development for All* and of how to access support for implementation of this
- Key AusAID partners understand the importance of disability inclusive development and how to access support for implementation of this
- DPOs in target countries are included in development processes, and are confident to do this

Result Areas:

- Capacity development of AusAID staff and partners through training, mentoring and provision of information papers, guidance notes and guidelines

²⁸ Partners are defined here as government and non-government organisations that are working with or supported by AusAID to meet the objectives outlined in *Development for All*. Partners would be identified and agrees with AusAID in advance and could include for example, key regional development and/or disability organisations, disabled persons organisations and partner governments.

- Incorporation of mechanisms to include people with disabilities in AusAID systems and tools
- In partnership with DPO's, develop and implement a strategy for people with disabilities and DPOs to play a technical advice role in disability inclusive development where this is consistent with their objectives and as mandated by the UNCRPD. This includes a program to build capacity of young leaders with disabilities

Objective 2: Provide **responsive and timely technical advice and analytical support** to AusAID and relevant partners to support the inclusion of persons with disabilities in development policies and programs

Outcomes:

- Staff of AusAID and its partners receive timely technical assistance and capacity development support for disability inclusive work.

Result areas:

- Implementation of a help desk system
- Implementation of planning, monitoring and quality systems to support provision of technical assistance and capacity development
- Provision of timely technical assistance and capacity development on request

Objective 3: Work in partnership to **promote, build and disseminate the knowledge base** on disability inclusive development.

Outcomes:

- Technical assistance and capacity development initiatives for AusAID and partner organisation staff informed and reinforced by current DID evidence
- Government and civil society in two countries have implemented aspects of the UNCRPD, and lessons learned disseminated
- Global DID researchers are linked to each other, their research areas coordinated, and knowledge shared and stored.

Result areas:

- Collection, dissemination and storage of externally developed DID resources within a database, including good practice stories
- Development, dissemination and storage of new DID resources, including issues papers, fact sheets and good practice stories
- Dissemination of tools and findings from a pilot project, through which comprehensive technical assistance will be provided for the signing and ratification of the UNCRPD to partner government and non-government actors in two countries
- With global DID researchers, implementation of a strategy for global coordination of DID research

4.3 ESTIMATED PROGRAM BUDGET & TIMING

The proposed program will take 3 years and be carried out in three phases, based on the primary target group. Phase 1 will focus specifically on AusAID and establishing structures and strategy for the whole program, including the strategy for involvement of people with a disability. Phase two will focus on AusAID and key selected partners in the Asia Pacific region and will be implemented in year 2. Phase 3 will involve widening

resource support to focused, priority areas in disability inclusive development at a global level. This is in line with AusAID's approach for a sequenced and targeted implementation of *Development for All* and commitment to an active central role of people with disabilities in development processes.

The proposed budget is AUD \$2,722,650 + GST over 3 years. This budget is outlined in Section 0

5 IMPLEMENTATION ARRANGEMENTS

5.1 MANAGEMENT AND GOVERNANCE ARRANGEMENTS AND STRUCTURE

The proposed program would be in partnership with CBM Australia, and therefore utilise AusAID accredited management, governance, administration and financial systems³⁰. Accordingly, this partnership and program will have oversight through the CBM Australia board, and specifically the International Programmes and Inclusive Development Committee. This includes quarterly financial and narrative reports made by the Director of Inclusive Development to the CBM Australia Board. A diagram of the CBM Australia governance and management structure can be found in Section 6.1.1.

Technical activities within this partnership will primarily be coordinated, implemented and reported by CBM-Nossal Partnership under the direction of the Program Manager of the CBM-Nossal Partnership, who reports to the Director of Inclusive Development in CBM. This partnership functions and is reported against within the existing finance, governance and management systems of CBM Australia outlined above.

A Steering Committee will be set up to monitor and guide the partnership. To ensure representation from core stakeholders in this program, criteria for inclusion will include representation from:

- Regional DPO
- AusAID (ideally from the Disability Inclusive Development Core Team and a Regional Disability Specialist).
- CBM Australia
- CBM-Nossal Partnership Executive Committee
- Other relevant participant as program develops as agreed by CBM & AusAID.

The Steering Committee will meet (virtually or face to face) twice a year for:

- information sharing and discussions on the partnership;
- review of partnership activities in regard to the objectives;
- appraisal of the means and resources provided to meet partnership objectives;
- decisions on future partnership orientations.

³⁰ Refer to CBM Australia Final Report. Report prepared for the AusAID/NGO Committee for Development Cooperation, AusAID (December 2009)

5.2 IMPLEMENTATION PLAN

The implementation of the technical program will be undertaken primarily by the CBM-Nossal Partnership, coordinated by the program manager in collaboration with the Senior Technical lead. CBM, including the CBM-Nossal Partnership, and AusAID, will develop a work plan annually. The work plans for years 2 and 3 will reflect learning's from appraisal of the previous year's activities.

The proposed program is framed and implemented within an inclusive development approach. Specifically, it will be framed within: (i) the rights of persons with disabilities; (ii) a twin track approach; (iii) comprehensive accessibility; and (iv) a commitment to the central role of people with disabilities.

