# Samoa Disability Program

# Final Design Document

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# Acronyms

| | |
|---|---|
| AIGA | Augmenting Institution for General Attainment Project |
| APIDS | Australia Pacific Islands Disability Support |
| AusAID | Australian Agency for International Development |
| BMF | Biwako Millennium Framework for Action |
| CBOs | Community Based Organisations |
| CBR | Community Based Rehabilitation |
| CD | Capacity Development |
| CSSC | Community Sector Steering Committee |
| CEDAW | Convention on the Elimination of all forms of Discrimination Against Women |
| CMAD | Curriculum Materials and Assessment Division |
| CRC | Convention on the Rights of the Child |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSO | Civil Society Organisation |
| DFRPPIP | Division for Research Policy Planning and Information Processing (MWCSD) |
| DMO | Disaster Management Office |
| DPI | Disabled Peoples International |
| DPO | Disabled People's Organisation |
| EFA | Education for All |
| ESCAP | Economic and Social Commission for Asia and the Pacific, United Nations |
| FOE | Faculty of Education |
| HRM | Human Resource Management |
| ICHS | Integrated Community Health Services |
| IDA | International Disability Alliance |
| IHC | Western Samoa Society for the Intellectual Handicapped |
| ILO | International Labour Organisation (UN) |
| LTS (EIP) | Loto Taumafai Society (Early Intervention Program) |
| M&E | Monitoring and Evaluation |
| MEL | Monitoring, Evaluation and Learning |
| MCIL | Ministry of Commerce, Industry and Labour |
| MDG | Millennium Development Goal |
| MESC | Ministry of Education, Sports and Culture |
| MNRE | Ministry of Natural Resources and Environment |
| MOH | Ministry of Health |
| MWCSD | Ministry of Women, Community and Social Development |

| | |
|---|---|
| MWTI | Ministry of Works, Transport & Infrastructure |
| NGO | Non-Government Organisation |
| NHS | National Health Services |
| NOLA | Nuanua O Le Alofa Inc. (National Disability Advocacy Organisation) |
| NPOC | National Policy for Children |
| NPPD | National Policy for People with Disabilities 2011-2016 |
| NUS | National University of Samoa |
| PDD | Program Design Document |
| PFM | Public (Sector) Financial Management |
| PFMA | Public Finance Management (Act) |
| PIF(S) | Pacific Islands Forum (Secretariat) |
| PREB | Samoa Society for the Blind |
| PRSD | Pacific Regional Strategy on Disability |
| PUMA | Planning Urban Management Agency |
| RIDBC | Royal Institute for Deaf and Blind Children (Australia) |
| SASNOC | Samoa Association of Sport and National Olympic Committee |
| SENESE | Special Needs Education Society Inc |
| SIEDP | Samoa Inclusive Education Demonstration Program |
| SLRC | Samoa Law Reform Commission |
| SNAP | Special Needs Assessment Program |
| SNE | Special Needs Education |
| SOS | Samoa Special Olympics |
| SPP | Strategies Policies and Plan 2006 – 2015 (GoS) |
| SRC | Samoa Red Cross |
| SSN | Samoa Spinal Network |
| SUNGO | Samoa Umbrella of Non-governmental Organisations |
| TIs | Treasury Instructions |
| ToC | Theory of Change |
| UNDP | United Nations Development Program |
| UNESCAP | United Nations Economic and Social Commission for Asia and the Pacific |
| UNICEF | United Nations Fund for Children |
| UNOCHR | United Nations Office of the Commissioner for Human Rights |
| WHO | World Health Organisation |

# Glossary of terms

| Term | Definition |
|---|---|
| Accountability | The process by which two (or more) parties hold one another accountable for other commitments they have voluntarily made to one another.<br>(Source: ODE Issue Paper – Mutual accountability – the 'orphan' principle of the Paris Declaration (http://www.ode.ausaid.gov.au/publications/documents/mutual-accountability-issues-note.pdf) |
| Community Based Rehabilitation | A strategy to achieve community based inclusive development and a process that breaks down community barriers and enables people with disability to participate fully. It focuses on enhancing the quality of life for people with disability and their families, meeting basic needs and ensuring inclusion and participation. It has evolved into an effective and comprehensive multi-sectoral strategy creating access to health care, education and livelihood and social opportunities. In 2010 the World Health Organisation released 'CBR Guidelines' to inform these efforts, including its matrix of key focus areas for CBR activity. http://www.who.int/disabilities/cbr/en/ |
| Disability | Disability is the interaction between long-term physical, mental, intellectual or sensory impairments with various barriers which hinder a person's full and effective participation in society on an equal basis with others (based on definition of persons with disability in CRPD Article 1). |
| Inclusion | The action or state of including or of being meaningfully included within a group, structure or service. Inclusion of people with disability may require proactive measures to reduce barriers to participation, and the provision of reasonable accommodation. |
| Participation | Meaningful engagement in activities, processes and consultations by groups or individuals whose work or lives are impacted by outcomes. |
| Partnership | A robust working relationship between parties towards a shared goal (or goals), characterised by mutual trust, open communication and the continuous identification and review of each partner's needs and expectations.<br>(Source: Partnership Brokers Association (http://partnershipbrokers.org/w/wp-content/uploads/2010/07/What-do-Partnership-Broker-Do.pdf) |
| Policy Dialogue | Policy dialogue is a discussion between interested parties about the relative importance of values (policies) to each party, and about establishing a commonly-agreed program of action that properly reflects those values. It may well manifest in a discussion over public expenditure choices (including aid flows) or legislative reforms.<br>(Source: Office of Development Effectiveness, AusAID: Working with the Political Economy of Development: An evaluation of political economy in AusAID (2012 in print) |
| Reasonable Accommodation | Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to people with disability the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms; (CRPD, Article 2) |

# Executive Summary

Until the last decade, the rights and aspirations of people with disability around the world have been neither explicitly nor comprehensively accounted for in development programs. At the international level and increasingly at national levels, there is now shared commitment to redressing this situation. This is expressed most clearly in the rapid rate of ratification of the 2006 UN Convention on the Rights of Persons with Disabilities (CRPD). The Government of Samoa has indicated its commitment to ratification of the CRPD and this Samoa Disability Program is directly connected to supporting this commitment.

This Program Design Document (PDD) reflects the shared priority accorded by both the Governments of Samoa (GoS) and Australia (GoA) to the inclusion of people with disability in community, social and economic life and particularly their active participation in national and international development processes. The two Governments have agreed to cooperate on a program to support the inclusion of people with disability in Samoa's development policies and programs, across a wide range of sectors.

The principles and Articles of the CRPD and the GoS *National Policy for Persons with Disabilities 2011-2016 (NPPD)* provide a strong framework for Australian collaborative support. The NPPD itself represents a participatory approach to disability inclusion, recognising the disability movement's critical principle of "nothing about us, without us" and the need for shared commitment across diverse organisations. The goals expressed in the NPPD form the development and Program goals described in this PDD. The four outcome areas and six cross-cutting areas selected for this Program were identified as priorities by stakeholders during the design process, and align with six out of the seven "core outcome areas" in NPPD. The remaining area of NPPD, inclusive education, is already being addressed by the current AusAID supported Samoa Inclusive Education Development Program (SIEDP).

AusAID has committed a package of support to the value of A$4m (approximately T$9.6m at April 2013 exchange rates) over four years (1 July 2013 to 30 June 2017) for this Program. This represents 3% of Australian aid for Samoa. The Program is consistent with AusAID policies and programs at national, regional and international levels, as expressed in the *Development for All Strategy* and *An Effective Aid Program for Australia.* The Program is also consistent with Pacific regional commitments on disability, particularly the Pacific Regional Strategy on Disability (PRSD) and the Incheon Strategy as well as CRPD (see Section 2). Both Governments are committed to these agreements and AusAID is providing funding to the Pacific Islands Forum Secretariat (PIFS) to coordinate implementation of PRSD. Thus the Samoa Disability Program will directly complement this existing body of disability inclusive work in the region. The proposed Program will contribute to the achievement of policy and program priorities articulated in the current Samoa Australia Partnership for Development, particularly in relation to *Priority 4 Improved Governance* but also in relation to the broader commitments to "poverty reduction and improvements in health, education and other MDG outcomes" as well as local employment.

The reason that this Program has been developed is that currently Samoa's economy and society is not as inclusive of people with disability as is desired by the people themselves. This is consistent with international experience, as identified in *The World Report on Disability*, CRPD, PRSD and Samoa's own NPPD. Impairments are part of the human condition and people with disability are found in all age groups across all communities and in all socio-economic categories, but are consistently excluded from participating in and contributing to development processes. With 80% of the Samoan population living

in rural areas[1], a similar proportion of people with disabilities also live in rural areas, although some families with children with disabilities may move to the capital, Apia for the only available specialist schooling. The exact number of people with disabilities or the proportions of different kinds of impairments in Samoa are not known. The 2011 Census found 4,061 persons (2.1%) who were identified as having "any disability" but invariably such data is inaccurate[2]. *The World Report on Disability* identifies that 15% of the world's population have a disability, so in Samoa this could translate to approximately 27,600 people (i.e. 15% of 184,000). People with physical disabilities such as spinal injuries, visual or hearing impairments are those who have been most active in the DPO, but it is likely that people with psychosocial and intellectual disabilities make up the largest proportion of people with disabilities, as is the case globally. When as many people as possible in a community are participating in and benefiting from development processes, developmental outcomes are more likely to be achieved and the lives of all people will be improved.

The Program described in this PDD incorporates both disability inclusive development and aid inclusiveness approaches. It reflects an understanding of the political, social and cultural values of Samoa and sets out realistic objectives for a 4-year Program of activity. This Program is envisaged as a first phase (four years) in a longer term (eight year) partnership between GoS and GoA in relation to disability inclusive development. Phase One described in this PDD (2013-17) is oriented towards introducing a range of Government wide policies, systems and processes, raising awareness at community level and longer-term sustainability of inclusive and disability-specific services**.** It is envisaged that during Phase One some direct benefits for people with disability will result from the mix of activities, but that most benefits will take longer, into the second phase, to become evident. This is the nature of complex changes such as changing attitudes, introducing new policies and establishing new services. The Theory of Change reflects the belief among those involved in the design process that all these elements are needed to maximise the likelihood that benefits can be sustained in the short- to medium-term and particularly to ensure that new service delivery initiatives can be sustained within the Samoan context, beyond the life of this phase.

The elements of the Program reflect shared agreement among diverse GoS and civil society stakeholders and reflect existing mandates, structures, networks and expertise. The Program will build on and mobilize existing commitments associated with policy change, community engagement, service provision and economic participation.

The Program's overall implementation will be managed by the Ministry of Women, Community and Social Development (MWCSD), which has been designated as the coordinating Ministry and focal point for disability in GoS. MWCSD has responsibility for the Community Development Sector Program and intends to incorporate an expanded Disability Unit into this area of work, as part of its sector wide approach. The National Health Service (NHS) will have a key role in overseeing the planning, establishment and delivery of disability-specific services and funding will be provided to them for this purpose. Other GoS Ministries are open to increasing disability inclusion into their work and have

[1] http://data.worldbank.org/indicator/SP.RUR.TOTL.ZS/countries

[2] Factors such as reluctance to disclose, lack of expertise in classification and absence of diagnosis tend to result in poor data collection on disability prevalence globally.

indicated that they would welcome assistance to do this well. Samoa's Disability Task Force[3] is an existing mechanism, chaired by the CEO of MWCSD, to coordinate activity related to GoS' NPDD and disability policy more widely, and thus is also a key entity in determing the effectiveness of this Program.

MWCSD is participating in broader public financial management and procurement reforms led by the Ministry of Finance (MoF). These are achieving objectives to strengthen systems identified in earlier assessments and include updated Treasury Instructions (TIs) (currently with the Attorney-General) such as Schedule K and Annex B4 (in place) and supporting manuals and templates. Training on the new TIs and procurement guidelines will be provided to MWCSD by MoF. GoS is currently completing its own comprehensive review of procurement systems, which will assist with continuous improvements.

The key partner outside GoS, is the national Disabled People's Organisation, Nuanua O Le Alofa (NOLA). NOLA is well established, has strong organisational and advocacy capacity and has contributed substantially to raising awareness about the rights of people with disability in Samoa, including within GoS. NOLA has already established itself as a credible voice of people with disability and wishes to build on its existing strengths to achieve its own and national objectives. NOLA officials have received recent in-depth training from the International Disability Alliance on CRPD obligations and disability inclusion. NOLA is a valuable resource and asset for GoS and other stakeholders seeking to promote disability inclusion. There are some emerging disability groups, e.g. parents of children with intellectual disability and a deaf group which could be supported to expand their capacity (including for Samoan sign language development and promotion[4]) and outreach to new members (current resource constraints limit this).

GoS is keen to increase collaboration, cooperation and coordination in the area of disability inclusion and service provision, to continually strengthen the quality of activities and services and contribute to success in achieving improvements in the quality of life of people with disability. A key focus will be on sustainability of new services. A number of NGOs currently provide some services for children and adults with disability in Samoa, with support from external partners and with varying degrees of connection to official systems. The Program has sought to be sensitive to this current context.

The goal of the new Samoa Disability Program will be **"Disability-inclusive policy and implementation across Government, DPO and service provider organisations."**

To **contribute** to this Program goal, four **outcomes** have been prioritised by stakeholders[5]:

1. **Government of Samoa policy and programs increasingly compliant with CRPD**
2. **Deeper community awareness of, and support for, the rights of women, men, boys and girls with disability and their increased social inclusion**
3. **Increased accessibility of services (mainstream and disability-specific)**
4. **Increased participation by women and men with disability in livelihoods and employment**

[3] Currently comprising CEOs or their delegates from Ministry of Health, Attorney-General's Office, Ministry of Police, Ministry of Natural Resources and Environment, Ministry of Works Transport and Infrastructure and Ministry of Education, Sports and Culture, NOLA, Loto Taumafai, PREB and Fia Malamalama.

[4] Recognition of and promotion of national sign languages is an obligation under CRPD Art 21(e) 24(3)(b) and Art 30(4).

[5] During design consultations in March 2013.

In addition to activities which are expected to directly contribute to these outcomes, the Program will also fund six **Program-wide activities across all four outcome areas** which:

i. **Increase coordination and cooperation** between multiple stakeholders where possible
ii. Contribute to locally-determined **capacity development** (using a broad definition of capacity)
iii. Create **communications products** for sharing information with other Pacific countries about the relevance of CRPD for the lives of Pacific people with disability and their communities and the experiences of Samoan communities and organisations
iv. **Monitor and evaluate** progress and outcomes, using action-learning and reflection processes, to maximise learning about what works well and the factors that contribute to success
v. **Advocate for and influence** other development programs to become inclusive of people with disability
vi. **Promote understanding** about the rights of all people with disability, particularly children and young people.

Phase 1 of the Samoa Disability Program will have an important role in generating understanding for other Pacific Governments about how to achieve disability inclusive development and work through the process of ratifying CRPD and implementing new policies and programs toward compliance. Program funding and expertise to support communications events and products, such as documented case studies and research on effective inclusion strategies, will contribute to this broader responsibility.

This Program, while modest in budget, is expected to make a major contribution to improving the lives of people with disability in Samoa as well as the lives of their families and communities, particularly into Phase 2. Through contributing to some of the essential building blocks for achieving an inclusive Samoan society in Phase 1, the Program will increase the chances that all Samoans will benefit from development processes and increase the human resources available to the country to maximise the achievement of its national development goals in the longer term.

# 1. Introduction

The Governments of Samoa (GoS) and Australia (GoA), through AusAID, have agreed to cooperate on a program to support the inclusion of people with disability in national development policies and programs. GoS has already prepared a National Policy for Persons with Disabilities (NPPD) 2011-2016 and seeks collaboration from Australia to support its efforts in this development priority area. AusAID has committed a package of support to the value of A$4m (approximately T$9.6m at April 2013 exchange rates) over four years (1 July 2013 to 30 June 2017) for the purpose. This will form Phase One of a longer-term (eight year) partnership. This Program complements other commitments in disability inclusive development at the national level, particularly the Samoa Inclusive Education Development Program (SIEDP) and at regional and international levels.

The proposed Samoa Disability Program reflects a mix of complementary and supportive factors in the Samoa and Australian contexts:

- a high level of political will in Samoa including a commitment by the GoS to move toward ratification of the Convention on the Rights of Persons with Disabilities as well as an existing national disability policy[6]
- establishment by the Ministry of Women, Culture and Social Development (MWCSD) of a designated position for disability coordination in their structure
- establishment of a Disability Task Force which brings together GoS and civil society representatives to provide advice and guidance on disability inclusion
- anecdotal evidence of changing public attitudes towards people with disability as a result of earlier awareness raising efforts
- enthusiasm and ownership of this program by the national disabled people's organisation (DPO), Nuanua O Le Alofa (NOLA) and other service providers;
- designation of Samoa as a "focus country" for comprehensive support in line with AusAID's *Development for All* Strategy which includes a commitment to disability inclusive development
- prior successful experience by AusAID in partnering with GoS for disability inclusive work in Samoa[7] and internationally.

While there are now internationally agreed principles for, and priority elements of, disability inclusive development, the issue is complex and the processes of change in each context are somewhat unpredictable. A wide range of dynamic cultural, social, political and economic factors affect the extent to which each community or country is inclusive of people with disability and the quality of services provided. In Samoa, there is now a clear opportunity for successful collaboration to contribute to improved quality of life for people with disability. A collaborative and holistic approach is appropriate in Samoa. This would build on existing strengths, reflect the complexity of relationships and interactive factors and facilitate mutual learning about what works best in this relatively new area of work.

[6] Samoa's Cabinet has endorsed the Government of Samoa to work towards ratification and implementation of the Convention on the Rights on Persons with Disabilities.

[7] For example SIEDP has contributed to over 500 Samoan children with disability having access to education and early intervention services.

