



Learning document

# How CBM Australia's field programs influence government policy to address inclusion

FINDINGS FROM THE 2018-2022 META-EVLUATION

Many of the challenges people with disabilities face in their daily lives, whether it be not being able to see to read a sign, participate in school, or access health services, could be overcome if there were government policies that forced a change in the way things are done, to better include people with disabilities.

One of the ways CBM and our partners support inclusive societies is by influencing policy. We recently looked across 33 of our project evaluations from 11 countries and assessed the degree to which projects have led to changes in government policy or action- be that local, national, or institutional.

**We found that local policy influence was the most common type of change, occurring in 43% of project evaluations reviewed.** These projects supported self-help groups and organisations of people with disabilities to work with local government to help influence and shape their policies and ways of working to get them thinking about disability; to get disability issues included in local government budgets; help people with disabilities access government services and support (and ensure they are inclusive); and to help establish councils that focus on disability and have them formally recognised

by the government, ensuring they will continue assisting people with disabilities long after our project finished.

### Local level policy influence

**Effectively influencing governments to be more disability inclusive, begins by working with government at a local level. This establishes approaches and precedents that can then be used to push for more systemic policy change.**

One example of local policy influence comes from CBM Australia's [mental health project in Indonesia](#), where the project influenced local government budget commitments to include support for mental health and the formation of Community Mental Health Implementation Teams (teams that coordinate support for mental health).

The project also successfully pushed for local government to strengthen commitments to mental health services. This led to a designated unit being set up in a community health centre to treat people with disabilities, meaning they can now access treatment immediately, without having to wait in long queues with other patients; and village administration prioritising and mainstreaming mental health in budgeting processes, which as a result is helping people with disabilities to live independently, supporting self-help groups, and providing transportation support for mental health workers.

**“Before the project was established, people with mental health issues were only known by family members. Village administration and the community did not know how to handle it. Some even hide them because they are afraid of the stigma.**

**After the project gave assistance, the family and the community gained more knowledge and are aware of mental health issues. People with mental health issues are no longer ostracised. They are now involved in the community life, monitored, and everyone takes care of them.”**

**– Evaluation finding, Indonesia**

Front: Purwanti (right) pictured alongside her mother, received support through our Mental Health project in Indonesia.

## National policy influence

While CBM Australia recognises the value in influencing governments at a national level, increasing the likelihood that change will be sustained and more people will benefit, we also acknowledge that this type of change is hardest to achieve and takes the longest. Nonetheless, **many of our projects showed great examples of national policy influence.**

For example, in Ethiopia, project partner the Federation of Ethiopian Association of Persons with Disability (FEAPD), worked with different government offices, promoting the rights of people with disabilities. The government sought their advice on how government plans, and national laws and policies, particularly around COVID-19 responses, could be amended to be more inclusive.

In Vietnam, our partner Action to the Community Development Centre (ACDC) worked with a range of OPDs to develop and submit Vietnam's first Shadow Report to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The project not only led to the formation and networking of many OPDs across the country, strengthening Vietnam's disability movement, but in developing the Shadow Report, supported extensive data collection on disability and facilitated a series of meetings between OPDs and government agencies. These engagements strengthen the relationship between OPDs and government, and OPDs used the data collected as valuable evidence to support recommendations on improving policies and services for people with disabilities. For example, OPDs used the information from the Shadow Report process to highlight issues with the guidance related to the implementation of disability laws, associated with disability classifications and procedures enabling access to government benefits. OPDs made recommendations which contributed towards new, more inclusive and appropriate guidance issued by the Ministry of Labour, Invalids and Social Affairs (MOLISA). Having a clear understanding of disability in Vietnam, and data and evidence to support this, is crucial in holding



FEADP played a key role in Covid-19 response measures, mobilising resources and providing access to sanitary products, food, and accessible information.

the government to account on disability commitments.

## Institutional policy influence

**Our projects influence policy at an institutional level.** In Tanzania, while national laws mandate diabetes clinics, the CBM Australia supported project played a key role in influencing the continuation and strengthening of clinics for example, by having diabetes included in a hospitals' non-communicable disease policy. Changing institutional policy means our influence continues, even when our direct work with an institution ceases. Our eye health projects always ensure that hospital policies are changed to be more disability inclusive.

## Start small, think big: the best ways to influence policy

Our most effective projects:



- Included people with disability in lobbying government for policy change



- Had clear expectations about what they wanted to achieve with government



- Understood their country's obligations under the UN Convention on the Rights of Persons with Disabilities, and used this as a foundation for getting policies improved



- Worked alongside government, and didn't set up parallel services



- Invested in developing strong relations with individuals in local government.



ACDC and OPD members during a report writing workshop, held in preparation for Vietnam's first Shadow Report to the UNCRPD.