People with disabilities will be involved at all levels and stages of the partnership programs development. This is keeping with shared principles and objectives outlined in Section 3.2.1. This will include a commitment to involving relevant technical staff and consultants with a disability, as well as involvement of people with a disability in the steering committee and other governance roles. Wherever possible, we will partner with persons with disabilities and Disabled Peoples Organisations in the technical advisory work as part of a strategy to build capacity and facilitate their role as technical advisors in inclusive development.

A strategy for the effective participation of people with disabilities will be developed in phase 1 of the program and reviewed annually during the work planning meetings, taking into account learning from the previous year.

Program activities will be implemented with a commitment to accessibility. For example, the materials and systems developed and the locations and mechanisms for training will be accessible in order to promote accessibility and inclusion by example.

A twin track approach will frame the activities. This will involve a commitment to targeted empowerment of people with a disability and Disabled Persons Organisations through for example, supporting their involvement in technical assistance and training. We will also seek to include disability components in existing processes and programs with Australia's international development assistance, for example, learning and development mechanisms and existing resource facilities.

Program activities for years 1 to 3 are outlined in Annex 6.1. The Steering Committee mid and annual reviews will enable joint planning of future actions based on learning and identified priorities.

Quality Assurance systems will be in place for peer reviews and oversight of technical advisory inputs, coordinated through the lead technical advisors of the CBM-Nossal Partnership.

5.3 PLANNING, MONITORING & EVALUATION

A full Planning, Monitoring and Evaluation (PME) Framework will be developed on award of the contract. The PME system will be linked to and draw from CBM's monitoring, evaluation and learning systems as accredited within CBM's ANCP program, and the CBM-Nossal Partnership's recent development of monitoring and evaluation indicators

and methods around disability rights. Narrative and financial reporting will occur half yearly or according to requirements within the agreement.

In line with CBM Australia's strategic objectives, key performance questions that will be asked as linked to the proposed objectives include:

Goal:

- To what extent is Australia's international development assistance in priority sectors/countries disability inclusive?

Objective 1: Proactively **support building the understanding and capacity** of AusAID and relevant partners to implement disability inclusive development

- How have capacity development activities impacted practice?
 - Who has been participating in capacity development activities?
 - How have capacity development practices changed practices?
- To what extent is DID embedded in AusAID systems and tools, and how have these been used?
- To what extent do people with disabilities/DPOs participate in development processes in key countries/sectors? What is the impact of this?
- What access do staff of AusAID and its key partners have to informational support (e.g. guidelines, guidance notes etc), and how have these impacted practice?

Objective 2: Support the inclusion of persons with disabilities in development policies and programs through responsive and timely technical assistance and analytical support

- How effectively have systems and processes for accessing technical assistance been utilized?
- How has technical assistance impacted on practice?
 - Who has been accessing technical assistance?
 - How has technical assistance been accessed?
 - How has technical assistance been used?
 - How has technical assistance changed practices?
- How have people with disabilities/DPOs participated in the provision of technical assistance, and what has the impact of this been?

Objective 3: Work in partnership to **promote, build and disseminate the knowledge base** on disability inclusive development.

- How has the availability of DID knowledge resources (including good practice stories) impacted on practice?
 - Who has been accessing knowledge resources?
 - How have knowledge resources been accessed?
 - How have knowledge resources been used?
 - How has use of knowledge resources changed practices?
- How has technical assistance impacted the implementation of the UNCRPD in two countries?
 - Who has been accessing technical assistance?
 - How has technical assistance been accessed?

- How has technical assistance been used?
- How has technical assistance changed practices?
- How have lessons and good practices from the pilot projects impacted development practice elsewhere?
 - How have lessons and good practices been disseminated?
 - How have lessons and good practices been used?
 - How have lessons and good practices changed practices?
- What coordination amongst global DID researchers exists?
- What has been the impact of coordination amongst global DID researchers?

Further details are provided in Annex 6.4.

5.4 SUSTAINABILITY ISSUES

As noted in Section 4.1, the program is framed with an emphasis on capacity development, particularly on building capacity and systems for an inclusive, **sustainable** and effective international development assistance program. The proposed program seeks to do this in several ways, including:

1. An emphasis on building the capacity of people and organisations to engage in disability inclusive development. Specifically, within a sequenced program, we will seek to ensure AusAID, and key partners, particularly people with a disability and DPO's have a strong understanding of, commitment to and ability to implement principles of disability inclusive development in their day to day work. This includes having a good working knowledge of where to seek additional support when required.
2. Supporting the development of systems and processes within AusAID. By seeking to support the DIDT in AusAID to imbed disability inclusive development principles within existing AusAID systems including programs, human resources and corporate system where appropriate.
3. Within the proposed program, we will seek to build a database of resource persons and organisations around inclusive development and promote partnership and networking. Growing and communicating across the network and pool of available technical resources for disability inclusive development promote ongoing sustainability by decreasing dependence on the system proposed here across time.
4. The sequenced targeting of the technical resources for disability inclusive development is a deliberately staged introduction to stakeholders outside of AusAID and key partners. The resources available through this program are likely to be desirable to other stakeholders, who may be willing to contribute for those services. Throughout the program information, including lessons learned from pilot programs will be collected and disseminated widely with AusAID's and relevant partner's permission, and thus may attract further demand and funding. Should ongoing or wider demand for the technical advice emerge, costs could also be met by clients (e.g., management contractors, partner governments).