## 1.1 Design Methodology

A joint Samoa and Australian Design Team was commissioned to undertake the design process. Prior to the in-country visit, several phone conferences were held to discuss critical stakeholder issues and the design approach/logistics. Also, AusAID provided funding for a disability inclusive specialist[8] and a representative from PDF to work with NOLA, prior to the Design Team's arrival. This process included facilitation to identify Program-related priorities and expected roles for NOLA in relation to the Program and it contributed to NOLA's confidence to participate in the Design workshops. The report of this mission has also helped to inform this PDD.

The in-country element of the Design Process was held from 19 to 28 March 2013. The Team Leader had the opportunity to meet with NOLA's Coordinator at the Pacific Disability Forum (PDF) Conference in Noumea from 8 to 12 April for detailed follow-up discussions, as well as with representatives from Pacific regional and UN agencies interested in this Program.

The core Design Team comprised three officials from MWCSD, one AusAID official and two Australian independent consultants, as follows:

- Rosa Siaosi Mene, Sector Coordinator, MWCSD
- Elizabeth Ah Poe, Disability Focal Point, MWCSD
- Faafetai Koria, Research and Planning Unit, MWCSD
- Deborah Rhodes, Team Leader
- Elena Down, CBM-Nossal Partnership for Disability Inclusive Development
- Heather Tannock, AusAID Samoa.

At the same time as the Design Team undertook their consultations, additional consultants were tasked with assessing GoS' procurement and public sector financial management systems relevant for this Program. Stuart Andrews, Procurement Specialist and Tony Higgins, Public Sector Financial Management Specialist contributed their findings to the Design Team at the end of their respective visits. Their recommendations are reflected in this PDD.

The design methodology included core development effectiveness and inclusion principles, emphasising:

- Participation by all stakeholders in identifying Program outcomes and Theory of Change
- Ownership of the Program's outcomes and development approaches by Samoan stakeholders
- Alignment with GoS policy frameworks and use of GoS structures and systems
- Inclusion of and decision-making by people with disabilities, particularly representatives of the national DPO, NOLA
- Facilitation of negotiations between stakeholders about priorities and management approaches, where possible
- Incorporation of contemporary development policy approaches in relation to gender, capacity development, partnerships and child protection

[8] Sally Baker, CBM-Nossal Partnership for Disability Inclusive Development

- Use of strengths based approaches, recognising and valuing existing capacity strengths and successes to date
- Use of the CRPD as the fundamental reference for all Program elements.

In practice this meant the in-country design process included:

- Three half-day workshops comprising representatives from GoS, NOLA, NGOs, service provider organisations and UN agencies
- Meetings with representatives from organisations identified by MWCSD and AusAID as priority stakeholders (see Annex 16 for list of people met)
- Team meetings to reflect, brainstorm and negotiate various aspects of the Design process

The team worked collaboratively and with a shared commitment to mutual learning, an approach which was valued by all. At the end of the Design visit in Samoa, the Minister for Women, Community and Social Development and the CEO of MWCSD hosted a dinner with the Australian High Commissioner and the Design Team, as a sign of appreciation for the approaches undertaken. This provided an opportunity to discuss a number of complex disability and Program issues with Samoan leaders and resolve some outstanding design issues.

The Design Team appreciated the efforts made by all those who participated in the workshops particularly those who were able to attend all three. Participants from diverse Government, NGO, UN and other organisations contributed actively to discussions and negotiations. The Team benefited from leadership, guidance and support provided by senior officials from MWCSD and AusAID.

The Team Leader was responsible for overall drafting, coordination and final editing of this PDD and other team members contributed various sections.

# 2. International disability context

## 2.1 International and regional agreements

***The UN Convention on the Rights of Persons with Disabilities***

The Convention on the Rights of Persons with Disabilities (CRPD) was adopted by the United Nations General Assembly on 13 December 2006 and came into force on 3 May 2008. The CRPD and its Optional Protocol were ratified by Australia in 2009. The GoS has made a commitment at Cabinet level to ratify CRPD and is taking steps towards this goal at the time of the design.

The CRPD is a binding treaty that provides a universal standard for the human rights of people with disabilities. The CRPD promotes a shift in understanding that recognises the limitations created by disability not as a problem of a person but as a problem of barriers created by society. The CRPD provides specific guidance and a framework for national action across a range of sectoral and thematic areas – e.g. awareness raising, data collection, accessibility, access to education, employment, health, rehabilitation, freedom of expression including in sign languages, social protection, protection from situations of risk and humanitarian emergencies, access to justice, participation in the political, cultural, recreational, and social affairs of the wider community.

The CRPD encourages international cooperation and its promotion, in support of national efforts for the realisation of the purpose and objectives of the CRPD (Article 32). This includes ensuring that international cooperation, including international development programmes, is inclusive of and

accessible to people with disabilities, which Australia as a State Party to CRPD does in accordance with its *Development for All* strategy. Article 32 CRPD also encourages facilitating and supporting capacity-building, including through the exchange and sharing of information, experiences, training programmes and best practices. Samoa, through its journey toward compliance with CRPD will be well placed to share its experiences in the wider Pacific region.

The CRPD obliges Member States to report on implementation initially within 2 years of ratifying the CRPD, and thereafter at least every 4 years (or when the Committee on Rights of Persons with Disabilities requests) (CRPD Article 35).

***Pacific Regional Strategy on Disability***

Pacific Island Forum countries have agreed to implementation of the *Pacific Regional Strategy on Disability 2010-2015* (PRSD), the agreed regional statement on disability in the Pacific. The Pacific Islands Forum Secretariat (PIFS) has established a Disability Coordination Office for the purpose of coordinating the development and progress of disability initiatives in member countries, including Samoa. A regional approach to disability has been adopted by Pacific governments, to coordinate and support their own efforts at national level. This is intended to assist countries to address common challenges and lack of available resources at the national level. The PRSD provides a strong rationale for regionalism by identifying specific areas where a cooperative regional approach will support national action. PRSD builds on work to date and takes a Pacific-specific approach. The PRSD is founded on the CRPD and provides an additional framework to support countries that have signed and/or ratified CRPD to implement obligations, as well as support the use of the CRPD as a tool for inclusive development for those countries that have not yet signed. The PRSD reflects a process of collaboration and inputs from Ministers and officials, as well as development partners and PIFS[9].

***Biwako Millennium Framework and the Incheon Strategy***

The Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific (BMF), adopted in 2002, provided an initial set of principles, strategies, goals, targets, and directives for action, and formed a comprehensive set of guidelines for countries to use in developing policies and planning and implementing programs for people with disabilities. At the 2003 Pacific Islands Forum, the leaders of Pacific Island countries endorsed the BMF as providing a set of goals for Pacific countries to work towards over the next ten years. The BMF officially ended in 2012 and has been replaced by the Incheon Strategy.[10]

Governments at the High-level Intergovernmental Meeting in Incheon, Korea, adopted the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013–2022, and the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific. This was coordinated by UNESCAP, of which Samoa is a member. The Incheon Strategy provides the Asian and Pacific region, with a set of regionally agreed disability-inclusive development goals. Developed over more than two years of consultations with governments and civil society stakeholders, the Incheon Strategy comprises 10 goals, 27 targets and 62 indicators. The Incheon Strategy builds on CRPD, BMF

[9] Australia is providing funds to PIFS for their work on coordinating implementation of PRSD.
[10] http://www.unescap.org/sdd/publications/IncheonStrategy/Incheon-Strategy.pdf

and Biwako Plus Five towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific. It will enable the Asian and Pacific region to track progress toward improving the quality of life, and the fulfilment of the rights, of the region's 650 million people with disabilities, most of whom live in poverty. The UN ESCAP secretariat is mandated to report every three years until the end of the Decade in 2022, on progress in the implementation of the Ministerial Declaration and the Incheon Strategy.

### 2.1.1 Rights based approach

A rights-based approach represents a paradigm shift from earlier charity or medical models and is now recognised as critical to the effectiveness of all work in this sector, by governments and civil society alike. It is inherent in the CRPD, against which Member States must report on a regular basis.

Central to the rights based approach is participation by people with disability in all aspects of life as well as all aspects of policies and programs which are relevant to their lives. People with disability have argued that their ability to function as full and active citizens in a modern society is limited not by their disability so much as by society's failure to recognise them and accommodate their needs.

Early work of GoS as reflected in the *Samoa National Disability Policy 2011-2016* recognises the needs to promote and enhance the rights of people with disability through appropriate policy, programming and legislative frameworks, as well as wider community awareness raising, in consultation and cooperation with its DPO and service providers. The extent to which this understanding is shared across all stakeholders varies.

The "twin-track approach" to disability inclusive development is used widely within rights-based programs. It is described in a recent report[11] as a combined approach of:

- Mainstreaming a disability-inclusive and human rights perspective in all development programs and projects
- Supporting disability-specific initiatives to empower people with disability and enhance their inclusion in society; such initiatives may include for example capacity development to strengthen disabled people's organisations (DPOs) and empower individuals with disability or support for training institutions to increase the availability of services for people with disability.

Both approaches have a common aim: promoting equal rights and opportunities for all people with disability.

## 2.2 Government of Samoa Policies and Plans

The Government of Samoa (GoS) recognizes the challenges faced by people with disability across the entire country, including the 80% living outside the capital Apia, and is committed to incorporating disability issues into national and sector plans. The Community Sector Plan and the Strategic Plan of the

[11] German Federal Ministry for Economic Cooperation and Development, 2013. *A human rights-based approach to disability in development*, (page 9) available at http://www.addc.org.au/documents/resources/bmz-giz-cbm-study-human-rights-based-approach-to-disability-development-accessible_1078.pdf#page=2

Ministry of Women, Community and Social Development (MWCSD) include measures to reduce discrimination against people with disabilities. This will be achieved through the strengthening of policy and legal frameworks, sectoral linkages and conducting development programs. MWCSD is ideally placed to coordinate this work, since it already has the mandate to work directly with communities across the entire country on the two islands, Upolu and Savaii which make up Samoa. With only 20% of the nation's population living in the capital Apia and the remainder in over 170 villages across the two islands, the provision of outreach services for people with disabilities is particularly important. Both GoS and NGOs will need to be involved in ensuring national coverage of services where possible.

MWCSD also participates in sector committees relevant across GoS so has the opportunity to contribute to mainstreaming efforts in relation to disability inclusion, alongside its role in gender and child protection policy mainstreaming.

The Samoa National Policy for People with Disabilities (NPPD) was introduced in 2011. Its key intention is to build a stronger recognition in Samoa that people with disability should be empowered, their rights recognised and that they should be included in mainstream civil, political, social, cultural and economic life. The policy is provided at Annex 17.

Several existing pieces of legislation address the interests of people with disability in Samoa. The *Education Act 2009* enables the MESC to take a proactive role in ensuring education where relevant for children with disabilities. The *Mental Health Act 1961* and *Criminal Ordinance 1961* offer some degree of protection for people with disability but both require updating as part of compliance with CRPD.

Interests of people with disability are also reflected in various GoS sectoral documents. The National Policy for Children 2010 – 2015 (NPOC) emphasises recognition and support for children with special needs, in the context of inclusive quality education. The *Strategies and Policies 2006 – 2015* (SPP) of the Ministry of Education, Sports and Culture (MESC), identify measures for integration of sports and education; among these are the development of a National Sports Policy, with components centred on involvement of people with disabilities; these include the recruitment of a disability sports officer for the Ministry, and awareness for Special Needs Education (SNE) providers.

In 2005 the concept of Inclusive Education was introduced into the Samoan education system. All schools are encouraged to enrol students with disability with other students in inclusive settings. MESC is currently preparing an Inclusive Education Policy to improve teaching and learning of students with disabilities, and strengthen nationwide support for inclusive schools. The policy ensures that young people with special needs can attend any school provided the facilities are available to allow this to happen.

Children with disability are an important part of the national Education for All Plan of Action (EFA), focusing on strengthened curricula and support services such as Special Units within regular schools, vocational training opportunities provided to youth with disabilities, and scholarships awarded to people with disability to study at tertiary level. MESC has a Special Needs Coordinator in the Curriculum, Materials & Assessment Development section and has also developed a Facilities Handbook for use by contractors when building new and refurbishing school buildings. MESC provides financial assistance on the basis of a per capita grant to schools providing education for children with disability. A database has

been developed to identify students, their disability and their location. The work of MESC in this area has been supported by other donors in the past and is currently supported by Australian aid through the Samoa Inclusive Education Development Program (see 2.5 below).

The Ministry of Health (MoH), through its national nutrition centre and district nurses, includes elements of service provision for people with disability, but a centralised system of service delivery does not currently exist. MoH provides some medical assessment, physiotherapy treatment and counseling for people with physical disabilities. The National Health Services (NHS) is also beginning to pay attention to the provision of mobility services in Samoa, for example by committing to building an orthotics centre at the new Apia General Hospital (see Section 3 for more discussion of this plan). NHS needs to play a central role in the coordination of services which will help to identify people with disability (e.g. hearing screening) and disability-specific services, such as the integrated mobility service.

Samoa's Ministry of Commerce, Industry and Labour (MCIL) has worked to establish a baseline for involvement of people with disability in the informal labour market. MCIL also works with ILO on a number of reforms related to the labour market, some of which include inclusive practices. Work with UNDP and ILO has helped to raise the level of awareness in both public and private sectors on disability issues, and the importance of disability mainstreaming. Revising legislation to include references to inclusive employment is expected to be required as part of the movement towards CRPD ratification.

In 2008 a Disability Access Guideline was approved by the Planning Urban Management Agency (PUMA) of the Ministry of Natural Resources and Environment (MNRE). The National Building Code for Samoa is managed under the auspices of the Ministry of Works, Transport and Infrastructure (MWTI). It was recently reviewed to increase accessibility for people with disability.

Currently, there is no disability-specific legislation guaranteeing the protection and enjoyment of the fundamental rights for people with disability in Samoa. However, the Constitution has laid out the fundamental principles not only for the Government but more significantly the foundation for the rights of all citizens of Samoa including people with disability.

Access to justice issues for people with disabilities is an area of interest for both GoS and GoA. To date, the experience of people with disabilities in terms of access to justice has been mixed, with issues of exclusion arising for both victims and perpetrators of crimes with disabilities, across the police, courts and community justice systems. For example, sign language interpreters have not been made available during police interviews or in courts and many cases have not proceeded because of misunderstandings about the rights of people with disabilities.

As a result of the Universal Periodic Review process in 2011 the Government of Samoa agreed to recommendations including the ratification and implementation of the CRPD by 2014[12] and is now actively considering the ratification of the CRPD and enactment of appropriate legislation and policies to give effect to this treaty.

The Government of Samoa has since launched the *National Policy for People with Disabilities* and a National Disabilities Taskforce has been established to provide technical advice on the implementation

[12] Report of the Working Group on the Universal periodic review, Samoa (2011)

of this policy and guide efforts towards ratification. The Government has allocated funding for a Senior Disabilities Officer, who sits within the Ministry for Women, Community and Social Development (MWCSD).

Samoa has ratified the eight International Labour Organisation (ILO) core conventions, which include the *Discrimination (Employment and Occupation) Convention*. Article 1 (b) of this Convention prevents discrimination based on "such other distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation". Following a National Meeting on Promoting Decent Work for People with Disabilities through Inclusion (facilitated by ILO), in August 2011, GoS expressed interest in signing *Convention 159 on Vocational Rehabilitation and Employment (1983)*. Recommendations made after this meeting were similar to some included in Section 3 below for implementation under this Program.

At the regional level, Samoa supported the BMF and is currently committed to the Incheon Strategy and PRSD. Samoa also fulfils its international obligations for people with disability through the CEDAW (1992) and CRC (1994). Also, at the international level, Samoa was a signatory in 1998 to the UNESCAP *Proclamation on the full participation and equality of people with disability in the Asian and Pacific Region*, and in the same year to the Asia Pacific Decade for the Disabled Person 1993 – 2002. Samoa is now a member of the 30 persons Asia Pacific Working Group on Disability under the auspices of UNESCAP even though it shares with Tuvalu the second seat for the Pacific with Fiji holding the first – this means that the two countries will each have 2.5 years of the 5 year tenure and Samoa will serve its term first.

## 2.3 Samoan Disability Organisations and Programs

A range of organisations is involved in advocating for the rights of people with disability, providing services for people with disability and implementing policies and programs associated with the rights of people with disability. Annex 20 provides a detailed list of each of the organisations. Below is a summary of key organisations.

### 2.3.1 Government of Samoa

In 2011, MWCSD appointed a Senior Program Officer to the position of Disability Focal Point within the Division for Research, Policy Planning and Information Processing (DRPPIP). This role is the government focal point for disability issues and is responsible for coordinating implementation of the NPPD and promoting the further mainstreaming of disability issues into national legislation and plans. The position serves as secretariat to the Disability Task Force and is responsible for partnerships and linkages at national, regional and international levels. MWCSD is committed to increasing capacity in relation to disability coordination and implementation. It seeks to form a Disability Unit in the Community Sector and this Program includes early support for such expansion.

The National Disability Task Force (NDTF) was formed in October 2008 by a Cabinet directive to oversee the work on people with disability, as a body to support MWCSD's work in this sector. Chaired by the CEO of MWCSD, the Task Force comprises both government and NGO members (refer Annex 20). The NDTF is currently charged with accelerating efforts towards ratification of the CRPD. Key aspects of this

work are a legislation compliance review, for which the services of the Pacific Islands Forum Secretariat (PIFS) as well as Attorney General's Office (AGO) have been secured, and a Cost Benefits Analysis[13].

Since 2011, NDTF has participated in national efforts to commemorate National Disability Day, in line with international standards, enabling further public exposure about disability issues. NDTF is promoting structural changes to enable people with disability to participate fully as part of the community. For example, it has recently sought to make shops more accessible, promoted availability of accessible public transport, encouraged ramps to be built at churches and addressed the issue of parking spaces for people with disabilities. NDTF seeks specialist inputs in a number of areas to strengthen the quality of its work.

NHS is responsible for the delivery of health services in Samoa. The two new services included in this Program, hearing services and mobility services are directly relevant to the role of NHS and consistent with NHS Plans. Therefore the Program will include funding for NHS to coordinate and organise procurement in relation to these two services. Funding for a Principal Senior Officer position for NHS to coordinate this element of the Program is included in the budget. The Program's overall success, in coherence terms, will require high level cooperation between MWCDS and NHS for the life of the Program.

### 2.3.2 Disabled People's Organisation (DPO)

Nuanua o le Alofa (NOLA) was established in 2001 as the national DPO and focal point for disability issues for people. NOLA is a central, registered, urban-based non-profit organization with a constitution, an elected board, full-time, part-time, paid and voluntary staff and secure office facilities. It is an organisation founded by and managed by people with disability in Samoa, to advocate for the rights of people with disability and to work together to improve their situation in Samoa. At the time of the design process, NOLA has a paid staff of four (Manager, Disability Coordinator, Assistant Coordinator and Driver/Disability Officer), all of whom have a disability.

From 2004 until 2010, NOLA received funding from the New Zealand Agency for International Development for core staff and operational costs. For 2013, NOLA has received grants from Pacific Disability Forum (PDF), Australia Pacific Islands Disability Support (APIDS) and Disability Rights Fund (DRF). Samoa's Community Sector Support Program (CSSP) has provided annual grants to NOLA in recent years and is likely to be an ongoing source of funding for some operational costs and awareness raising activities.

[13] Both pieces of work were underway, slightly behind schedule, during the in-country design process. On 2 May 2013, MWCSD advised that PIFS was no longer in a position to progress the cost-benefits analysis aspect. There were some differences in opinion between GoS and NOLA about the appropriate approach to costing disability inclusion using a cost-benefit methodology. The Design Team acknowledges that GoS will need to make its own decision. There is validity in an approach which focuses on costing the highest priorities already agreed to by GoS rather than the full potential cost. Use of the latter, may dissuade leaders from starting the process of reform. Also, a cost-benefit analysis may not necessarily consider the cost of continuing to exclude people with disability from social and economic life, or the non-financial, moral and rights based aspects of inclusion. Opportunities to carry out an analysis of costs could be secured through the Disability Program Fund or the Program Specialist Panel for technical assistance (see Sections 3.3.1 and 3.3.2 and Annex 8).

NOLA's aim is to work with the wider community, giving ownership to people with disability in becoming role models for individuals, families and our community. The organization also advocates and conducts awareness programs all year round and at all levels.

The current goals and objectives of NOLA are:

1. Reducing poverty and enhancing work and employment for people with disabilities
2. Removing barriers to participation (non-discriminatory legal framework, accessibility and awareness raising)
3. Support to independent living and community inclusion
4. Strengthening NOLA's governance, management systems and membership.

NOLA is a member of Disabled Peoples International (DPI). It is also an active member of PDF, participating in a range of governance, training and networking processes supported at the regional level.

### 2.3.3 NGOs involved in service provision

The first provision of disability services began in Samoa in the 1970s, with a focus on special education programs for children with intellectual disabilities. Later services for children with hearing, vision and physical disabilities were established by non-government and charitable organizations. NGOs have been the main source of influence and providers of services to people with disability in Samoa through special schools, early intervention programs, advocacy activities and vocational training programs.

Six Apia-based NGOs currently exist to provide various services for specific groups of children and adults with disability. These include:

- Loto Taumafai Centre
- SENESE
- Aoga Fiamalamalama
- PREB (Society for the Blind)
- Samoa Spinal Network (SSN)
- Special Olympics Samoa (SOS)

Details of the work carried out by these organisations are found in Annex 20.

While some NGOs cooperate with each other, for example through referrals and sharing access to visiting specialists, they operate somewhat independently. During the design process, it became clear that there is scope for improved cooperation between several agencies, a lack of which has negatively affected individual people with disability and their families. A coordinated national approach was identified by GoS as a priority.

A range of partnerships with external organisations have contributed to the current capacity of NGOs listed above, including by Australia. For example:

- At SENESE, AusAID has provided funding for a range of services for children who are Deaf/hearing impaired and with vision impairments, as part of SIEDP, and specialists have been placed through Australian Volunteers for International Development (AVID) over many years

- Loto Taumafai Centre has received some funding, training equipment and personnel support from GoS (school fee grant scheme), AusAID (for training), Althus Resource Trust (NZ), Australian Volunteers for International Development (AVID), New Zealand Volunteers and others. It has recently received confirmation from the Government of China of funding and construction of a major new school and vocational education centre in Apia, doubling its classroom capacity and increasing demand for future funding for teachers and maintenance
- Aoga Fiamalamalama has received funding and specialist personnel support from a range of international sources, as well as equipment
- Samoa Spinal Network is a relatively new NGO which works in partnership with Althus Resource Trust in New Zealand
- Special Olympics Samoa is supported through the Australian Sports Commission and works with a range of Samoan sports organisations and NOLA http://www.ausport.gov.au/supporting/international/programs/pacific/samoa

## 2.4 Issues to be addressed by Program

Currently, Samoa's economy and society is not as inclusive of people with disability as is desired by the people themselves. This is consistent with international experience, as identified in *The World Report on Disability*, CRPD, PRSD and Samoa's own NPPD.

People with disability and the broader community will benefit from this Program because they are more likely to be able to contribute to and benefit from development processes if steps are taken for society and Government policies and programs to be inclusive. This is consistent with international experience, as identified in *The World Report on Disability*, CRPD, PRSD and Samoa's own NPPD. Impairments are part of the human condition and people with disability are found in all age groups across all communities and in all socio-economic categories, but are consistently excluded from participating in and contributing to development processes. With 80% of the Samoan population living in rural areas[14], a similar proportion of people with disabilities also live in rural areas, although some families with children with disabilities may move to the capital, Apia for the only available specialist schooling. The exact number of people with disabilities or the proportions of different kinds of impairments in Samoa are not known. The 2011 Census found 4,061 persons (2.1%) were identified as having "any disability" but invariably such data is inaccurate[15]. *The World Report on Disability* identifies that 15% of the world's population have a disability, so in Samoa this could translate to approximately 27,600 people (i.e. 15% of 184,000). People with physical disabilities such as spinal injuries, visual or hearing impairments are those who have been most active in the DPO, but it is likely that people with psychosocial and intellectual disabilities make up the largest proportion of people with disabilities, as is the case globally. Inclusion of people with psychosocial and intellectual disabilities in mainstream development is challenging globally and there is little experience of such processes in Samoa. Progress during this

[14] http://data.worldbank.org/indicator/SP.RUR.TOTL.ZS/countries

[15] Factors such as reluctance to disclose, lack of expertise in classification and absence of diagnosis tend to result in poor data collection on disability prevalence globally.

Program, including policy dialogue opportunities, for example in relation to Community Based Rehabilitiation (CBR) will provide opportunities to commence such inclusion.

When as many people as possible in a community are participating in and benefiting from development processes, developmental outcomes are more likely to be achieved and the lives of all people will be improved. When efforts are made for example to make public buildings accessible for people who use wheelchairs, this also benefits parents with children in prams as well as elderly people, people with temporary mobility problems, those using wheeled bags and delivery personnel. Similarly, when health services are made more accessible, then the costs associated with preventable secondary disabilities can be minimized or avoided, and those involved in the care of family members are less inconvenienced. And when people with disabilities are included in workplace settings, they are able to support and contribute to the well-being of their families and broader communities, reduce dependence on their families, contribute their expertise and help promote the beneficial idea of valuing diversity.

Disability prevalence in Samoa is increasing as a result of increasing impairments[16], related to ageing,[17] lifestyle, diseases such as diabetes, heart disease[18] and Vitamin A deficiency as well as road accidents. According to the Samoa Census of 2011, 4,061 people were reported as having a disability or 2.1% of the population[19]. However, as is the case internationally, the likelihood of this data being accurate is low, for a range of factors including: low levels of self-identification in cultural contexts where disability is considered shameful or something to hide; lack of diagnostic assessment tools (e.g. of autism); lack of understanding of definition of disability by collectors or individuals (e.g. what does "slow learner" mean?) and other factors. If the *World Report on Disability* estimate is used[20] then approximately 28,000 Samoan people (15% of the nation's population of approximately 187,820[21]) have a disability. Regardless of the actual numbers of people who could be classified, there will always be people with disability in any population. The major issue is that most people with disability do not currently participate in or benefit from community and economic life as well as development processes in Samoa, as is the case globally.

During the design visit, it emerged that GoS has been considering conducting a national survey on disability, recommended by WHO, to generate more detailed data. Discussions within the Design Team raised some alternative approaches relevant to a country with low financial resources, suggesting that

[16] Government of Samoa, NPPD.

[17] The 2004 NGO shadow Report on the Status of Women in Samoa reports that the highest reported cause of disability recorded in the 2004 survey was illness, usually non-communicable diseases, followed by disability due to ageing : Women for Peace, Understanding and Advancement, Inclusion International, National Council of Women (NCW). (2004). *NGO Shadow Report on the Status of Women in Samoa*.

[18] Cardiovascular disease accounts for 30% of all deaths in Samoa, indicating that it could lead to significant disability for those who experience a stroke as a result: Khor (2002).

[19] This data was based on a single question in the Census under the heading "any disability?" where respondents were asked to select "one most serious type of disability 1) speech, 2) visual, 3) hearing, 4) Slow learner, 5) Emotional/Mental, 6) Autistic, 7) Epileptic, 8) Physical, like stroke and 9) Others."

[20] No reliable or recent data is currently available from Samoa itself, reflecting a myriad of demographic, attitudinal, definitional and resource-related factors.

[21] From Samoa Bureau of Statistics, viewed on 16 April 2013.

use of the data in the World Report on Disability (i.e. that around 15% of a population will have a disability) should be sufficient to start reforms. With limited research resources, priority could best be allocated to researching what steps could be taken to increase inclusion for all. Acknowledgement that there will always be people with disability in any population is an important starting point for all reforms, and that efforts to be inclusive will benefit not only thousands of Samoans with disability now and in the future, but also their families, communities and the whole country.

This Program will address a range of priority issues identified by GoS and people with disability and their representative organisations in relation to disability inclusive development. In Samoa, as is the case in much of the world, the confluence of a physical or intellectual impairment and attitudinal and policy barriers within societies and economies (the latter being the dominant "problem"), means that this substantial minority of the population do not participate equally with others in social, economic and political life. In development terms, they also do not benefit equally with others from improvements in education, health, employment and other sectors. The interaction of impairments and attitudinal and policy barriers (which lead to exclusion from social and economic life) means that the potential of people with disability is not achieved. Perhaps more importantly in a collectivist cultural context, the potential contribution by people with disability to community life is often restricted when attitudes are ill-informed and barriers remain in place. There are some exceptions in Samoa which could provide examples for other communities, such as establishment of units within community schools for children with disabilities, inclusion of people with disabilities in groups of untitled community members and the employment of women with visual impairment as fine mat weavers. In a relatively small country such as Samoa, overall social and economic prospects are likely to be stronger if as many citizens as possible play an active role. In economic and employment terms, the country cannot afford to miss out on the contributions of up to 15% of its population. In social and community terms, the benefits of inclusion for all are likely to far outweigh the marginal costs of exclusion for this group of people.

The relatively small size of Samoa's population means that the opportunity for achieving rapid changes in attitude and participation rates is great, especially where there is a coordinated approach. With a relatively modest dose of appropriate external funding and technical support, Samoan leaders in disability inclusion will be able to extend and apply existing capacity, enroll others in the process of change and achieve noteworthy results for individuals and communities. Samoa's commitment to ratify the CRPD provides the strongest framework for this effort and a sign of leadership which is critical for any reforms of this scope and nature.

This Program is aligned with shared commitments by GoS, the national DPO and service providing NGOs to achieve a barrier-free and rights based society for people with disability. The intention is to contribute to improving the lives of people with disability across the country, through their increased participation and ability to benefit from social and economic activities. Activities to achieve these goals have already commenced in Samoa, reflecting the efforts of NOLA and a number of Samoan Government leaders. The creation of the cross-agency Disability Task Force demonstrates existing shared commitment and collaboration. The Task Force provides an excellent structure and basis for scaling up and extending efforts in Government and NGOs. Support for the work of the Task Force, as well as inclusion of more stakeholders such as the private sector and churches in awareness raising and

inclusive activities will contribute to a faster pace of progress than would have been possible otherwise. By working with all key stakeholders, in a coherent manner, this Program will support coordination, maximise distribution of development benefits for people with disability themselves and improve community life and economic participation overall, through inclusive practices.

The timing of this Program is appropriate because there is a recent convergence of policy commitments and Australian/Samoan capacity relevant to achieving shared development outcomes on disability inclusion. The Program will contribute to GoS' ability to achieve some of the objectives included in NPPD. The fact that the NPPD was developed in collaboration with NOLA and other stakeholders further justifies Australian support for both Government and other stakeholders. Also, given that Australia already has experience with programs in the disability inclusive development context, through SIEDP and other Pacific activities, means there is an opportunity to draw on existing experience and networks.

## 2.5 Strategic Setting and Rationale for Australian engagement

Australia's role in supporting the inclusion of people with disability in development processes was first explicitly articulated in its strategy *Development for All: Towards a Disability-Inclusive Australian Aid Program 2009-2014*. This Strategy "reflects the Australian Government's commitment to extending the benefits of development to all, and to promoting the dignity and well-being of people with disability".[22] As one of 3 core outcomes, the Strategy includes support for "improved quality of life for people with disability", including supporting partner governments' efforts toward disability inclusion.

The Australian Government's new policy for its aid program, *An Effective Aid Program for Australia: Making a real difference—Delivering real results* (July 2011) "centres on delivering real results for poor people in developing countries by maximising the effectiveness of Australia's aid." One of five strategic goals "promoting opportunities for all" includes an objective "enhancing the lives of people with disabilities." Thus, the focus on lives of people with disability is included as one of AusAID's ten development objectives.

Since 2009, AusAID has collaborated in partnership with Pacific partners towards the achievement of shared objectives which are focused on the rights of people with disability in the region. Australia supported efforts to develop *PRSD 2010-2015.* It has supported partner government efforts in disability inclusive development in several countries in the Pacific, and directly funds and supports the roles of PDF and PIFS in capacity building for disability inclusive development. PIFS in turn is supporting Samoa in several initiatives toward Samoa's CRPD compliance.[23] A number of other regional concepts are under consideration. For example, AusAID is currently undertaking consultations about the possibility of expanding and supplementing current regional efforts in relation to disability inclusive sports, through the Australia Sports Outreach Program (ASOP), implemented by the Australian Sports Commission (ASC). The focus is expected to be on strengthening inclusion of people with disability and achieving disability inclusive development through sport. In Samoa, this appears likely to involve work with DPOs and

[22] AusAID, *Development for All: Towards a Disability-Inclusive Australian Aid Program 2009-2014*, p.1. http://www.ausaid.gov.au/Publications/Pages/8131_1629_9578_8310_297.aspx.
[23] Including a review of legislation and a cost benefit analysis of compliance with CRPD.

existing ASOP partners so that people with disability are more involved in the planning, monitoring and delivery of these activities[24].

In October 2009, the Hon Fiame Naomi Mataafa, then Minister for Women, Community and Social Development made a formal request to Mr McMullan, Australia's then Parliamentary Secretary for International Development Assistance, to support the Government of Samoa to improve the lives of Samoans with disability[25]. As a result, Samoa became a focus country for AusAID's Development for All Strategy. More recently, as part of the Universal Periodic Review Process for the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Cabinet endorsed the Government of Samoa to work towards ratification and implementation of the CRPD.

The proposed Program will contribute to the achievement of policy and program priorities articulated in the current Samoa Australia Partnership for Development, particularly in relation to *Priority 4 Improved Governance* but also in relation to the broader commitments to "poverty reduction and improvements in health, education and other MDG outcomes" as well as local employment.

There is Australian political commitment to support people with disability in Samoa. An announcement was made by Australia's Senator McLucas, then Parliamentary Secretary for Disabilities and Carers at the PIF Disability Ministers Meeting in October 2012 for a package of support in the order of $A4 million over four years to support disability inclusive development efforts in Samoa.

AusAID's early cooperation with Samoa in relation to disability has proven that support for service delivery for people with disability can work in Samoa and can assist in changing attitudes over time.[26] The inclusion of disability as a priority in the *Samoa-Australia Partnership for Development* and the implementation of the Samoa Inclusive Education Demonstration Program (SIEDP), which commenced in 2010 has demonstrated good results. Over 500 children with disability now have access to education and early intervention services and MESC is now working towards full management and ownership of the inclusive education in Samoa by 2016. SIEDP is also having wider implications in driving change in local communities. For example, a rural community applied for funding to install a ramp, enabling a child to attend his local school. Slowly, barriers for people with a disability are being addressed locally in villages. The Ministry of Education Sports and Culture is now working towards full management and ownership of an inclusive education system in Samoa from 2013-14[27].

The AusAID Mid-Term Review of *Development For All* noted:

[24] Early indications from consultations are that sports activities are being undertaken by service providers and sports organisations with little / no genuine engagement with the DPOs. As a result the quality of inclusion and the development outcomes articulated and achieved are not maximised.

[25] The Government of Samoa and stakeholders, including people with disability, were instrumental in informing the *Development for All* strategy's outcomes and priorities. At this time, the Government of Samoa through the Ministry of Women Community and Social Development (MWCSD) requested for Samoa to be a focus country of *Development for All* implementation.