5.5 OVERARCHING POLICY ISSUES INCLUDING GENDER, ANTICORRUPTION, ENVIRONMENT AND CHILD PROTECTION

The proposed program will be implemented within overarching policies and procedures of CBM Australia. CBM Australia has policies and procedures accredited as complying with AusAID guidelines for development and cross cutting issues. This includes, but is not limited to, policies on development and welfare, disability and development, anticorruption, anti-terrorism, environment, gender, HIV/AIDS, child protection, and human rights.

Some examples of the application of a policy within this partnership program include:

- Incorporating a gender analysis in technical assistance provided (e.g. analysis, design, capacity development, monitoring and evaluation and research activities) to explore the intersection between gender and disability, and collect information regarding the differential impacts on women and men, girls and boys.
- Ensuring conditions allow adequate involvement of women and men with disabilities in all actions e.g. meetings, workshops, consultations etc.
- Ensuring data collection and analysis is sex disaggregated.
- Supporting collaborators to incorporate the above activities into joint work.
- Ensuring gender equality in capacity development of people with disabilities and DPOs, and supporting their capacity development in the above mechanisms for gender equality.

Other approved policies and related procedures are available on request.

5.6 CRITICAL RISKS AND RISK MANAGEMENT STRATEGIES

There are no **major risks** to the project.

Medium risk:

Understanding of critical entry points for technical resources on disability & inclusive Development: AusAID and partner staff have varying levels of understanding of Disability Inclusive Development and thus capacity to identify entry points for disability inclusion, which could limit request for technical assistance. **Mitigation:** While remaining appropriately reactive to requests, we will conduct proactive activities, including awareness raising and training sessions and a regular newsletter for AusAID staff and partners, to promote information about disability inclusive development, and how and when to seek assistance.

Competing priorities: Resistance to disability inclusion indicated by limited requests for support may occur if stakeholders perceive they are being asked to consider too many cross-cutting issues. **Mitigation:** While remaining appropriately reactive to requests, the program will conduct proactive activities, including awareness raising and training sessions and a regular newsletter for AusAID staff and partners, to promote information about disability inclusive development, and how including people with disabilities interfaces with consideration of gender equality, child protection and other important themes. The opportunity to integrate disability inclusive development principles and practice into existing systems and programs, eg guidance and tools, will assist this process also.

Outsourcing versus capacity development for mainstreaming: The creation of a program of technical assistance to support Disability Inclusive Development within AusAID and its partners could result in all efforts to include people with disabilities being outsourced, and internal technical capacity remaining low. **Mitigation:** Building capacity development into responses to all requests for technical assistance is a central tenet of the program, and of CBM including the CBM-Nossal Partnership. Where possible, all technical assistance will be conducted alongside staff of AusAID and/or its Partners, in order to build internal capacity and stronger working relationships with stakeholders, particularly people with disabilities.

Absorptive capacity of DPOs: Capacity development of people with disabilities and DPOs through partnering to meet as many technical assistance requests as possible is a key principle of the partnership program. However, the capacity of DPOs to absorb this work and knowledge may be limited, and could ultimately limit the progression of their own organisational work programmes. **Mitigation:** CBM, including the CBM-Nossal Partnership has relationships with a range of DPOs at the regional, country and local levels within many countries. The program will expand on and partner with a range of these, in order to spread capacity development opportunities.

Expansion of work programme in phase 2 and 3: Phase 2 of the partnership involves expansion of support to AusAID partners in Asia and the Pacific, and phase 3 globally. This expansion could create work demands beyond the capacity of existing program resources. **Mitigation:** review of phase 1 and 2 will guide work planning for phase 2 and 3. Regular workload review by the Steering Committee will facilitate review, prioritising and realistic planning. Partnerships with organisations and agencies from around the world will be actively developed and strengthened during Phase 1 and 2, which will increase the breadth of technical resources available to meet the anticipated increased demands in Phase 3.

Low Risk:

Understanding the role of the proposed resources for DID as compared to those of AusAID core DIDT and Regional Disability Specialists: Understanding of when to submit a request to the proposed helpdesk as opposed to AusAID DID staff (including Regional Disability Specialists) could create confusion and duplication. **Mitigation:** Resource request protocols will be established and communicated widely in phase 1 of the program in collaboration with AusAID DIDT (including regional specialists). In addition, representation from the DIDT core team and Regional Specialists on the Program Steering Committee is sought to aid communication and development of clear communication protocols. Helpdesk request protocols to be developed in phase 1.

Availability of supplementary DID experienced consultants when required. There is very limited expertise in disability inclusive development globally. A register of experts in disability inclusion across many sectors will be kept and when required, a request will be made to subcontractors. However the limited number of DID consultants globally may mean that appropriate supplementary DID consultants are not available when required. **Mitigation:** CBM, including the CBM-Nossal Partnership will activate existing linkages with various experts around the world and proactively seek registration on the consultant's database. We will also seek to build capacity and opportunities for people with disabilities and DPOs where appropriate to play a technical assistance role, thus fostering further expertise.