[26] http://www.seneseinclusive-edu.ws/ access to annual report and other media that share stories of positive change in the community

[27] Parasyn, C. 22 October 2012. *Concept Note: Samoa-Australia Partnership on Disability Inclusive Development*

*The AusAID Samoa program has been able to use its bilateral arrangement to work with the Government of Samoa on increasing the visibility of disability issues. In this respect the AusAID work in this country provides an interesting, emerging example of how aid agreements can help support the development of disability-inclusive policies ... SIEDP has given AusAID very good leverage with the GoS generally on disability issues and it is clear that other government departments are becoming more interested in developing responses of their own to disability inclusion. SIEDP is also getting good international coverage and has been selected by UNDESA as one of a number of good practice examples of inclusive development to inform discussions at the UN High Level Meeting on Mainstreaming in 2013. This is helping the GoS to gain more confidence and interest in disability-inclusive development.*[28]

Australia is also well placed as a lead donor to lend support in this area. There are very few other development partners supporting people with disability in Samoa. Currently Japan International Cooperation Agency employs several volunteers in the disability sector. While the United Nations has a mandate to support people with a disability, currently there are no active programs in Samoa. Royal Institute for Deaf and Blind Children, Australia (RIDBC) are mentoring staff at SENESE to provide specialised support to children with disability, specialised volunteers and training for workforce development. A number of other linkages between Australia and Samoa exist at community level in this sector, such as the partnership between NOLA and Australia Pacific Islands Disability Support (APIDS) and collaboration between Motivation Australia and NOLA in relation to feasibility of the mobility service described in Section 3 below.

This proposed investment represents approximately 3% of the AUD$28.6 million bilateral program in Samoa. The Program design is also in line with the forms of aid anticipated under AusAID's Strategy for Samoa. It proposes that existing partners and civil society organisations support GoS reform efforts - with civil society playing an important role in giving voice to citizens to achieve greater social accountability and transparency.

### 2.5.1 Lessons Learned

Internationally, there is not a great deal of evidence about official development assistance being applied to disability inclusion, because donors have only recently paid attention to this issue. However, there is a great deal of relevant literature on inclusive approaches generally, which has been incorporated into this design (e.g. see the Principles Section). AusAID has learned lessons from its Program delivery approach in Samoa, its disability inclusive Strategy implementation to date more broadly, its work with civil society and its work in capacity development, which apply to this Program.

Lessons learned about working in partner systems in Samoa reflect the fact that approximately 70 per cent of country program funding is provided directly to the Government of Samoa to address the mutually agreed development priorities. These funds are managed and accounted for using Samoa's

[28] Kelly, L and Wapling, L (2012) *Mid-Term Review of the AusAID Strategy: Development for All 2009-2015,* Annexes, p 26.

own systems and it has been found that this increases ownership and sustainability of the aid program. Lessons related to the importance of policy dialogue, partnership approaches, shared understanding of concepts and processes such as public sector financial management and procurement, and the value of monitoring and evaluation have been learned from this experience and applied in this Program.

AusAID's implementation of the *Development for All* Strategy has generated lessons, described in its mid-term review[29] such as the importance of respectful engagement and ownership in developing confidence and interest in disability-inclusive development.

AusAID's programming experience in supporting civil society in other Pacific countries is relevant particularly to the element of this Program which supports the work of NOLA. In addition, the AusAID funded research, Capacity Development of Effective and Efficient Disabled People's Organisations in Pacific Island Countries, by PDF and APIDS, included recommendations about partnership which have been applied to his Program. Experience with civil society Programs in Papua New Guinea, Solomon Islands and Vanuatu have confirmed the importance of genuine partnership approaches, respect for independence, the role of capacity development and strengths based approaches. A particular lesson learned is that donors need to be wary of defining capacity as that which enables NGOs to comply with donor reporting standards, rather than as a broader mix of qualities and abilities to undertake their core work.

A wide range of lessons have been learned from AusAID's capacity development approaches in the past decade and are summarized in Annex 21.

# 3. Program Description

The Governments of Australia and Samoa will implement the Samoa Disability Program (the Program) in the area of disability inclusive development from 1 July 2013 to 30 June 2017. The Program includes selected activities across four prioritised outcome areas. GoS, through the MWCSD will be the lead partner, and activities will be coordinated by this Ministry to include activities by a range of other GoS agencies and NGOs. The Program's activities will contribute to high level goals already set by GoS in the NPPD. These are also consistent with Australia's policy priorities stated in the *Development for All Strategy* and *An Effective Aid Program for Australia.* The Program is consistent with Pacific regional commitments on disability, particularly PRSD and the Incheon Strategy as well as CRPD (details in Section 2 above), to which both Governments are committed.

## 3.1 Logic and Expected Outcomes

The long-term **development** goal for the Samoa Disability Program is:

[29] http://www.ausaid.gov.au/HotTopics/Pages/Display.aspx?QID=899

- A human-rights based, inclusive and barrier free society which advocates for and empowers people with disability.[30]

The **Program** goal (which describes what contribution this Program aims to make to the long-term development goal) is:

- Disability-inclusive policy and implementation across Government, DPO and service provider organisations

To **contribute** to this Program goal, four **outcomes** have been prioritised by stakeholders for the period to mid 2017[31]:

1. **Government of Samoa policy and programs increasingly compliant with CRPD**
2. **Deeper community awareness of, and support for, the rights of women, men, boys and girls with disability and their increased social inclusion**
3. **Increased accessibility of services (mainstream and disability-specific)**
4. **Increased participation by women and men with disability in livelihoods and employment**

Figure 1 below provides the Theory of Change for this Program. The Theory of Change picture illustrates the **contributory** links between four sets of activities and four outcome areas, linked by intermediate outcomes.

The intermediate outcomes for each outcome area are as follows:

| **Outcome Area** | **Intermediate Outcomes** |
|---|---|
| 1. Government of Samoa policy and programs increasingly compliant with CRPD | Legislation reviewed and revised<br>Consultations for new and revised GoS policies completed |
| 2. Deeper community awareness of, and support for, the rights of women, men, boys and girls with disability and their increased social inclusion | Nation-wide community awareness programs delivered<br>People with disabilities engaged fully in all aspects of inclusive policy development and planning |
| 3. Increased accessibility of services (mainstream and disability-specific) | Plan for National Mobility Service completed<br>Plan for Hearing Service completed;<br>Guidance on disability inclusive services developed<br>Standards for service provision issued |
| 4. Increased participation by women and men with disability in livelihoods and employment | Job club established<br>Multi-stakeholder Inclusive Vocational Training program developed |

[30] This is expressed as the Mission in GoS' *National Policy for Persons with Disabilities 2011- 2016, p iii,* and is consistent with CRPD principles.
[31] During design consultations in March 2013.

| | |
|---|---|
| | 100% increase in numbers of people with disabilities in formal employment |

The work associated across all Outcome Areas will be **underpinned** by six supporting and cross cutting approaches. While for illustrative purposes, each element in "boxed", in reality, many of the elements are inter-connected and mutually dependent.

At the higher level, the Program Goal and Outcomes apply to a long-term time-frame (e.g. 8-10 years rather than 4 years included in this PDD), while the sets of activities described are to be implemented in the period 2013-17. Substantial and progressive changes are likely overall, but detailed results in all sectors cannot be definitively predicted, given the complexity, diversity and inter-dependence of issues and processes involved.

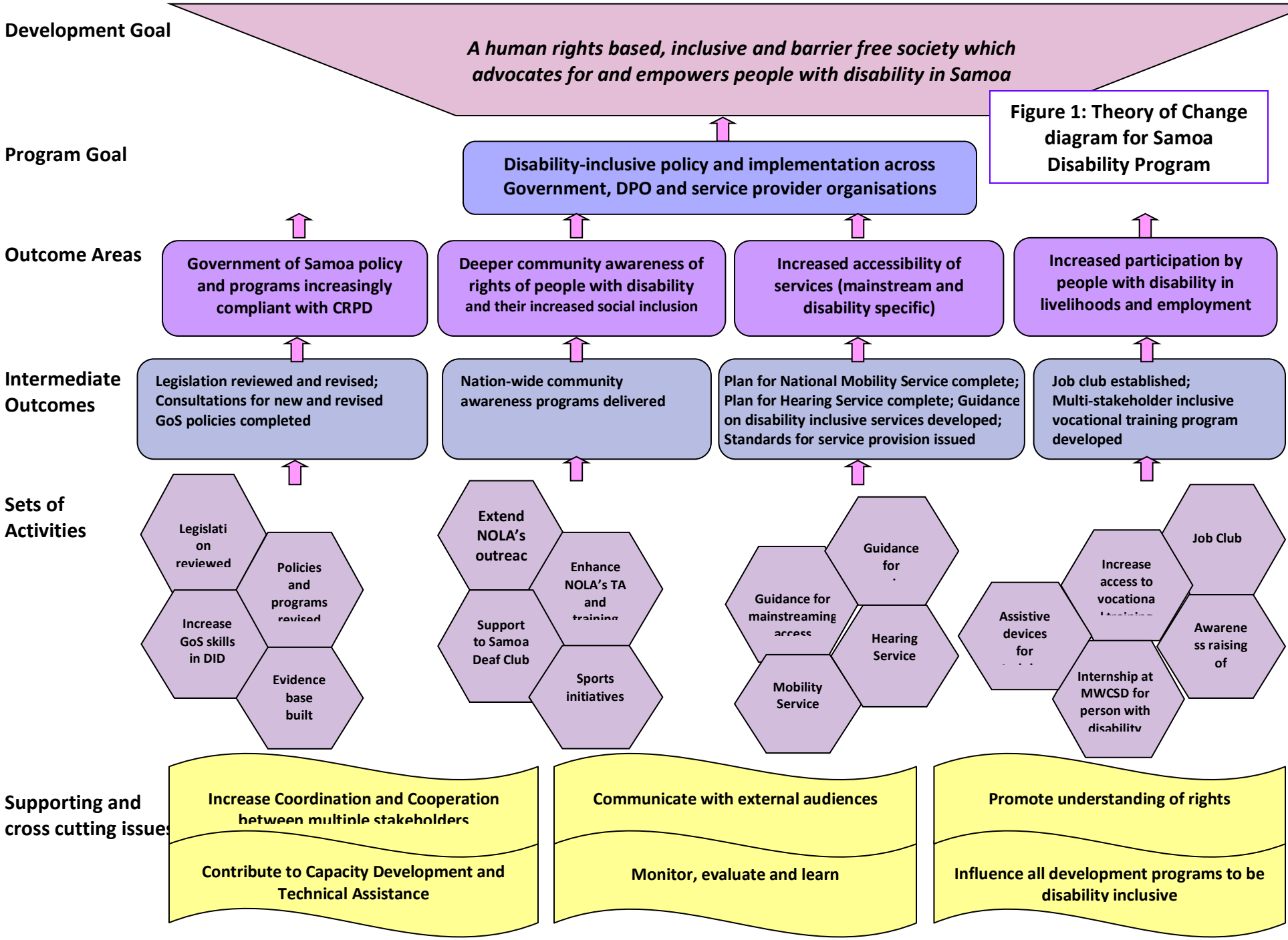



**Figure 1: Theory of Change diagram for Samoa Disability Program**

In addition to activities which are expected to contribute to the four specified outcome areas, the Program will also fund a range of **supporting and cross-cutting approaches.** These apply across all outcome areas. They relate to the nature and quality of Program processes and activities and include:

- **Increase coordination and cooperation** between multiple stakeholders where possible
- Contribute to locally-determined **capacity development** (using a broad definition of capacity)
- Create **communications products** for sharing information with other Pacific countries about the relevance of CRPD for the lives of Pacific people with disability and their communities and the experiences of Samoan communities and organisations
- **Monitor and evaluate** progress and outcomes, using action-learning and reflection processes, to maximise learning about what works well and the factors that contribute to success
- **Promote understanding** about the specific rights of all people with disability, particularly children and young people
- **Advocate for and influence** other development programs to become inclusive of people with disability

Program contributions to activities related to both outcomes and cross-cutting activities will comprise:

1. Funding for the salaries and related costs for three additional staff in MWCSD, three additional staff in NOLA and one additional staff for NHS
2. Funding for access to priority capacity development activities (mentoring, workshops, awareness-raising, specialist technical assistance, research, attendance at conferences, training etc.) for MWCSD, NOLA and selected GoS organisations responsible for disability policies and inclusive programs and services (see Annex 12)
3. Provision of equipment and initial supplies associated with the start-up of sustainable disability-specific/specialist services, including an Integrated Mobility Service and a National Hearing Service
4. Funding to support coordination and collaborative processes for disability inclusive development at national level, particularly through the National Disability Task Force
5. Funding for Deaf Club to meet more regularly to facilitate sign language development and cultural identity[32], to run awareness raising activities and to access training opportunities
6. Specialist technical assistance to support selected research, communications, monitoring and evaluation and other program management processes. Particular attention will be paid to facilitating learning processes and disseminating findings about the Samoan experiences in implementing disability inclusive development to regional and international audiences.

The assumptions underpinning the Theory of Change include the following:

- That GoS is ultimately responsible for the promotion, protection and fulfillment of human rights such as the rights of people with disabilities in Samoa

[32] Consistent with CRPD Art 30(4), 21(b).

- That a wide range of stakeholders need to be involved in contributing to changes in attitudes, policies, programs and practices in Samoa to bring about greater levels of inclusion (and all have different starting points), particularly people with disabilities and their representative organisation
- Progressive achievement of disability inclusion and protection of human rights is expected over time
- That cooperation between Government, civil society and people with disabilities will bring about shared objectives in relation to disability inclusion
- That an open-ness to mutual learning about how to maximise disability inclusion within the Samoan cultural context (through collaborative monitoring and evaluation) is a better approach to achieving sustainable outcomes than the imposition of external recipes or practices, but that lessons learned from international experience are worth considering
- That sustainability of services is more important than achievement of high level standards if they cannot be sustained
- That when people with disabilities are formally and consistently involved in decision-making about inclusion then the Program's objectives are more likely to be met and people with disability will gain greater capacity themselves
- That working through GoS systems for the implementation of this Program is more likely to achieve relevant and sustainable results than using external management systems
- That disability inclusion is not only Samoa's responsibility but the responsibility of all development organisations operating in Samoa

### 3.1.1 Details of outcome areas

#### Outcome 1: Increasing compliance with principles and Articles included in CRPD

This outcome area reflects a commitment by the GoS to ratify CRPD once a legislative review and financial analysis have been completed and the implications considered. Samoa's AGO and Law Reform Commission (LRC) have a process in place to move Samoa toward ratification, including community consultations, Cabinet approvals and law reform. Ratification of CRPD is regarded as an important symbol of GoS commitment to disability inclusion and has wide-ranging implications across all aspects of government and at international law. It was agreed by all stakeholders that the critical measure of success in Samoa is movement towards substantive compliance with the respective articles of the CRPD. This can occur regardless of when and whether CRPD is ratified. In some ways, progress toward compliance is already underway. The four years of cooperation between Samoan and Australian organisations under this Program will contribute to hastened movement towards substantive compliance with CRPD and in doing so is expected to result in an increased quality of life of people with disability in Samoa in the short to medium term.

The Disability Unit in MWCSD is the key organisation responsible for coordinating implementation in this outcome area. The Disability Unit will be re-located into the Community Development Sector Program within MWCSD and increased in size, with funding for new staff provided through this Program[33]. The Disability Unit will have a key role to raise awareness of, and promote buy-in by senior people in all relevant Ministries and in other stakeholder organisations in relation to CRPD compliance. The design process for this Program included representatives from key GoS agencies and thus there is a good degree of ownership of the key design elements. The Disability Unit will have the responsibility to initiate and support a wide range of activities consistent with CRPD compliance. The Program will support MWCSD in this role through increased resources and access to technical advice and support. Through MWCSD, the Program will also provide resources and technical assistance to other GoS Ministries who request it, to assist them in efforts toward disability inclusion. There is a high degree of interest from other Ministries in how best to move towards disability inclusion. In particular, GoS is working towards the development of anti-discrimination legislation and complaints/protection mechanisms, through the new Ombudsman's Office's and planned Human Rights Commission.

Two mechanisms will be established under this Program to contribute to Ministries and other stakeholders' capacity to undertake initiatives in relation to disability inclusion: a **Program Specialists Panel** (comprising specialists available to provide technical assistance, up to an annual limit) (see Section 3.3.2) and a **Disability Program Fund**, which will provide small grants for GoS agencies for other activities associated with compliance (see Annex 12 for suggested process and criteria for selecting activities for funding).

***Priority indicative activities*** related directly to Outcome 1 in Year 1 include:

[33] Funding is budgeted for the full staffing costs for the first 3 years, and then AusAID contribution will be phased out while GoS funding for essential positions is substituted.

- Completion of reviews of legislation, community consultations and costs associated with CRPD ratification, including provision of specialist advice and support to AGO and LRC on legislative changes and other necessary processes required for domestic compliance with CRPD[34]
- Support for processes associated with legislative and policy changes prioritised by the above reviews
- Support for Samoa's Disability Task Force to strengthen its capacity, expand its coordination and policy advice roles to support changes across GoS and Samoa and undertake monitoring
- Support for improved coordination and collaboration across the disability sector, including increased opportunities for shared learning, for maximizing benefits for all and reducing potential for duplication
- Funding for the salary and related costs of extra staff for the MWCSD for 4 years (to deal with the significant body of work in working toward CRPD compliance), progressively reducing in Year 4 towards sustainable GoS funding for essential positions
- Policy analysis and relevant data collection to inform evidence based policies and programs which are inclusive of people with disability
- Focus on strengthening disability inclusive access to justice
- Organisation of events and processes which aim to inform, raise awareness of and promote buy-in by senior people in all stakeholders in relation to CRPD compliance
- With NOLA, undertake organisation and delivery of training for professionals and staff working with people with disability about the rights recognized in the CRPD so as to better provide the assistance and services guaranteed by those rights.[35]

As noted in Section 2.4 above, the design process included discussion about the idea of a national disability survey which would develop "evidence" of the extent and nature of disabilities in Samoa. There are strengths and limitations of such a process and it is concluded that AusAID should advocate for disability specific data to be collected from general surveys, such as the Census and other household health and community surveys, as part of its broader policy dialogue on disability inclusion, rather than fund a separate survey. If data is needed to "convince" political and other leaders, then reference to the 15% of the population figure included in *The World Disability Report* is recommended until Samoa-specific data emerges.