Conflict of Interest: Engagement of CBM, including CBM-Nossal Partnership staff in some Australian Development assistance activities and processes, particularly design activities, could result in ineligibility of CBM or CBM-Nossal Partnership for resulting tenders. **Mitigation:** Protocols for allocation and request will provide information to assist in anticipating potential conflict. In addition, the structure and allocation of tasks within the CBM team (including CBM-Nossal partnership staff), will ensure that help desk and technical assistance staff assigned to AusAID related tender work will not be involved in tender response activities.

Paradigm shift: Where disability was once viewed from an individualized, medical perspective, there has been a shift towards understanding disability as the interaction between impairment, and environmental factors which influence the experience and extent of disability. This latter view of disability emphasizes human rights as the goal, and participation by people with disabilities as a core value. The work of AusAID and some of its partners has, in the past, considered disability according to the older, medical or charity paradigm. There may be risk of occasional controversy and resistance to the newer definition. **Mitigation:** Partnership activities will include awareness raising of the definition of disability according to the UNCRPD into all capacity development or technical assistance requests as well as in the information sheets disseminated. People with disabilities will be engaged to collaborate in the partnership program Steering Committee, and in provision of technical assistance to the greatest possible extent, which will create space for dialogue between DPOs and international development assistance stakeholders, including AusAID and its partners.

Staff security: Travel policies and procedures designed to reduce security risks for those travelling on behalf of CBM are utilized and have been accredited as part of CBM's accreditation for ANCP program. This includes travel insurance and adequate emergency evacuation procedures.

6 ANNEXES

Contents of Annexes

- 6.1 Program Activities
- 6.2 Program management and implementation
- 6.3 Budget
- 6.4 Monitoring and Evaluation Framework
- 6.5 Team composition

6.1 PROGRAM ACTIVITIES

6.1.1 SUMMARY TABLE OF PROGRAM ACTIVITIES BY OBJECTIVE AND PROGRAM PHASE

The following table summarises activities to be undertaken throughout the proposed program, according to objective and phase/year. See accompanying sections 6.1.2 to 6.1.4 for a narrative explanation of each activity according to objectives.

Table 1: Summary of core activities by objective & project phase

| Objective | Phase/Year 1: Primary Target: AusAID | Phase/Year 2: Primary Target: Selected key partners of AusAID | Phase/Year 3: Primary Target: Focused global partnerships |
|--|---|--|--|
| <p>Objective 1: Proactively I support building the understanding and capacity of AusAID and relevant partners to implement disability inclusive development</p> | <ul style="list-style-type: none"> • Capacity development needs assessment completed • Strategy for people with disabilities/DPO's as technical advisors on DID produced • Young interns with disability guidelines developed • DID incorporated in AusAID systems and tools (Programs, human resources, Corporate) • Training in DID developed and provided • Key resources developed (e.g., information papers, guidance notes, leadership, and other internal communications, etc) | <ul style="list-style-type: none"> • Capacity development of DPOs and People with disabilities for DID Technical assistance role (e.g., PDF & PIFS) • Capacity development of other key partners on DID (e.g., partner governments) • Ongoing development of key resources (e.g., information sheets, guidance notes etc) | <ul style="list-style-type: none"> • DPO/People with disabilities supported to <i>lead</i> in Technical assistance (mentoring, quality assurance support) • Capacity development of wider partners |
| <p>Objective 2: Support the inclusion of persons with disabilities in development policies and programs through responsive and timely technical assistance and analytical support</p> | <ul style="list-style-type: none"> • Help Desk system established and implemented (including associated communications and website) • Contacts Database developed and implemented • Technical assistance provided on request | <ul style="list-style-type: none"> • Ongoing Helpdesk • Ongoing technical assistance on request • Ongoing Database management | <ul style="list-style-type: none"> • Ongoing Helpdesk • Ongoing technical assistance • Ongoing Database management • Increased linkage with global partners for priority technical resourcing areas based on |

| | | | |
|--|--|---|--|
| | | | lessons from phase 1 and 2 of program (including pilot programs below) |
| Objective 3: Work in partnership to promote, build on and disseminate the knowledge base on disability inclusive development | <ul style="list-style-type: none"> Pilot project (country 1)– Comprehensive support and technical assistance on implementation of the UNCRPD (including civil society, partner government etc) Resource database mechanism developed and maintained Good practice stories in DID collected and disseminated | <ul style="list-style-type: none"> Resources, issues papers and fact sheets developed Ongoing support, analysis and dissemination for tools and findings pilot project 1. Pilot project (country 2) – Comprehensive support and technical assistance on ratification of the UNCRPD (including civil society, partner government etc) In partnership with global researchers, strategy developed for coordination of DID research (globally) Ongoing maintenance of Resource Database Ongoing website maintenance Practice stories collected and disseminated | <ul style="list-style-type: none"> Strategy for DID global research coordination implemented Ongoing maintenance of Resource Database Ongoing website maintenance Good practice stories collected and disseminated |

6.1.2 NARRATIVE OF PROGRAM ACTIVITIES: OBJECTIVE ONE

Objective 1: *Proactively support building the understanding and capacity of AusAID and relevant partners to implement disability inclusive development*

Activities to support the achievement of this objective include proactive efforts to build the confidence and capacity of AusAID staff, partners and DPOs to seek support for, and to undertake disability inclusive development work.