### Outcome 2: Deeper community awareness of, and support for, the rights of women, men, boys and girls with disability and their increased inclusion in society

This outcome has been accorded a high priority by people with disability because of the role that negative attitudes towards people with disability play in constraining their inclusion in all aspects of community and economic life. While good progress has already been made by NOLA in raising awareness in Samoa about disability inclusion in the last five years, stakeholders believe that when

[34] PIFS is already providing some support to AGO and LRC in this regard, so the Program contributions will complement this support as required.

[35] As provided for in CRPD Art 4(i). NB This activity may better be implemented in Year 2, but initial planning may commence in Year 1.

communities are better informed and supported to be inclusive, this will have a considerable positive impact on the lives of people with disability, particularly in rural communities where the majority of people with disability live.

NOLA, as the national DPO, has a key role and mandated responsibility in CRPD (Articles 4(3), 29, 32 and 33(4)) to communicate about, advocate for and monitor implementation of the rights and lived experiences of people with disability to GoS and other stakeholders. Donor countries which have ratified CRPD, under CRPD Article 32, have an obligation to work with DPOs.[36]

NOLA is the key organisation responsible for this Outcome area, and its advocacy efforts and monitoring will be a critical factor in all other Program Outcome areas (see Annex 8).

The Program will provide funds through MWCSD to NOLA to cover the costs of appointing up to three additional staff members (likely to be a Program Officer, a Policy Research Officer and an Information and Communication Officer[37]) for four years, with expectation that MWCSD will include funding for NOLA under its own budget, progressively, commencing in year 4 (2016-17). Funds will also be provided on annual six-monthly basis to NOLA for them to undertake significantly increased activities in relation to advocacy, training, community awareness raising and technical and advisory services to GoS and service providers, across the breadth of the whole program. The Program will ensure that NOLA is appropriately resourced to undertake this expanded role. A sub-budget budget for NOLA (in Tala) is incorporated into the Program Budget (Annex 2). A draft MOU between MWCSD and NOLA is provided at Annex 4 and will require negotiations before being finalised and signed.

There has been a good working relationship between MWCSD and NOLA to date. The introduction of funding considerations may result in changes in the relationship. Government and civil society personnel globally tend to have different frames of reference. In this context, there may be potentially different perceptions about community awareness in relation to disability. The differences in approach are understood by both parties and were discussed during the Design process: there is goodwill on both sides to maintain a respectful collaborative relationship. After careful consideration, it was agreed by both that funding for NOLA's activities under this Program would be provided by AusAID through MWCSD.

The ***priority indicative activities*** related directly to this Outcome 2 in Year 1 include:

- A series of community awareness raising processes, including with employers, training organisations, village groups, churches, women's committees, sporting associations and parents groups, focused on the meaning and implications of CRPD, initiated and co-facilitated between NOLA and MoCWSD
- Organisation of a range of sporting activities at community level as a tool for inclusion (NOLA in collaboration with SOS)

[36] http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx#32

[37] Subject to organisational review expected to be undertaken by NOLA in June 2013, which will result in a workable staffing structure, detailed position descriptions and related support systems for an enlarged organisation.

- Funding for NOLA's participation in and contribution to capacity development processes at individual, organizational and network levels including to:
    - run information campaigns to raise awareness about disability, challenge stereotypes and stigma and promote positive images of disability at community level, including through Sui Tamaitai o le Nuu/Sui o le Nuu/Sui Tupulaga Talavou
    - work with GoS to develop materials and awareness raising campaigns for families so that they are aware of the rights of children with disability and are aware that they can contact NOLA (and/or the Independent monitoring mechanism established pursuant to Art 33 CRPD) about any concerns and complaints against discriminatory services
    - assist stakeholders to promote child protection within the wider community through awareness raising activities on the rights of people with disability particularly to families of children with disability and to professionals working within this space
    - develop and provide training for professionals (including police, health workers, education providers, community workers) in disability rights and empowerment, and ensure that they can address barriers that prevent access to services, such as communication
- Funding to the Deaf Club, channeled through NOLA to allow it to meet more regularly, develop Samoan sign language, access training opportunities and over time represent and advocate for Samoan people who are Deaf/hearing impaired
- Access by NOLA to technical assistance to support its work under this Program ( a budget line unique to NOLA has been included in their budget)
- Research (using action-learning approaches) about how a DPO can be effective in advocating for CRPD ratification and implementation, through to preparing its first shadow report on CRPD to the Committee on CRPD (linked to Cross-cutting issues)

### Outcome 3: Improved access by people with disability to services, goods and information, as well as provision of disability-specific services for people with disability

This Outcome area seeks to increase disability inclusive approaches to service delivery so that people with disability are better able to access both mainstream services and disability-specific services. GoS has not previously had direct policy or programming engagement in the area of disability-specific service delivery but is now committed to "provision of support services and assistive devices." [38] GoS has also identified that accessibility to other services is also important.[39] Both mainstreaming access and specialist service provision efforts to date have largely been made independently, so this Outcome area seeks to improve strategic approaches and coherence.

Work proposed under Outcome 3 reflects the twin-track approach to disability inclusive development, included in AusAID's *Development For All Strategy* (see 2.1.2 above). Thus, work under Outcome 3 will simultaneously contribute to:

[38] *NPPD*, Core Outcome Area 4: Provision of support services and assistive devices, pp.12-13 , 27-28.
[39] *NPDD*, Core Outcome Area 6: Access (information, transport, built environment, health), pp. 14-16, 29.

- **Mainstreaming: inclusion and accessibility of existing services across Samoa making them more accessible for people with disability**
- **Development of guidance for disability-specific service delivery overall, to improve strategic coherence and introduce quality standards**
- **Development of two initial disability-specific services (hearing services and mobility service).**

### Mainstreaming: inclusion and accessibility

A wide range of services are currently provided for people in Samoa by Government agencies and NGOs, some of which are supported by Government or external providers. Inclusive education services are already the focus of Samoan and Australian collaboration (under SIEDP), and there is now scope for other mainstream services to become increasingly inclusive. When they become aware of CRPD obligations, providers of other services, including health, safety, transport, construction and maintenance of public buildings, information, justice and community services, are likely to request support to enable services to become accessible and inclusive. GoS agencies, civil society organisations including churches, NGOs and private sector groups will all be expected to make efforts to ensure their services are inclusive of all people and accessible to all. GoS and NOLA, both responsible for reporting on progress once CRPD is ratified, will therefore have a role in encouraging this shift and reporting on achievements after two years initially and each four years thereafter.

Australian aid also contributes to Samoan development through programs in other sectors, such as health and disaster preparedness. Consistent with Article 32 of CRPD and its own policy commitments, GoA is responsible for assisting developing countries to achieve compliance and ensuring its aid programs are inclusive. In Samoa, Australian aid programs which involve support for policy development and service delivery will need to move towards inclusion and accessibility. The Samoa Disability Program includes a commitment by the GoA to take steps towards CRPD compliance within its broader suite of development assistance programs in Samoa, working in collaboration with GoS and NGO partners. This will include efforts by AusAID staff in Canberra and Apia and access to the range of specialist support available to AusAID on disability inclusive development.

The emphasis in this Outcome area is for MWCSD to be able to support service providers to achieve compliance with CRPD in their respective sector, by providing access to generic information and resources as well as providing specialist advice and referrals. The Program will not fund all service providers to make reasonable adjustments for the sake of accessibility and inclusion.

***Indicative activities*** included in this part of the Program include:

- Provision of guidance for GoS agencies on how to make services inclusive and accessible to people with a diverse range of impairments (through access to internationally available materials, adapted and translated to suit Samoan context)
- Facilitation of awareness raising meetings on CRPD for GoS agencies
- Effort by AusAID to increase disability inclusion within its suite of development assistance activities in Samoa

- Training of service providers in the rights of people with disability provided for in the CRPD, assisted by NOLA
- Audits of existing services to gauge accessibility and to identify improvements to accessibility that can be undertaken by service providers within their own budget or with external support.

### Guidance to support service delivery

This activity will include support for collaborative development, led by GoS, of national guidance, systems, standards and structures, relevant to disability-specific service delivery in Samoa. GoS is committed to "provision of support services and assistive devices" [40]but has little prior experience in this area, so the Program will include access to specialist advice. It is not expected or likely that GoS will provide all disability-specific services itself, as NGOs are likely to continue to play a key role in this respect. This Program design is based on the assumption that GoS, through MWCSD and NHS, will be responsible for:

- overall coordination of services, which are provided at national and community levels by a range of GoS agencies and NGOs, under agreed funding agreements and quality standards
- setting standards and ensuring quality services are provided across the country
- establishing and sustaining critical/priority health screening to identify new-born children, pre-school students and adults with hearing or vision impairments requiring specialist services
- provision of hearing services for those requiring specialist services
- providing a centralized integrated mobility service at the Apia General Hospital, which will be supported by outreach services and other NGO networks.

MWCSD personnel funded by the Program will be involved in developing and strengthening coordination mechanisms, as well as facilitating the preparation of guidance, in consultation with NOLA, NHS and existing service providers, as appropriate.

Collaboration with WHO's Western Pacific Office is already underway and this will contribute to MWCSD's and NHS' capacity in this area. WHO is planning a workshop on community based rehabilitation (CBR) with Samoan stakeholders in June 2013 and this is likely to raise further awareness and trigger wider interest in the CBR approach. GoS has included a CBR approach to service delivery in the NPPD [41] and this Program will complement and support its efforts alongside the work of WHO.

Beyond personnel, minor Program funding is budgeted to support development of GoS guidance for all service providers, such as consultations and printing of guidelines (including in accessible formats). This reflects interest in GoS to ensure service providers in Samoa operate to appropriate standards, consistent with CRPD and other international commitments on disability. This area of work links with cross-cutting issues such as gender equity, child protection and effective monitoring as well as to other outcome areas, particularly compliance with CRPD.

[40] NPPD, Core Outcome Area 4: Provision of support services and assistive devices, pp 12-13, 27-28.
[41] NPPD, Core Outcome Area 4 includes objective a. 'Develop a community based rehabilitation program', p 12. Note that NPDD Outcome area 2 (Loto Taumafei Early Intervention Program) also includes a commitment to 'Develop a Community Based Rehabilitation Strategy', p 11.

Under this area of work, from Year Two, an analysis of the feasibility of providing **other priority disability-specific services** should be undertaken, in consultation with other stakeholders. For example, there is scope to increase sign language and sign interpreter development as a service. There is also the possibility that there is sufficient demand for a service related to job readiness to justify support for a more formalized service than is currently available. Other emerging service-related issues may emerge during Program implementation and a flexible approach should be used to respond to opportunities. Attention should always be focused on sustainability of service delivery approaches.

### *Disability-specific services: assistive devices and services*

Studies have shown that assistive technologies, when appropriate to the user and the user's environment, have a significant impact on the level of independence and participation which people with disability are able to achieve.[42] They have been reported to reduce the need for formal support services[43] as well as reduce the time and physical burden for caregivers.[44] The use of mobility devices, in particular, creates opportunities for education and work, and contributes to improved health and quality of life.[45] Mobility devices may also have an impact on the prevention of falls, injuries, further impairments and premature death. Investment in provision of mobility devices can reduce health-care costs and economic vulnerability, and increase productivity and quality of life.[46]

A number of small-scale assistive device service-delivery activities have been undertaken in recent decades in Samoa (see Section 2.3 above). Most services have been organized through or in association with Samoan schools or NGOs and some are currently being enhanced through SIEDP. Services for adults with disability are less developed and there are currently no GoS-funded assistive device services for adults.

A range of other disability-specific services were identified during the design process for this Program. These include sign language development, sign interpreter training and accreditation and a service to assess job capacity. Analysis of potential for these new services, including possible implementation organisations, should be undertaken in the second year of the Program. Guidance on service delivery standards, including consideration of CBR approaches, will help to inform any new services established in Samoa in this regard. Any local initiatives and efforts to establish such services should be encouraged by the Program, and funding provided, if deemed appropriate through Annual Planning processes.

Under the specialized service-delivery part of Outcome 3, there will be two sets of activities:

i. support for establishment of an **integrated mobility service**, comprising a central hospital-based program and community-based linkages, to provide and support the use of prosthetic, orthotic, wheelchair and other mobility devices
ii. support for elements of a **hearing service** which will provide assistive devices for children and adults, once diagnosed with untreatable hearing loss.

[42] WHO and World Bank (2011), quoted in WHO (2011b) p. 7.
[43] WHO (2011b) p 7.
[44] Allen et al, (2006).
[45] May-Teerink (1999); Eide & Oderud (2009); Shore (2008)
[46] SIAT (2005).

Overall, these services are intended to be developed in ways which will maximize sustainability, so they will continue to meet ongoing demand in the medium to long-term, within the resources available in Samoa. The size of the population and GoS budget will mean that considerable effort will be needed to maximize viability. It would be easy to introduce "ideal" services that cannot be sustained once this Program ceases and all efforts should be made to avoid this situation. While contributing to the establishment of locally sustainable services, it is important that existing voluntary service-provision arrangements with external organisations such as the Royal Institute for Deaf and Blind Children and Althus Trust are complemented and recognised. The Church of the Latter Day Saints in Samoa is also interested in contributing to national programs in this area. These organisations are keen to continue to work in partnership with Samoan organisations and their contributions to sustainable local service delivery will continue to be important, given the specialist nature of services. Collaborative partnerships are critical to effective service-delivery.

At the time of the design, a number of regional level processes were underway which may influence disability-specific service provision in Samoa, including the mobility and hearing services described below. Some consideration is being given by WHO and AusAID, following advocacy by Motivation Australia, to the concept of regional procurement of assistive devices including wheelchairs, frames and hearing aids. While this might prove to be more efficient and cost effective than individual procurement by each Pacific country, there are a number of lessons learned from previous regional activities which need to be taken into account, in terms of the feasibility of such a process (e.g. lack of "ownership" in a central location). AusAID recently funded a mapping of disability services and facilities including the provision of assistive devices [47] and is considering the implications of that report for programming in the Pacific. WHO is currently conducting research on the availability and affordability of assistive devices in the Asia and Pacific region, including considering recommendations relating to provision of assistive devices in low-resource settings including the Pacific.[48] These processes will inform future procurement/service delivery models for the region, recognising that the size of many Pacific countries does often not justify full service establishment. One option under consideration is the use of regional hubs which provide services and procurement to other countries, to provide efficiencies of scale and sustainability. It is not clear at this stage what might be recommended as feasible and what Pacific countries and donors will agree to undertake in practice. It may be several years before decisions are made by Pacific countries and donor partners about how to establish and maintain services and procure equipment (such as hearing aids) in this context, let alone services established. In this context, the Program descriptions below are based on maximizing sustainability at national levels, and may contribute to later development of regional approaches.

[47] CBM Australia – Nossal Institute Partnership for Disability Inclusive Development (2012), *Improving Access to and Provision of Disability Services and Facilities for People with Disabilities in the Pacific: Disability Service and Human Resource Mapping*, June 2012. http://www.ausaid.gov.au/Publications/Pages/disability-services-and-facilities-in-pacific-pdf-report.aspx (accessed 19 April 2013).

[48] CBM-Nossal Partnership (2013) *Systematic review commissioned by the World Health Organisation: The Needs, Availability and Affordability of Assistive Devices for Older People in 8 Countries in the Asia Pacific Region: Australia, China, Fiji, Japan, Malaysia, Republic of Korea and Vietnam*, unpublished.

Program funding for (i) and (ii) below will be provided to NHS under the DFA, subject to further negotiations within GoS. MWCSD will develop an agreement with NHS covering funding and reporting requirements associated with this element of the Program. Funding for one senior level officer position (Disability Services Coordinator) is included in the budget for NHS to ensure these services are appropriately coordinated from the outset and NHS may consider other roles in order to appropriately cover both service delivery responsibilities and broader inclusive health components such as accessibility of all services, affordability and training for health workers on inclusive approaches. Late in the design process, NHS announced that it will make health services free for people with disability. The new disability officer role in NHS will require close coordination with the Disability Unit in MWCSD. WHO has indicated that it is willing to support this role, with technical back up and links with regional and global initiatives on inclusive health, consistent with its broader efforts.

### *(i) Integrated mobility service*

Article 20 of CRPD requires States Parties to take effective measures to ensure personal mobility by facilitating access to quality mobility aids and devices, including making them available at affordable cost; and encouraging entities that produce mobility aids, devices and other assistive technologies to take into account all aspects of mobility for people with disabilities. Article 26 further requires that States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for people with disabilities, as they relate to habilitation and rehabilitation.

The establishment of an Integrated Mobility Service is regarded as a feasible and sustainable way to meet a wide range of mobility requirements in the long-term[49]. At the Pacific regional level, Motivation Australia, an Australian NGO, under contract with WHO has identified that "an integrated approach to establishing mobility device services in the Pacific region is a more efficient use of scarce resources"[50]. In effect, an integrated approach means that prosthetics, orthotics, physiotherapy, provision and maintenance of wheelchairs and supportive cushions, provision of crutches, walking frames and white-canes and any other assistive device deemed appropriate and feasible, can be managed through a "one-stop shop." Skills and equipment relevant to one service (such as assessment of mobility, fitting, construction and maintenance of devices and physiotherapy) are relevant to other assistive devices and referral systems are more likely to be more efficient and effective through this approach.

Motivation Australia undertook an initial feasibility study in Samoa in 2011 and identified there was sufficient demand for and capacity to provide a sustainable service. While the exact number of people who may need this service in any year is not known, there are sufficient numbers who already access existing *ad-hoc* services to indicate that a minimum-sized integrated service, linked to health and outreach services, is justified. There will always be a proportion of the population requiring mobility services including those with spinal injuries, leg injuries, aged citizens and those with temporary disabilities. Samoa Spinal Injuries currently provides outreach services to nearly 40 people with spinal injury alone and a proportion of children attending three schools in Apia alone use wheelchairs or other

[49] Motivation Australia (2011), *Provision of mobility devices and support services for people with mobility disability in Samoa,* unpublished proposal, 2013.
[50] Motivation Australia, 2012. *Integrated Mobility Device Services*, Report to WHO.

assistive devices. With the rising rates of diabetes in Samoa and diabetes-related amputations, the demand for mobility services may increase.