Capacity development of AusAID staff and systems, DPOs, Partner Governments / Organisations and other stakeholders (guided by AusAID's work with priority *Development for All* partner countries³¹ and sectors³² and other priorities as mutually agreed by CBM and AusAID. This would involve expanding and implementing the capacity development strategy for AusAID to include its key partners. With permission, this will include drawing from wider AusAID linked resources, including for example, the AusAID DID capacity development strategy (developed in consultation with CBM Australia), AusAID's wider learning and development strategy, the ORIMA research conducted on AusAID knowledge, attitudes and practice on disability inclusive Development and emerging findings from current research on capacity development of DPOs³³s for the PDF/APIDS. Activity in this area would include:

- i. A **DID capacity development needs assessment** of key stakeholders in Australia's International Development Assistance Program, to inform understanding of strengths and gaps in relation to DID.
- ii. **Develop and conduct key training programs and follow up systems** within the capacity development program that may include for example:
 - tailored professional development training packages for AusAID staff and partners, reflecting various roles and responsibilities in DID and also key sector areas (e.g., Disability Inclusive Water Sanitation and Hygiene, Disability Inclusive Humanitarian Assistance, training with partner country stakeholders).
 - Disability modules in existing AusAID Learning Development programs, such as those for new starters and O-Based staff
- iii. **Development of resources** which will be disseminated for use across Australia's international development assistance programs to promote disability inclusive development practice. These will include specifically targeted internal AusAID communications and leadership resources to support implementation of *Development for All*. Other resources will include more technical resources for the program areas including for example, information papers, guidance notes and development of DID guidelines for particular target groups and areas, which can be shared with key partners and stakeholders. Other elements of the capacity development strategy such as follow up, mentoring programs, and supporting human resource and management systems are outlined below.

³¹ Cambodia, East Timor, Papua New Guinea and Samoa

³² Education and Infrastructure

³³ Pacific Disability Forum & Australia Pacific Islands Disability Support (2011). Research proposal: Capacity Development for Effective and Efficient Disabled Peoples Organisations in Pacific Island Countries. Project funded by AusAID in 2011.

- iv. Proactive collaboration with AusAID to build sustained disability inclusion into existing and emerging **systems and tools**, particularly those which support programming, human resourcing and corporate services.
- v. Production and implementation of a **strategy for key DPOs and people with disabilities as DID technical advisors**, to strengthen the human resource base required. This will be done in collaboration with DPO's and only where consistent with their own objectives. This supports the principle of partnering with people with disabilities and DPOs in provision of technical assistance to AusAID and its partners. This will include training, mentoring, coaching, facilitating exchanges and partnerships with a range of institutions and agencies, peer-peer learning, internships, and higher education where relevant. This will serve a dual role of ensuring the voices of the people with lived experience of disability within specific cultural contexts are included, and developing links between AusAID posts, AusAID partner governments and organizations, and people with disabilities / DPOs. This will reinforce the possibility that linkages will be made proactively by all organisations in the future, enhancing sustainability. This strategy aims to support people with disabilities and DPOs to take a leadership role in provision of technical assistance by phase 3 of the project, where this is consistent with the objectives and roles of the DPOs.
 - Develop guidelines for a program for young interns with disability to support the wider capacity development and leadership of people with disabilities. This would involve consultation with relevant stakeholders including representatives from DPOs, educational institutions, AusAID, and potential host agencies. It is envisaged that young people with disabilities would have opportunities for 6-12 month internships with relevant development partners.
- vi. **Capacity development for other key AusAID partners**, including partner governments, to facilitate understanding of disability inclusive development, through training sessions and workshops. In phase 2, AusAID partners will strategically selected; in phases 2 and 3 proactive capacity development will also be informed by the pilot projects listed under objective 3.

Communication to staff of AusAID and key partners regarding disability inclusive development resources. This will include a strategy for communications that outlines how and when to seek assistance and will include development of a website, brochures, and newsletters for AusAID staff and partners. It will be linked to the overall communications strategy of AusAID on Disability Inclusive Development.

6.1.3 NARRATIVE OF PROGRAM ACTIVITIES: OBJECTIVE TWO

Objective 2: *Support the inclusion of persons with disabilities in development policies and programs through **responsive and timely technical assistance and analytical support***

Activities to support the achievement of this objective include the provision of technical assistance on request to enable AusAID and its partners to undertake disability inclusive development work, and the establishment of infrastructure to support provision of this assistance.