The service will be centred around a new building in the Apia General Hospital, which at the time of this design process, is expected to be completed between July and December 2014[51]. To ensure this service is able to operate sustainably, detailed planning will be undertaken as soon as this Program commences to address human resources, procurement and service management and coordination aspects. This will build on the previous feasibility study by Motivation Australia and NOLA. The planning process will be led by NHS, with coordination support from MWCSD, and funding provided by the Program. Given its specialist expertise in this area and established communications with NOLA, it is recommended that Motivation Australia be funded to provide the role of technical facilitator for the planning process[52]. MWCSD or NHS will need to consider how best to engage this specialist expertise using appropriate procurement processes. Althus Resource Trust (NZ) should be invited (and funded by the Program) to participate in the planning process, recognizing their experience and partnerships in Samoa.

The Service centre is not intended to draw all potential clients in for all services, but provide a single location for quality service and for coordination of outreach and referral services. Outreach and community-based services are critical. The Samoa Spinal Network and Althus Resource Trust (NZ) are key stakeholders in this new Program and their commitment, capacity, strengths, networks and previous contributions need to be recognized and incorporated into the proposed new Service. Similarly, staff of Loto Tamafai and Fia Malamalama, who have received training to work with children who use wheelchairs are important stakeholders.

The planning process is expected to take a maximum of 6 months, led by NHS, and will include:

- consultations among stakeholders (implementing parties in the hospital-based centre) to determine roles and responsibilities, selection criteria for trainees, schedules, details of procurement requirements and determination of systems requirements
- consultations with other stakeholders to determine referral systems and the scope of outreach services (including links to existing partnerships and networks)
- approval for selection of personnel for training
- determination of procurement requirements, e.g. what equipment and external services are required
- negotiation of all other aspects of the new service
- building ownership within NHS for the future coordination of service delivery.

**Indicative activities** to be funded either during or soon after the detailed design period include:

- overseas and in-country training of selected Samoan candidates in specialist areas, including specialist post-study coaching/mentoring as appropriate
- procurement processes for equipment and initial supplies and systems for ongoing procurement/maintenance

[51] To be funded by NZAID, according to communications with AusAID Apia Post in late April 2013.
[52] A budget of $A23,000 has been allocated for Motivation Australia's costs associated with this role.

- fit-out of the workshop, fitting rooms, storage rooms, office etc.
- establishment of effective and collaborative referral systems and community outreach services and
- initial staffing and management of the service including record-keeping systems, monitoring and reporting.

It is expected that once the building is ready, services will be provided on the basis of well-planned coordination, management and procurement processes, organisational structures, referral systems and outreach linkages. These are envisaged as being the responsibility of NHS in the long-term, though interim arrangements facilitated and supported by MWCSD may be appropriate in the short-term, if commitment and resources are not sufficient in NHS.

### (ii) Hearing service

Anecdotally, there are high rates of preventable hearing loss and deafness resulting from childhood diseases and ear infections in Samoa.[53] Volunteer audiologists and other visiting specialists, coordinated by SENESE, have provided a range of services, primarily for children attending the SENESE school. In 2011, SENESE initiated the development of a Samoan National Hearing Plan, with specialist input from RIDBC and it then developed a proposal for a National Hearing Service. Inviting collaboration with GoS and a range of other stakeholders, SENESE proposed the staged introduction of an integrated approach to improving hearing outcomes for children and adults, including screening of new born babies by neo-natal nurses, screening of pre-school children at community health centres and improved immunisation coverage. The proposal was considered during the design process for this Program.[54] In addition to budgetary and procurement issues, the Design Team noted issues related to long-term sustainability of such a service beyond the Program timeframe. Hearing services for children and adults need to be sustained, once introduced, as do mobility services. Providing hearing aids to children and adults for a short period of time, and then stopping their provision and service support, is potentially more harmful in raising expectations than not providing them at all.

The possibility of regionally based initiatives to respond to the need for assistive devices is discussed above[55]. Additionally, in relation to hearing aids, there is work occurring at the global level led by WHO regarding cost effective, appropriate, development-orientated solutions which might affect procurement issues. There appears to be work towards a consensus global Guidelines document similar to that which exists for wheelchairs[56] and also innovative low cost technical solutions.[57]

During the design process, detailed consideration was given to how best to fund and support an integrated approach to hearing services, through a sustainability lens. After several discussions, it became clear that efforts to screen for hearing loss and prevent or treat ear-related illnesses (such as ear infections and childhood infectious diseases) should be seen as the responsibility of NHS, as part of a

[53] Conversation with Donna Lene, Director of SENESE, during design mission, March 2013.
[54] The budget for proposal exceeded what was possible for this Program. Estimates for the supply of goods was not based on Samoa's MoF procurement requirement.
[55] See pages 22-23
[56] WHO (2011a)
[57] Email communication from Kylie Mines (Motivation Australia), April 2013.

national health approach. While these screening and prevention activities are not currently provided, the Design Team considered that a Disability Program would neither be in a position to fund the entire integrated approach nor would recommend it be established without more detailed consideration of the sustainability of a disability-specific service. In the longer term, the issue of where funds come from should not determine the quality and sustainability of diagnostic and rehabilitation services. If a child or adult needs to have a hearing test because of concerns about their hearing, they should be able to access the service. The key is to ensure that there should not be barriers to accessing services for those who need them and that there is no duplication of services within Samoa, particularly as the specialist levels of expertise required will be difficult to find and retain.

The Design Team recommends that this Program should support the provision of services for people who have been diagnosed as requiring specialist services, but that a detailed and more independent feasibility and design process is necessary to determine how to proceed in practical terms. This reflects the fact that the provision of hearing services is a specialised area, but that aspects of Samoa's resource base and size need to be carefully considered before a new service can be commenced.

To maximise the sustainability of service delivery, the establishment of a National Hearing Service needs to be "owned" by NHS both initially and in the long-term[58] even if NHS sub-contracts aspects of its implementation to organisations such as SENESE. NHS has expressed some interest in the National Hearing Service but there was little evidence of this "ownership" during the design process.

In discussions with MESC about the provision of hearing aids for children in schools under SIEDP, they also considered that such services should best be coordinated in the long term by NHS and were looking to transition this responsibility to them. At present MESC is involved in this type of activity, alongside other aspects of including children in education, such as sign language training and purchasing computer software to promote access to information for hearing impaired and deaf children.

Given the momentum in Samoa to date (and the obligations that will arise in relation to assistive devices under CRPD), the Design team considers that a number of outstanding issues need to be resolved before implementation of the hearing services begin. While not wishing to delay a decision further (after at least two years of unresolved discussions with AusAID, NHS and SENESE), the Design Team considers that for sustainability purposes, more detailed analysis is required before substantial funding is committed to establishing this service. The Design team thus recommends that a detailed feasibility and design study be funded by this Program to determine how best to meet demand for hearing services in Samoa for children and adults in a sustainable manner. Every effort should be made not to undermine existing capacity and voluntary or funded arrangements and partnerships. However for the long-term prospects of hearing impaired and deaf people in Samoa, the emphasis needs to be on how to establish a service that is sustainable, affordable and coordinated with related health services.

NHS clearly has the mandate to provide essential health services in Samoa. The SDP Procurement Risk Assessment for this Design Team recommended NHS should lead all procurement processes under this component 3 (utilizing its own procurement guidelines supported by MoF) and thus should be

[58] During the design process, AusAID's Health Adviser in Samoa was advised of this issue and undertook to discuss potential funding options through donor support to the new Health Sector Wide Approach.

responsible for leading the provision of hearing services. If NHS takes this role, the chances of sustainability are increased as well as the chances of coherence across services – for example with immunization, child health, community health and clinic-based or hospital-based services. NHS procurement systems should (as recommended by the SDP Procurement Risk Assessment) also be used to purchase hearing aids and related items, to support sustainability and relevance. Procurement processes should focus on brand/technology neutral specifications, ensuring appropriate equipment for the Samoa context, rather than pre-determined brand-names. Hearing services in the long-term should also be at minimum coordinated and supported by NHS, with consideration given to the feasibility and sustainability of an in-country audiologist, compared with the current use of visiting specialists. Whatever service is provided, NHS procurement procedures should be used.

The feasibility and design study will need to consider various options to provide services and make recommendations to NHS on how to proceed and where to locate such a service. Suggested TORs for the design and feasibility study are included at Annex 6.

### Outcome 4: Increased economic well-being of women and men with disability

Increased participation by people with disability in income generation, through a variety of employment opportunities was a clear priority expressed by Samoan people with disability during the Design process. This right is recognised in CRPD Article 27 which states:

> *"States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation."*

Article 27 lists 11 ways of addressing the rights of people with disability in relation to employment, covering aspects such as access to vocational training, anti-discrimination, provision of reasonable accommodation, opportunities for self-employment and entrepreneurship and access to public sector employment.

Samoa's NPPD includes five strategies to improve livelihood opportunities and develop life-skills, including focus on employment in the formal sector, access to vocational education and access to credit.[59]

In providing support to GoS under Outcome Area 1 toward CRPD compliance and implementation of the NPDD, there will be some support for policy level assistance in relation to economic empowerment of people with disability. ILO Convention 159 addresses the rights of people with disability in relation to employment. ILO assists Governments to implement elements of this Convention, even where they have not yet signed up to it, as is the case in Samoa. The ILO Office for Pacific Island Countries is keen to

[59] *NPDD* Core Area 3: Independent Living and economic development, pp. 11-12, 26. (The other two areas included under this area of the NPDD are life skills training and disaster preparedness).

collaborate with GoS and this Program to support activities in this regard and can draw on a wide range of relevant resources.[60]

NOLA and MCIL are key stakeholders in this aspect of the Program. There is clear potential to increase awareness of, and engagement with, employers, including through the Samoa Chamber of Commerce. There are also opportunities to ensure gender-inclusive approaches, through engaging with existing Samoan initiatives such as Women in Business[61] to mentor, support and potentially provide training or apprenticeships to women with disability. Engagement by GoS and NOLA with vocational training services, universities and other training providers to help make them more accessible for people with disability, as well as support for transition-to-work processes could also be envisaged under this outcome area, subject to priorities identified.

The Australia Pacific Technical College (APTC) in Samoa provides access to vocational training of relevance to this Outcome area. It runs annual programs in Disability Services, including for people with disability and is also keen to include people with disability in other programs.

Anecdotally, the number of people with disability in employment in Samoa is currently very low (less than 5), so it is envisaged that this Outcome Area will be able to increase the numbers (and the proportion of people with disability who are employed) substantially, especially over the full eight year partnership.

***Indicative activities*** in the first year of this Program include:

- Funding support for an intern with disability to assist MWCSD Disability Unit (this position is described in Annex 7, and provided under component 1, but also applies to Component 4)
- Organise a series of awareness-raising activities within GoS and with private sector and NGO employers about the rights of people with disability to employment , seeking their contributions to changing community attitudes, reducing discrimination and providing opportunities for vocational training and employment
- NOLA to establish a Job Club for people with disability, if considered feasible, matching members with potential roles
- Support for NOLA to engage with Women in Business to improve livelihood outcomes for women with disabilities, as well as working to ensure other mainstream opportunities are also open to women with disability
- Coordination with relevant authorities in relation to accessibility to workplaces through improvements to the Samoan national building code

[60] As indicated by David Lamotte, ILO, to the Design team leader at the Pacific Disability Regional Conference, Noumea, New Caledonia in April 2013.

[61] Women in Business is a Samoan civil society organisation which focuses on strengthening village economies through increasing the range and scope of livelihood opportunities. See: http://www.womeninbusiness.ws/ Women in Business have a history of including people with disability in their activities, and are keen to work with NOLA toward re-engagement in this area.

- Plan developed to support improved coordination, quality and scope of vocational training opportunities for people with disabilities, including improving access to mainstream programs and appropriate targeted programs
- Plan developed to identify how best to access specialist equipment and provide training so that it can improve access to vocational education and workplaces, such as software for people with vision and hearing impairments
- Work with current providers of micro-finance, entrepreneurial development and small business management services to promote inclusive approaches
- Organise events and processes which ensure women with disability are able to choose to learn and to participate in economic activities, and reduce risks of families seeking to block these opportunities (which on anecdotal evidence appears to occur)
- Ensure that gender disaggregated data is collected on who is accessing training and vocational opportunities and who is successfully moving into employment
- Support to NOLA to undertake appropriate MEL activities, e.g. to collect and promote stories of successful employment of people with disability and monitor implementation of effectiveness and impact of these activities.

### 3.1.2 Cross-Program activities

Six sets of activities will cut across and support the achievement of the four outcomes, including:

1. **Increase coordination and cooperation** between multiple stakeholders where possible
2. Contribute to locally-determined **capacity development** (using a broad definition of capacity)
3. Create **communications products** for sharing information with other Pacific countries about the relevance of CRPD for the lives of Pacific people with disability and their communities and the experiences of Samoan communities and organisations, based on action-learning and reflection processes (see below) as well as joint research
4. **Monitor and evaluate** progress and outcomes, using action-learning and reflection processes, to maximise learning about what works well and the factors that contribute to success
5. **Advocate for and influence** other development programs to become inclusive of people with disability
6. **Promote understanding** about the rights of all people with disability, particularly children and young people

To enable MWCSD to undertake the activities described in the following table, the Disability Unit will have access to funding (included in the Budget at Annex 2) and to specialist expertise, as required (and approved within an Annual Plan). The specialist expertise will be available through the Program Specialist Panel which will be the mechanism for appointment of local, regional and international specialists in disability inclusive development, communications, research, monitoring and evaluation.

A summary of the cross-cutting activities are described in the table below:

| Cross cutting activities | Description | Implementation | Indicative Activities in Year One |
|---|---|---|---|
| **Increase coordination and cooperation** | With the intention of maximising quality and efficiency and minimizing duplication, this involves regular consultation between stakeholders and negotiation about complementary roles and responsibilities | Coordination by MWCSD<br>Includes support for increasingly complex work of Disability Task Force | Disability Unit to:<br>• build and share data-base of existing services/roles<br>• organise quarterly meetings of Program stakeholders to: share experiences; identify shared values, priorities and issues; monitor progress |
| **Capacity development** | All activities supported by this Program will include efforts to contribute to the capacity development pathways determined by each stakeholder, recognizing there are already capacity strengths and that there are many ways to contribute to capacity (See Annex 21 re Capacity Development) | Coordination by MWCSD<br>Inputs from variety of sources, including specialist local and external TA, PIFS, PDF and international partners of NGOs | Disability Unit to:<br>• Develop a Program wide CD Strategy (with specialist inputs if required)<br>• Establish a funding and decision-making system to contribute to CD<br>• Develop and start implementing the CD Plan by end of Year One |
| **Communications products** | Production of at least one substantial communications item per year which illustrates stories, experiences and lessons learned about disability inclusion in Samoa (e.g. video, research report, poster series, radio | Coordination by MWCSD<br>Development of a Plan for Years 1-4, with key themes, options and possible partners | Disability Unit to:<br>• Develop a Program-wide Communications Plan (with specialist inputs if required) identifying topics, potential partners and procurement processes<br>• Commence process for first Communications product to be completed early in Year 2 |

| | | | |
|---|---|---|---|
| | program) for wider Pacific audiences<br>Production of local newsletters for all stakeholders on progress in relation to CRPD compliance/other activities | Commission specialists/partners to undertake high quality research and completion of products | |
| **Monitor and evaluate** | See Section 5 below | MWCSD will have a key role in progress monitoring.<br>Joint semi-independent evaluative activities will be undertaken mid-term. | See Section 5 below |
| **Advocate for and influence change in other development activities** | All development programs which include elements of policy, service delivery and community engagement need to review their objectives and approaches and identify ways to work towards inclusiveness. | AusAID will review its own programs and identify ways of increasing inclusion and encourage other donors to do so, in collaboration with GoS.<br>GoS will work with its other development partners to introduce and support disability inclusive approaches | Consistent with Outcome 1, AusAID to undertake review of existing programs and work with Disability Unit to move them towards inclusive approaches.<br>Disability Unit to work with Aid Coordination Unit, MoF on strategy to increase inclusive approaches in all aid activities in Samoa. |
| **Promote understanding** | While implementing specific activities associated with each outcome area, informed | Coordination by MWCSD, particularly recognizing their | Disability Unit and NOLA to develop shared Plan for promoting understanding across the whole Program |

| | | | |
|---|---|---|---|
| | stakeholders will play a role in raising awareness and advocating for change in relation to attitudes and compliance with CRPD<br><br>This includes specific focus on promotion of rights of children and women with disabilities, given their particular vulnerability to abuse, violence and exclusion | expertise associated with previous advocacy about CEDAW and CRC | AusAID, Disability Unit and NOLA to undertake activities described in the table in Section 7.3 in relation to Child Protection |

## 3.3 Delivery Approach

### 3.3.1 Working in Partner Systems

Consistent with AusAID's commitment to work in Government systems and delivery approach in Samoa, funding for management and implementation of this Program will be channeled through GoS, specifically the Ministry of Finance (MoF) to MWCSD. This is consistent with international commitments to the use of Partner Government systems, promotion of local ownership and leadership and mutual accountability (as expressed in the Paris Declaration, the Accra Agenda for Action and the Busan Communique on Aid Effectiveness). For AusAID to provide funding in this way, an assessment of relevant public sector financial management (PFM) and procurement systems was required.