Establishment of **infrastructure** to support provision and monitoring of technical assistance, including:

- i. Establishment and implementation of a **help desk** system, which will function as the portal through which staff of AusAID (in Canberra and Posts) and its key partners will access information and request technical assistance related to disability inclusive development.
- ii. **Website** development, launch and maintenance. The website will be the portal through which the help desk will be accessed.
- iii. Establishment and maintenance of a **database of contacts**, including people with disabilities, DPOs, technical advisors in DID and networks. This will be utilized to both facilitate linkages in country between AusAID Posts or partners and DPOs, and to ensure high quality technical advice through harnessing and tracking globally available expertise.
- iv. Establishment and implementation of monitoring systems and **Quality Assurance mechanisms** for services provided. These will enable collection of information to support evaluation, and inform ongoing work planning.

Provision of **technical assistance** to staff of AusAID, DPOs, Partner Governments / Organisations and other stakeholders (guided by AusAID's work with priority DfA partner countries³⁴ and sectors³⁵ and AusAID's recommendations; and approved by AusAID on a case by case basis); including:

- i. **Scoping** of stakeholders' likely technical assistance requirements to facilitate planning and resourcing.
- ii. **Provision of technical assistance** according to requests. Assistance may include disability inclusive analysis and review, design, implementation, monitoring and evaluation and capacity development activities across a range of sectors. Technical assistance will support the process of ensuring that Australia's International Development Assistance strategies and programs are designed and implemented in line with:
 - The Development For All strategy's guiding principles
 - Article 32 of the Convention on the Rights of Persons with Disabilities – broadly, that international cooperation is inclusive of and accessible to people with disabilities, and,
 - Partner governments' disability-related obligations, policies and strategic frameworks.
- iii. **Staged expansion** of the availability of technical assistance to key partners across the globe, based on lessons learned across all objectives, in particular from the pilot projects described under objective 3.

6.1.4 NARRATIVE OF PROGRAM ACTIVITIES: OBJECTIVE THREE

Objective 3: *Work in partnership to promote, build and disseminate the knowledge base on disability inclusive development.*

³⁴ Cambodia, East Timor, Papua New Guinea and Samoa

³⁵ Education and Infrastructure

Activities to support the achievement of this objective directly support DfA, and include development of a resource database which facilitates the capture and release of knowledge, implementation of pilot projects which result in important lessons learned regarding DID practice, documentation and dissemination of knowledge and lessons, and development of a strategy for global DID research coordination.

Development of a **resource database** to support knowledge management and dissemination. The database will include mechanisms to:

- i. Collect and store DID knowledge, including journal articles, working papers, tools, case studies, good practice stories, reports, policies and legislation.
- ii. Search and access resources, building on and linking with existing databases including Source and the Australian Development Gateway.
- iii. Disseminate updated lists of resources and information to AusAID and its key partners.

Documentation and dissemination of knowledge and lessons:

- i. Incorporate disability inclusion into selected tools and guidelines from mainstream development sectors, for example child protection policies and practices.
- ii. Develop and disseminate issues papers and fact sheets, based on experiences, lessons learned, stakeholder and sectoral priorities.
- iii. Support the collection and dissemination of good practice stories emerging from experiences in DID as perceived by a range of stakeholders, including staff of AusAID and its key partners. In line with *Development for All*, people with disabilities and DPOs will be actively supported to identify and develop good practice stories, facilitating enquiry and documentation of the impact of DID on the lived experience of disability. Stories will be collected throughout all phases of the program.

Pilot projects to support implementation of the UNCRPD and effective DID in two countries:

- i. The pilot projects will involve the provision of comprehensive technical assistance to support the implementation of the UNCRPD in two countries.
- ii. The purpose of the pilot projects is twofold: to support the implementation of the UNCRPD in two countries, and to explore which resources (including knowledge, skills, tools and networks) are the most useful to stakeholders working in disability inclusive development. Lessons will inform the expansion of technical assistance to wider development partners in phase 2 and phase 3 of the proposed program. There will be ongoing support, analysis and dissemination of tools and findings from both pilot projects.
- iii. It is anticipated that one pilot project will be in Asia and the other in the Pacific – with specific countries to be decided in collaboration with AusAID based on agreed criteria. These criteria will be developed with the proposed Program's Steering Committee and will likely include for example, AusAID strategic priorities, readiness and commitment of partner country to the UNCRPD, availability of leading partners, requests for support, and coordination/cohesion with other donors.

Develop and implement a **strategy for coordination of DID research** implemented across the globe:

- i. Scope global DID research stakeholders and topics.

- ii. With research stakeholders, develop a strategy for coordination of research around the world.
- iii. Lead implementation of the strategy, which supports *Development for All* outcomes.

6.1 PROGRAM MANAGEMENT & IMPLEMENTATION ARRANGEMENTS

6.1.1 CBM AUSTRALIA ORGANISATION CHART

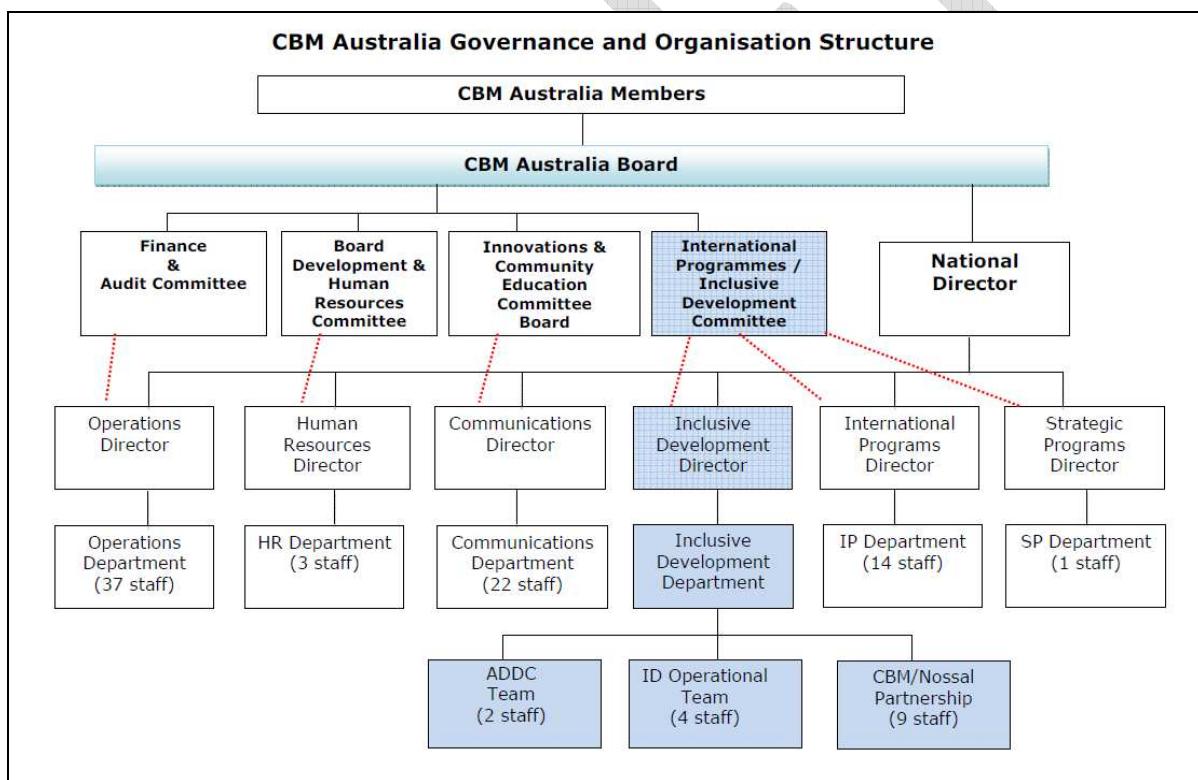


Figure 1: CBM Australia organisation chart with relevant governance and reporting lines highlighted in blue

6.2 CBM AUSTRALIA'S USAID ACCREDITATION CONFIRMATION



15 July 2010

[REDACTED]
CBM Australia
PO Box 348
BOX HILL VIC 3128

Dear [REDACTED]

Accreditation with AusAID

The final accreditation report on CBM Australia was submitted to the Committee for Development Cooperation (CDC) on 8 April 2010. The CDC made a recommendation to the AusAID delegate, who has the final authority to approve accreditation.

I am pleased to inform you that on 8 July 2010 the AusAID delegate approved the recommendation of Full Accreditation for CBM Australia.

Your next review date will be 8 July 2015.

AusAID assesses NGOs for reaccreditation five years from the date of the Delegate's decision. Please note that AusAID may also review NGOs earlier if there is evidence that the NGO may not be meeting the requirements of its accreditation level.

Thank you for the assistance that you and your staff provided to the Accreditation Review Team throughout the process.

I wish CBM Australia well with its future work.

Yours sincerely

[REDACTED]

NGO & Community Engagement Section

Australian Agency for International Development
265 London Circuit Canberra ACT 2600 G.P.O. Box 887 CANBERRA A.C.T. 2601
Telephone +61 2 6206 4000 Fax +61 2 6206 4880 www.ausaid.gov.au ABN 62 921 558 838

Figure 2: Copy of CBM Australia's letter confirming accreditation with AusAID

6.3 BUDGET

| Description | Unit cost | No | Year 1 | Year 2 | Year 3 | Total |
|---|-----------|----|---------|---------|---------|----------------|
| Objective One - promote and build capacity for DID within AusAID | | | | | | 496,000 |
| Personnel - technical staff and consultants, including PWD and DPO representatives | | | 150,000 | 160,000 | 160,000 | 470,000 |
| Guidelines for internship program (including consultation & report, excluding travel and personnel time) | | | 5,000 | | | 5,000 |
| Training materials | | | 7,000 | 7,000 | 7,000 | 21,000 |
| | | | | | | |
| Objective Two - technical assistance to AusAID and relevant partners | | | | | | 495,000 |
| Personnel - technical staff and consultants, including PWD and DPO representatives | | | 130,000 | 150,000 | 160,000 | 440,000 |
| Capacity development of DPOs / PWD as technical advisers; (including costs for special assistance required, eg. carer accompanying the PWD during consultancy | | | 20,000 | 20,000 | 15,000 | 55,000 |
| | | | | | | |
| Objective Three - promoting, building and disseminating knowledge base | | | | | | 545,000 |
| Personnel - technical staff and consultants, including PWD and DPO representatives | | | 130,000 | 140,000 | 150,000 | 420,000 |
| Publication of materials | | | 15,000 | 15,000 | 15,000 | 45,000 |
| Pilot program 1- resources for UNCRPD implementation - Country 1 | | | 40,000 | | | 40,000 |
| Pilot program 2 - resources for UNCRPD implementation - Country 2 | | | | 40,000 | | 40,000 |
| | | | | | | |
| Personnel - management and administration | | | | | | 270,000 |
| Program Manager and administrative staff | | | 90,000 | 90,000 | 90,000 | 270,000 |
| | | | | | | |
| Information technology - infrastructure and ongoing technical costs | | | | | | 375,000 |
| Software development for consultant and resource databases | | | | | | |
| Website development and hosting | | | | | | |
| I.T. support staff for maintenance (includes costs for making website, database and resources disability accessible) | | | | | | |