### 3.3.2 Assessment of the Procurement Systems

The SDP Procurement Risk Assessment covered MWCSD, NHS, and SENESE. Samoa's Public procurement process is governed by the *Public Finance Management Act 2001* ('the PFMA'). Treasury Instructions (TIs) (1977) are currently undergoing revision and are expected to be approved by Cabinet in July 2013. Section K of those Treasury Instructions deals with procurement and it will also need to be revised. However, revisions to Section K will be delayed until the MAPS assessment of Samoa's procurement systems is completed, as this will inform many of the changes required to Section K. As a result, the revised Treasury Instructions will be approved and released with the old Section K still in place, and a revised Section K will be approved and published later in 2013. (Section K deals much more extensively with procurement rules and includes a Schedule B4 which sets out thresholds for delegated authorities and the method of procurement to be applied. Supporting Manuals are provided for GoS Ministries including guidelines for (i) Goods, Works and General Services and (ii) Consulting Services, as well as MWTI Contract Management Manuals relating to Works, a Revised Operating Manual and Tender and RFP Preparation and Evaluation Manuals. In addition, accompanying the revised Section K and Manuals are a number of Standard RFQ and RFT Documents or Templates for various types of contract. Templates for Annual Procurement Plans and Contract Administration are also used).

GoS will be responsible for procurement of services, equipment and supplies required for this Program and it will use existing procurement processes for this purpose. The SDP Procurement Risk Assessment recommended that any procurement to be carried out by MWCSD or NHS for this Program apply the GoS procurement system. For example, this could apply to purchase of equipment for the Integrated Mobility Service at the Hospital. Wherever services are related to health systems (e.g. in relation to Outcome 3), NHS procurement systems will be appropriate, given their robustness and the value of NHS engagement in disability inclusive approaches.

The SDP Procurement Risk Assessment noted that procurement in MWCSD is fragmented across the Corporate Services Division (CSD) and the Water Program, and that MWCSD would benefit from the centralisation of the procurement function into its CSD division. Prior to finalizing this PDD, AusAID agreed the contribution of a short-term Procurement Specialist, who could be appointed by AusAID and provide inputs to enable MWCSD to develop a Program procurement plan and to establish the Program Specialists Panel, if required. A Position Description and budget are included in the relevant annexes,

but flexibility is recommended based on further discussions between AusAID and GoS. For example, if the Program Specialists Panel model is not implemented, then the Procurement Specialist is not likely to be required. The funding allocated for the Specialist Panel could be used for recruitment of short-term personnel using regular GoS personnel recruitment processes.

A large proportion of procurement orders will be relatively low in cost, for example in relation to transport for people with disability to attend meetings, or for Program stakeholders to visit communities for awareness-raising activities. When services, such as production of a video for communications purposes, or provision of specialist advice on technical issues are required, then GoS systems will be used. AusAID also has a number of regional mechanisms that may be able to assist GoS in some circumstances, such as the Pacific Technical Assistance Mechanism (PACTAM), Australian Volunteers for International Development (AVID) and the Aid Advisory Services contracts. These will need to be coordinated carefully by AusAID and MWCSD to avoid undermining GoS procurement systems.

The SDP Procurement Risk Assessment also noted that "in the case of MWCSD, consideration should be given to establishing an internal audit function reporting to the CEO to ensure that legal requirements and controls within MWCSD are complied with, risks minimized and for the CEO to follow up on, and action, recommendations." However, subsequent discussions between the AusAID PFM Specialist and MoF agreed that a preferred approach would be for the MoF Internal Audit and Investigations Unit to include high risk aspects of the SDP in their annual audit plan for MWCSD. These high risk components of SDP will include imprests, advances, workshops and grants to NGOs.

### 3.3.3 Financial Management/budget

As noted above, a SDP PFM Risk Assessment was undertaken as part of the design of this Program. The objective of the assessment was to enable AusAID to determine:

- Whether, having regard to potential benefits, the risks for a program being conducted by the MWCSD, using one or more components of their own financial management systems and procedures under the umbrella of national legislation, regulations, systems and procedures of Samoa are acceptable and manageable and
- Whether any special measures should be taken to strengthen the efficiency, effectiveness and probity of the financial management systems and procedures of the MWCSD.

The SDP PFM Risk Assessment noted that MWCSD, as part of GoS is participating in a broader PFM and procurement reform program led by MoF, which is progressively addressing needed PFM reforms identified in earlier assessments. The SDP PFM Risk Assessment identified the following areas of risk, which have been incorporated into the respective parts of this PDD:

- Processes be put in place for inviting and evaluating proposals for funding from GoS stakeholders – a need for templates, guidelines, evaluation criteria linked to SDP Strategic Plan (Annex 12 provides these details)
- MWCSD should be responsible for evaluating proposals from other GoS agencies under the Disability Program Fund and making recommendations for approval by the CSSC, drawing on

experience of the Research, Policy and Planning Division (see Annex 12 for suggested approval mechanism)

- An Annual Review Process should be built in to the M&E and Management Process (addressed in section 5 of this PDD)
- The MWCSD Disability Unit and Disability Coordinator will need to maintain supplementary (Excel or similar) reporting be used to track expenditure by strategies, outcomes and key result areas, as well as to track commitments until Finance One is re configured to allow commitment control for projects (addressed in Annex 13 Risk Matrix)
- To ensure adequate internal audit coverage for MWCSD and the SDP, MWCSD should work with MoF Internal Audit Unit to ensure that high risk areas for SDP and MWCSD are agreed and included in the MoF Internal Audit annual audit plan (addressed in Annex 13 Risk Matrix)
- MWCSD's Disability Unit should work with the Corporate Services Unit of MWCSD to decide and prepare for how they will approach purchasing, invoice payments, accounting and reporting in the short and medium terms (addressed in Annex 7 Position Descriptions)
- Develop systems for transferring funds to other agencies such as NOLA (see Annex 4 for draft MOU) and others (MoF will be responsible for funds to NHS; MWCSD will use GoS systems for transferring funding under the Disability Fund (see Annex 12).

The terms of reference for the SDP PFM Risk Assessment did not include a risk assessment of NHS. It is expected that another design process will be undertaken later in 2013 for AusAID support to the broader health sector and a complete PFM risk assessment of Ministry of Health and NHS will be undertaken at that time. NHS was included in the SDP Procurement Risk Assessment as it was expected that a significant amount of SDP procurement would be undertaken by NHS, but with overall accountability and reporting responsibilities remaining with MWCSD.

### 3.3.4 Role of MWCSD

MoF will be responsible for centralized financial management, as per GoS regulations, financial management systems and public-sector wide procurement processes and MWCSD will undertake Ministry-based financial management and procurement. During the design process, a number of negotiations took place in relation to the provision of specialist procurement support to MWCSD. The final suggestion was to include the option for MWCSD to have access to a short-term external Procurement Specialist to provide support for the development of a procurement plan and the establishment of the Program Specialists Panel. A Position Description for this role and a budget is included, if required. In addition, the SDP Procurement Risk Assessment recommended that MWCSD should establish an internal audit system to assure the CEO that her responsibility for internal control under the PFM Act is met.

MWCSD will be responsible for all aspects of Program management and coordination, but importantly, not all aspects of implementation. A wide range of other GoS agencies, NOLA and some NGOs will be responsible for implementation of various activities, and MWCSD will be primarily responsible for managing funding arrangements and monitoring progress of these activities. A draft MOU between MWCSD and NOLA is provided at Annex 4.

MWCSD will draw on discussions within the Disability Task Force to inform its recommendations and decisions. MWCSD will also support the work of the Task Force as Secretariat and as provider of the Chair, the CEO of MWCSD.

While MWCSD has been involved in previous Australian aid activities (such as the Pacific Children's Program 1999 to 2004), it has not previously managed an AusAID program of this size and complexity. Given both AusAID's (see below) and MWCSD's limited management capacity at the time of the design, there is a need for funding and human resource support for MWCSD, at least in the first four years of implementation. In addition to funding for in-house personnel, a Program Specialist Panel is recommended to provide "on tap" specialist advice and technical support to MWCSD (see below).

### 3.3.5 Program Specialist Panel

The Design Team considered the need to find a balance between enabling Samoa and particularly MWCSD to work out its own ways of achieving its objectives in relation to disability inclusion and providing specialist support from outside. After considering several options, it is recommended that the Program will include a mechanism – the Program Specialist Panel - to bring in specific expertise (in the form of short-term contracted inputs) when required. This mechanism needs to be established by MWCSD (with support from the Procurement Specialist and AusAID) and may take some time before it works efficiently (to comply with procurement and GoS systems), but once established will provide much needed access to a range of specialist advice and technical support.

From the AusAID perspective, this panel will contribute to quality assurance and from the GoS perspective the panel will provide an additional resource to support management and implementation in an area where currently there are limited resources and previous expertise.

It is envisaged that the Panel:

- Would comprise a range of specialists who are selected to be on a "period offer" style contract, for their technical expertise, cultural suitability and understanding of the Samoan disability inclusion context
- Panel members could include, but not be limited to specialists in one or more of the following areas:
    - disability inclusive development
    - legislative reform
    - communications
    - monitoring and evaluation
    - capacity development
- Would be appointed by MWCSD for the during of the Program, but be called upon only as required, based on approvals given by the CEO of MWCSD to tasking requests from various GoS ministries and agencies set out in Service Orders
- Could be supplemented from time to time, using GoS procurement processes to appoint specialists not envisaged initially
- Would assist GoS Ministries with technical assistance to assist them in revising laws, policies and programs to conform with the CRPD (e.g. technical advice on building standards, workplace anti-

discrimination laws and guidance on practices such as reasonable accommodation, technical advice on accessible voting etc)

- Would provide short term inputs only, and defined deliverables as per Service Orders
- Would be funded up to a combined annual limit of $100,000 for the first three years and $50,000 for year four

Being appointed to the Panel would not guarantee work for members, but will enable GoS to quickly access specialists when tasks are required, being assured of quality. The Panel members will be required to support Program implementation, both in the four outcome areas and in the six cross-cutting Program areas, through short-term inputs described in Service Orders. Their increasing familiarity with the Program, will contribute to increasing relevance of inputs over the Program's life.

Panel personnel will be selected by MWCSD and AusAID, based on open tender process, consistent with GoS systems for contractor procurement. Members will be expected to be available for short-term contracted inputs over the life of the Program. AusAID may propose potential candidates through its Aid Advisory Services system or other sources and they will be subject to the same process of selection as other applicants. Up to 6 specialists will be initially appointed to the Program Specialist Panel for a period of 2 years at the outset, with an option to extend a further 2 years, if following a joint review, both GoS and AusAID approve an extension. These panel members may be changed and augmented by GoS, if approved by the CSSC, subject to GoS procurement processes for contracted personnel.

### 3.3.6 AusAID's role

AusAID requires a dedicated officer at Post, called Disability Program Officer, to coordinate the Program for its duration. Given that the Program is working through GoS systems, has a number of diverse elements and partners, is a substantial investment in a new policy area and will be required to report to AusAID overall to suit donor standards, considerable effort will be required in coordination, relationship and partnership management as well as policy dialogue. Of critical importance for aid effectiveness is the development of sustained quality relationship between AusAID and GoS on disability inclusion. The position requires specific skills in disability inclusion, cross cultural communications and program management. There is also a clear emphasis in this Program on sharing learning from the Samoan experience with other Pacific countries: the AusAID Disability Program Officer position will have a key role in this process. A draft Position Description for this role is included in Annex 7.

In relation to Policy Dialogue on disability inclusion, the Disability Program Officer and senior AusAID officials at Post will be involved in a range of processes throughout the policy cycle. AusAID's Guideline on Policy Dialogue (2012) identifies suggested approaches for this work. As described in Section 3.1 above, Outcome One of the Program will support the review and revision of GoS policies and legislation to work towards progressive compliance with CRPD, but policy issues are also relevant to other Outcome Areas. In some cases specialist inputs will be mobilized and funded within the Program; in some cases, linkages with other agencies in Australia (such as Attorney-General's Office in Canberra or service providers) can be forged to share experience and advice; and in other cases GoS will undertake its own processes of consultation and review and may include AusAID as a partner at various stages. The priority will be to ensure trusting and respectful relationships between AusAID and MWCSD and

other stakeholders are maintained, so that discussions about policy issues and responses can be negotiated collaboratively. AusAID Post will be involved in policy dialogue on disability inclusion on three levels:

- regular informal contact with MWCSD and other GoS stakeholders
- formal 6-monthly meetings with the Disability Task Force (Chaired by CEO, MWCSD) on overall Program progress, with special focus on Outcome Area 1 and other policy developments
- facilitating opportunistic constructive engagement with regional and international sources of policy guidance and support, such as International Disability Alliance (IDA), PIFS, PDF, World Health Organisation (WHO), including when their representatives are in Samoa

AusAID reporting will include reference to Policy Dialogue opportunities, activities and progress.

In addition to a locally recruited Disability Officer, a Program Management Specialist will be recruited by AusAID to provide short-term inputs throughout the life of the Program. This role will be responsible for assisting the Program to comply with AusAID's processes in relation to the Direct Funding Agreement, M&E and reporting. Their role is described further in 4.2.2. The position could be recruited through the Aid Advisory Services arrangement and is costed separately in the Budget (Annex 2).

A Direct Funding Agreement (DFA) between AusAID and GoS will cover arrangements relating to high level decision-making, budgeting and financing and related Program Management processes. A Draft DFA is attached as Annex 3. It will include details about how Program funds will be distributed each year, i.e. subject to approval of an Annual Plan and other financial reporting triggers.

## 3.4 Partners

As noted above, the key implementing partners for this Program are MWCSD and NOLA, but a wide range of organisations, both Government and non-Government will be involved to varying degrees in implementation of activities. Annex 8 includes a table which provides details of the roles of all Program stakeholders. This complements information provided in Annex 20 about each of the organisations listed.

## 3.5 Resources

Human, policy, organisational and partnership resources available in the Samoan context (see Workshop 1 outcomes in Annex 18 for details) provide the foundation to enable some key disability inclusion objectives to be met in the next decade. This Program will provide additional human resources to the two key agencies, MWCSD and NOLA, as well as specialist expertise and other supporting funds over a four year period, with the expectation that a longer-term (at least 8 year) partnership is appropriate. It is believed by both GoS and GoA stakeholders that reasonable progress can be made toward the respective developmental and Program outcomes in the Program timeframe with the effective management and mobilization of combined Samoan and Program resources.

In summary, the Program will contribute the following resources:

1. Funding for the salaries and related costs of up to three additional staff in MWCSD and up to three additional staff in NOLA

2. Specialist technical assistance to support selected research, communications, monitoring and evaluation and other program management processes, including procurement, if required.
3. Funding for access to priority capacity development activities (mentoring, workshops, awareness-raising, specialist technical assistance, research, attendance at conferences, training etc.) for MWCSD, NOLA , members of the Disability Task Force and selected national organisations responsible for disability policies and inclusive programs and services
4. Support for planning and start-up implementation of sustainable disability-specific/ specialist services, including an Integrated Mobility Service and a National Hearing Service. Funding for procurement of initial equipment and supplies for up to four years, with expectation that GoS will sustain services and supplies beyond this period.
5. Funding to support coordination and collaborative processes for disability inclusive development at national level, particularly through the National Disability Task Force.

The GoS will contribute substantially to the effectiveness of this Program by providing the following resources:

1. Senior Personnel of MWCSD to liaise with other GoS agencies, undertake key aspects of human resource management and development (including staff recruitment, supervision of Program team), maintain coherence with other GoS policies and programs and ensure all Program-related services are provided to highest standard, including procurement and financial management
2. Administrative and logistical support personnel to provide ongoing support to Program team on matters such as filing, event management, transport and IT support
3. Ongoing policy and Program support
4. Coordination linkages with other Ministries
5. Office facilities for all Program personnel
6. Secretariat services for the NDTF

# 4. Program Implementation

## 4.1 Principles

Stakeholders involved in the design of this Program agreed that the principles included in CRPD (Art 3) should be used to inform the implementation of this Program. These principles are:

Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons

a) Non-discrimination

b) Full and effective participation and inclusion in society

c) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity

d) Equality of opportunity

e) Accessibility

f) Equality between men and women

g) Respect for the evolving capacities of children with disability and respect for the right of children with disability to preserve their identities.

In addition, the following principles will apply to implementation:

- "Nothing about us, without us"
- Alignment of program objectives with GoS plans and use of GoS systems
- Continuous commitment to understanding the context in which changes in disability inclusion take place, through undertaking analysis and building strong networks at community and official levels
- Commitment to building and maintaining healthy and constructive partnerships and relationships based on trust and respect, for the sake of maximizing benefits for communities in Samoa and for people with disability
- Commitment to supporting and complement others' efforts to achieve disability inclusion
- Strong emphasis on sustainability of benefits and service provision
- Commitment to gender equity in terms of decision-making, participation, implementation and monitoring and evaluation
- Particular emphasis on protection of children with disability from discrimination, harm and abuse
- Transparency of information about funding, programs, partners and generic learning
- Setting an example and modeling good inclusive practice
- Openness to experimental approaches where appropriate
- Commitment to continuous learning through reflection, monitoring, evaluation, research, communications and analysis.

## 4.2 Management/Governance Arrangements and Structure

### 4.2.1 Governance

A Community Sector Steering Committee (CSSC) and the Disability Taskforce (acting as a Sub Committee) will be established to provide overall strategic level Governance and oversight for the Samoa Disability Program. AusAID will be a member of the Community Sector Steering Committee as long as it provides funding for the Program. It is envisaged that in the longer-term, once CRPD is ratified, this CSSC could become the National Council for CRPD. This is consistent with previous GoS Convention oversight systems. If this Committee does become constituted as the National Council for CRPD, then revised overall governance arrangements may need to be negotiated, so that AusAID

remains involved in Program governance, but is not involved in GoS policy development or monitoring processes.

It is suggested that the CSSC will include:

- CEO of MWCSD
- ACEO of Aid Coordination, Ministry of Finance
- CEO of NHS
- Chair of NOLA's Board
- Head of AusAID in Samoa
- (if possible) the Disability Coordinator from PIFS
- Woman with a disability nominated by CEO of MWCSD

The CSSC will include a number of women, and at least one woman with disability.