| | | | | | | |
|--|-------|----|--------|---------|---------|------------------|
| I.T. equipment for staff and consultants | | | | | | |
| Governance and Planning, Monitoring and Evaluation (PME) | | | | | | 74,000 |
| Steering Committee meetings annually (with DPOs from the region) | 8,000 | | 8,000 | 8,000 | 8,000 | 24,000 |
| Planning, Monitoring and Evaluation meetings annually (with AusAID) | 5,000 | | 5,000 | 5,000 | 5,000 | 15,000 |
| Mid-term & Final evaluation & report | | | | 15,000 | 20000 | 35,000 |
| Travel & related costs (core staff & consultants, including people with disability) | | | | | | 338,000 |
| Domestic trips | 1,200 | 60 | 36,000 | 24,000 | 12,000 | 72,000 |
| International trips | 7,000 | 38 | 56,000 | 105,000 | 105,000 | 266,000 |
| Sub-total | | | | | | 2,593,000 |
| Overhead costs 5% of sub-total | | | | | | 129,650 |
| Total | | | | | | 2,722,650 |
| GST at 10% | | | | | | 272,265 |
| TOTAL in AUD INCLUDING 10% GST | | | | | | 2,994,915 |

Table 2: Budget by objective and year

6.4 PLANNING, MONITORING AND EVALUATION FRAMEWORK

The PME Framework will enable monitoring and reporting on outcomes and outputs, grouped into three aspects of the program. Examples of indicators under the three groups include:

Management: timely establishment of Helpdesk, Website, Database, consultant accreditation and contracting procedures, Quality Assurance system, and the PME Framework itself; number and type of technical advisory and research requests fulfilled; timeliness of responses to requests; extent of knowledge dissemination; and the scale and scope of resources provided.

Demand for services: number and type of technical advisory and other requests received through the Helpdesk; source of request (internal AusAID; by post, division, branch, and externally by agency type); and type and topic of documents downloaded most frequently from the website.

Quality of services provided: quality of TA, capacity development activities, and knowledge management and dissemination.

Disaggregating data will enable greater targeting of information about the available resources. This will attempt to ensure greater equity for groups less likely to benefit from the resources through lack of awareness or access, for example supporting a DPO to expand its representation to include people with intellectual disabilities.

Means of verification will include methods such as: user satisfaction surveys and key informant interviews; appraisal of documents prepared; and reports generated regularly by the management software linked to the database (related mainly to demand and management indicators). Assessment of the quality and level of achievement will be conducted by an independent review, undertaken as part of the Mid-Term Review.

Close monitoring will be vital to ensure availability of adequate human resources required to meet the demands, and timely and appropriate adaptation of the mechanisms to enable achievement of the objectives. Regular ongoing monitoring will feed into management meetings and quarterly analysis and reports will be conducted. In addition, CBM, including the CBM-Nossal Partnership, AusAID and selected partners will meet annually in order to review the progress of the partnership program and develop action plans for the following year.

A *baseline* of disability inclusive development within Australia's international development assistance will be drawn from Section 6 of the Development For All Companion Volume, "Summary of AusAID's disability related activities to date and lessons learned", the DFA Report Card Nov 28 – June 21, and other information made available by AusAID Disability Inclusive Development team.

6.5 TEAM COMPOSITION

Core staff from CBM, including the CBM-Nossal partnership will be allocated to this disability inclusive development technical resource program. This includes a program manager, administration officer, and various technical advisors and capacity development officers. CBM is committed to the inclusions of people with a disability in their inclusive development work. Some of the allocated staff have a lived experience of disability and wherever possible, consultants with a disability will be involved in the team as part of our commitment to inclusion and capacity development of people with a disability as providers of technical assistance. Supplementary consultants from the contacts database will also be utilised where appropriate.

The Program Manager will be responsible for contract management; development and implementation of the Planning, Monitoring and Evaluation (PME) Framework; reporting; human resource management of staff; database development and oversight; working with AusAID and other partners to convert requests for technical assistance into appropriate Terms of Reference; coordinating quality assurance mechanisms; and will be the main point of contact for AusAID in terms of managing the Partnership.

The Administration Officer will be responsible for issues such as management of accounts and logistics of travel and contracting of consultants.

The Technical Advisors will be responsible for responding to the majority of technical assistance requests and capacity development activities