The CSSC will meet twice per year, preferably three times in the first year as the Program is established. Suggested draft TORs for the CSSC are provided at Annex 5. They should be discussed and approved by Committee members at the first meeting.

MWCSD will provide information and regular updates to the CSSC including:

- Six-monthly updates (including updated risk matrix) and copies of any communications products
- Annual Plans and Annual Reports
- All other Monitoring and Evaluation (M&E) reports
- Case studies and other research reports
- Information of general interest on disability inclusion in Samoa and the Pacific
- Other relevant information as requested by the Panel[62].

The National Disability Task Force (NDTF), already constituted under GoS, will play a key role in next-level-down governance, guidance and support for this Program (see Annex 20 for list of members).[63] Members of this Task Force are likely to be involved in many aspects of Program implementation, thus it is recommended they not be used for ultimate and high level strategic decision-making and guidance for the Program. At least in the initial stages of the Program, the Task Force should be used to provide advice to MWCSD and assist MWCSD to make more management-level planning decisions. The

[62] This list of reports to be tabled for the CSSC, could form the core agenda for each meeting

[63] A 2009 report ( Shuster para 101) recommended that stronger and more significant Ministerial involvement would be required should Samoa ratify CRPD, and suggested that the Disability Taskforce remain the coordinating implementing group, and a separate Inter-Ministerial Committee be established with the objective of ensuring Government ministries are performing in relation to disability services and issues.

Disability Task Force is also a very important source of advice on ways that the Program can support gender equitable program implementation.

### 4.2.2 Program Management

The *Mid-term review of AusAID's Development for All* strategy recommended that "expectations attached to being a focus country need to be clear and monitored on a regular basis. If utilised as an approach in the next strategy, future focus countries should have clear agreements around resources, approaches, senior staff engagement".[64]

This section addresses the following aspects of Program management, which will all require human and financial resources and commitment:

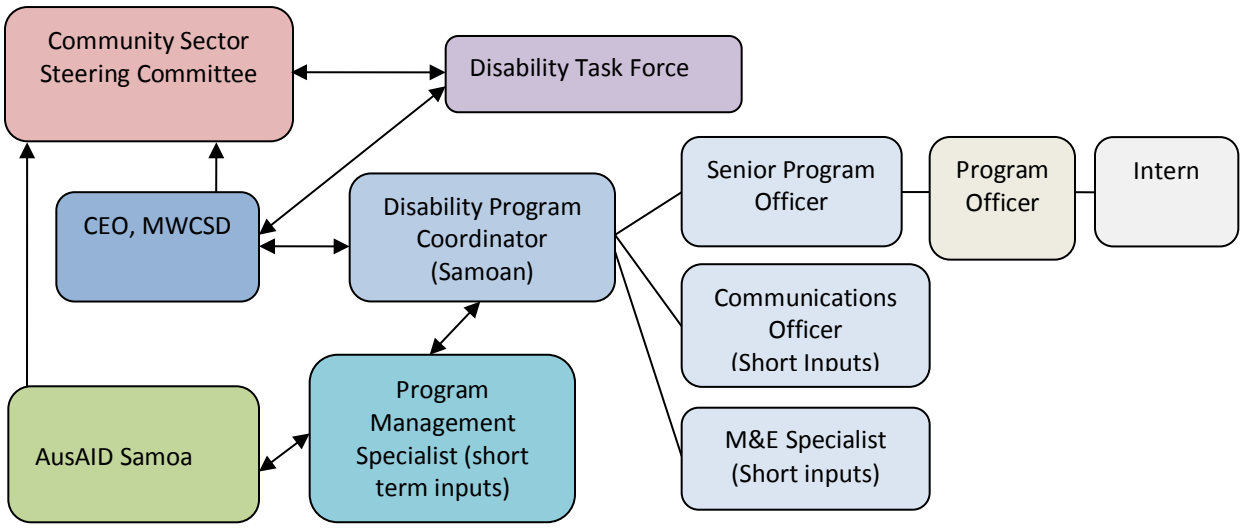
- Management structure
- Office location
- Financial management and procurement
- Engagement with AusAID
- Managing partnerships and sub-contractors
- Coordination with other donors

#### *Management structure*

In effect, the Program Management Team will be equal to the Disability Unit of MWCSD for at least this first phase of the Program, since the Program will support all but one of the positions (Senior Program Officer) for the first three years and the work program for the Disability Unit will be closely tied to the Implementation Schedule for this Program.

The structure of the Disability Unit and its relationships is summarized in Figure 2 below:

**Figure 2 Summary staff structure – Disability Unit**




[64] http://www.ausaid.gov.au/aidissues/did/Documents/dfa-mtr.pdf p 55.

(Note: the CEO MWCSD chairs the Disability Task Force, and the Taskforce provides advice to the MWCSD and GoS)

At the time of the design of the Program, there is one dedicated MWCDS staff member (Senior Program Officer) focused on Disability. Three positions will be recruited using GoS systems and fully funded for the first three years of this Program. It is expected that essential positions will be continued in any future Program. It is expected that GoS will commence funding for essential positions to the extent of 50% in Year 4, as part of ongoing commitments for the coordination of CRPD implementation. Risks associated with this expectation are discussed in Section 8 below.

The following additional positions for the Disability Unit of MWCSD are included in this Program:

1. Program Coordinator (Principal), responsible for planning all aspects of delivery, coordinating implementation of activities, preparation of draft reports
2. Program Officer, responsible for administration of activities associated with implementation, such as organizing events and meetings, documenting minutes of meetings and liaison with stakeholders
3. Intern, provision of administrative support to all Program activities, as required

These positions will be recruited using GoS human resource systems (other options were considered prior to this recommendation being made). Ideally the recruitment process could start straight away so the successful candidates are able to start on 1 July and funding provided to cover their salaries from this time.

Draft Position Descriptions are attached in Annex 7 and will need to be finalized using GoS processes.

The Program Coordinator (Principal) role will be the most senior officer in the Disability Unit responsible for planning all aspects of delivery, coordinating implementation of activities and preparation of draft reports. This role will be able to draw on the expertise of the Program Management Specialist who will be recruited by AusAID, during short-term inputs. In the first year, the Program Management Specialist is likely to be available for around 4 months to assist with establishing the systems needed to comply with AusAID requirements.

The intern role may take additional negotiations within GoS because it is the first time that a position is officially designated for a person with a disability. Consideration of working hours, responsibilities and how to manage the process of providing reasonable accommodation will be required. Going through this process itself and learning about appropriate ways to respond to issues emerging will give the Disability Unit experience in assisting other GoS agencies and employers who will be involved in Outcome Area 4 of the Program. It is expected that the contract for the Intern could be for 12 months, so that during the life of the Program, four people with disability have the opportunity to gain workplace experience and contribute to the Program's credibility on disability inclusion. The position should be considered flexibly, so part-time arrangements would be possible.

A Program Management Specialist, appointed by AusAID will provide an important role as "broker" between AusAID and the Program implementation team. The position will involve short-term inputs, up to 5 months in Year One (in 2-4 inputs) and up to 2 months in Years Two and Three and up to 3 months in Year Four (for finalizing reports for End of Phase Review). The Program Management Specialist will support both AusAID and the implementation team to ensure agreement conditions are met and management and M&E processes are undertaken. In particular they will support smooth Annual Planning processes, for example ensuring that reporting is on track to enable good decision-making and processing of annual fund tranches. They will play a particular role in enabling the implementation team and AusAID in terms of overall Program coherence, recognizing that many separate activities will be involved but there will be interest among key stakeholders in the overall results of the Program.

### *Office location*

There is currently insufficient space in MWCSD to accommodate the additional staff described above. There is scope to locate the Disability Team in a currently unused separate space which the Ministry may access. GoS is responsible for identifying and refurbishing this space as required. Procurement of office furniture and equipment for the identified additional staff can be funded by this Program using GoS procurement processes. Maintenance and replacement will be GoS' responsibility.

### *Management systems*

This Program will be managed predominantly using existing GoS organisational structures, policy frameworks and public-sector management systems, such as human resource recruitment processes, procurement and financial management systems. There are some variations to this approach which are required for this Program, such as the need to ensure a person with a disability obtains the Intern role and the possible need to provide reasonable accommodation measures for the Intern role, and the need to provide additional specialist expertise to meet AusAID requirements as a donor.

Details of the planning and budgeting process for this Program will combine both GoS systems and AusAID's need for information at particular times. Section 4.3 below provides these details.

Managing a donor-funded Program of this complexity and profile requires high levels of program management that exceed existing capacity and systems in MWCSD (as well as AusAID itself). Program management, particularly in terms of balancing Program diversity with demands for coherence, balancing a focus on outcomes with micro-management and balancing the need to use existing systems with the need to generate information beyond the capacity of existing systems, requires high levels of experience and considerable time. The inclusion of the Program Management Specialist position, providing short-term inputs over the life of the Program (described in Annex 7) recognises these demands. It is envisaged that over the life of the Program, these specialist skills will be gained by MWCSD personnel, but they are not likely to be skills that need to be highly prioritised by the Ministry overall in the long-term. MWCSD may not need to understand AusAID systems in the long-term and other donors have different internal accountability systems and demands. Meeting GoS public sector

requirements should remain higher on the list of skill-set priorities than project management skills to suit the idiosyncrasies of foreign donor agencies.

### *Managing partnerships and sub-contractors*

MWCSD is interested in increasing coordination across the disability sector. This is a useful objective in order to minimise duplication and maximise benefits. However, the various organisations have diverse objectives and ways of operating, and some have a long track record of working independently. Thus, navigating the differences will sometimes be challenging. MWCSD is committed to promoting the identification and use of shared values and shared objectives and will prioritise the maintenance of good quality relationships.

A great deal of the Program's work will be undertaken through partnerships with other GoS agencies and NGOs, particularly NOLA. The ongoing ability to manage a diverse range of relationships is important to the Program's success. There are particular differences between partnership approaches to program implementation and contractual approaches and these differences need to be well understood by Program personnel, so benefits of both are maximized.

The partnership between MWCSD and NOLA is particularly important for this Program. NOLA is an independent, membership-based organisation with a primary focus on advocacy. This means that it is expected to challenge and test GoS from time to time. Discussions during the Program design process highlighted the different frames of reference between MWCSD and NOLA as well as confirmed shared commitment to disability inclusion. NOLA's role as a national advocate and representative of people with disability is confirmed in CRPD and their capacity has increased significantly in recent years[65]. A draft MOU between MWCSD and NOLA is attached at Annex 4 as a starting point for negotiations and signing as part of this Program.

Partnerships between MWCSD and other GoS organisations will need to take into account that while MWCSD is the focal point on disability, it cannot undertake all aspects of GoS' responsibilities in relation to compliance with CRPD. When other Ministries have responsibilities and make commitments, MWCSD can only support, encourage and monitor them. With access to funding under this Program, MWCSD will be able to provide incentives to support ongoing efforts. Also the Disability Task Force will have a useful role in ensuring good momentum is maintained in progressing Program objectives.

Partnerships between MWCSD and Samoan NGOs may face some similar issues as the partnership with NOLA, however some service providers may not emphasise advocacy as much as NOLA. Service providers have operated largely independently of GoS for decades, so initially, as GoS seeks to play a greater role in setting standards and facilitating change, there may be issues associated with "territory" and perceived levels of expertise. As long as MWCSD and respective NGOs involved in Program activities maintain a commitment to collaboration and an open-ness to learning, then it is likely the different frames of reference can be managed successfully.

[65] See Annex 1 Capacity Development for Effective and Efficient Disabled Peoples' Organisations in Pacific Island countries (page 66)

A useful approach to partnerships reflects a combination of principles/values and appropriate business processes. Finding a balance between compliance with CRPD and changing attitudes and ways of working will be a key role for MWCSD and its partners. Finding ways to motivate people to change and finding strengths on which to build further change are likely to be preferable to using controls and demands. MWCSD has built a great deal of experience about how to engage effectively across Samoa in relation to both women's rights and children's rights, so it is well placed to draw on lessons learned to inform its work in relation to the rights of people with disability.

MWCSD expects to provide a wide range of support to partners, ranging from one-off targeted grants to supporting awareness raising initiatives, or ongoing grant-style arrangements. It will need to ensure systems are in place to prevent financial mismanagement or misappropriation and to put in place appropriate measures if any such issues arise.

### *Management of NOLA's work*

At the time of the design the management of funds to NOLA was not discussed in detail other than securing the agreement of NOLA's Board that the funds to NOLA under the program could be provided through the MWCSD.

It is recommended that the acquittal of program funds paid to NOLA by MWCSD be made to MWCSD, but that NOLA provide reporting on its activities every 6 months to the CSSC, copied to MWCSD. This achieves both administrative efficiency of acquittal of all program funds by MWCSD and also recognises the role of NOLA as an independent NGO. Suggested details are included in Annex 4 (Draft MOU between MWCSD and NOLA), subject to negotiation.

### *Engagement with external organisations*

This Program will involve regular communications between a range of interested and responsible organisations beyond Samoa, so an emphasis on effective coordination and engagement processes will be important.

Samoa is one of two priority countries identified by AusAID in its Disability Inclusive Development work and there is likely to be high interest from other Pacific countries about Samoa's experience with this Program. Thus, MWCSD is likely to receive a steady flow requests for information from AusAID in Canberra and Apia, as well as potentially from other AusAID Posts and Governments in the Pacific. The production of communications products about the Program will help but requests may be ad-hoc and specific on occasion.

Two Pacific-focused disability research activities, funded by AusAID under the Development Research Grant mechanism, will include Samoa during the life of this Program[66]. Researchers from Australia are likely to seek information from the Program from time to time, particularly in relation to inclusive education.

PIFS has a major role in disability in the Pacific region, reflected in its responsibilities for coordinating implementation of the PRSD. GoS will continue to work in collaboration with PIFS on disability and in

[66] http://www.ausaid.gov.au/research/Pages/adras-awards-2012.aspx#disability

relation to PRSD. GoS will continue to be able to seek assistance on compliance and reporting processes from PIFS and will be expected to report on progress in Samoa to PIFS from time to time.

During the design process for this Program, the Secretariat for the Pacific Community (SPC) announced a commitment to work with PDF and engage on disability rights. Thus SPC may be another regional organisation undertaking research and activities in this sector during the life of the Program. Samoa's experience may well be sought out to advise other Pacific countries.

PDF provides leadership and support for DPOs such as NOLA, throughout the region, and has a strong track record on advocacy in relation to CRPD both locally and internationally. While it will primarily be a resource for NOLA during this Program's implementation, its access to information and expertise may be helpful across the Program. For example, it's website includes CRPD translated into Samoan[67] and it has links with UNOHCR, UN ESCAP, UNICEF, UN Women, ILO, UNDP and other international and regional organisations which may assist MWCSD.

UN agencies mentioned above are increasingly aware in the Pacific of their commitments to disability inclusion, so will also be interested in Samoa's experience and potentially interested in contributing in this sector.

In summary, an increasing number of organisations in the Pacific will be interested in the work of this Program, and responding to their interests is likely to be time-consuming and potentially distracting from implementation. It is mainly for this reason that a Program Manager role has been included in the MWCSD Disability Unit team.

## 4.3 Implementation Plan

Given the diversity of tasks associated with each of the Program outcome areas, MWCSD will have a major role in planning. Annex 1 includes a draft Implementation Plan for Year One as well as major events expected in Years 2-4, based on agreements reached during the Design Process. This Schedule should be seen as indicative until more resources are allocated to detailed planning.

The overall process for planning and budgeting will be as follows:

1. AusAID will pay the first tranche of funds (60% of the Year One budget in Annex 2) on signing the DFA (Annex 3), near to 1 July 2013.
2. An Annual Plan will be developed for Year 1 by MWCSD by 20 September 2013, based on the draft Implementation Schedule included at Annex 1 (which needs to be revised, following more detailed Disability Unit discussions) and subject to further discussions with all Program stakeholders, particularly NOLA and NHS. This Plan will include confirmed budget details for Year 1 based on the draft Budget (Annex 2). The Annual Plan will be submitted to the CSSC.

[67] http://www.pacificdisability.org/docs/CRPD%20Plain%20English%20%28Samoa%29%20Samoan%20Translation.pdf

3. The Annual Plan will be considered at the first meeting of the CSSC which should be held no later than the end of September 2013 for approval. As AusAID is a member of CSSC, this will be regarded as submission to AusAID for approval purposes. AusAID will use its internal processes to confirm approval following the CSSC meeting.
4. Subsequent Annual Plans will be prepared between December and January each year, for submission to the CSSC meetings in February, to cover the period July of that year to June of the following year. This is consistent with the GoS budgeting cycle, ensuring that information is consistent for both AusAID and GoS planning processes.
5. MWCSD will submit a report on progress in the first six months, against the Annual Plan, as well as an acquittal for the first tranche of funds (60% of Year One budget) by January 2014.
6. The second tranche of funds (40% of Year One budget) will be provided to GoS on approval of the report and acquittal, and is expected to be paid in February 2013. If some part of the first tranche of funds remains unspent, negotiations about whether to carry over funds or reduce the second tranche will be undertaken and will take into account planned activities.
7. The third tranche of funds (60% of Year Two budget) will be provided on provision of second 6-monthly report and acquittal of the second tranche. Submission of the first Annual Audit will also be required before the third tranche is paid.
8. Each subsequent 6-monthly funding arrangement will follow the pattern described above: i.e.
    a. February each year:
        i. Submission of Annual Plan
        ii. Receipt and approval of Annual Plan by CSSC and AusAID
        iii. Receipt of 6-monthly report on period July to December of previous calendar year
        iv. Receipt of acquittal for 1st tranche (60% of budget) for that financial year
        v. Payment of 40% of annual budget
    b. August each year:
        i. Receipt of 6-monthly report on period January to July of that calendar year
        ii. Receipt of acquittal for 2nd tranche (40% of budget) for that financial year
        iii. Receipt of Audit report
        iv. Payment of 60% of annual budget

Detailed planning for Years 2, 3 and 4 will be coordinated by MWCSD, incorporating inputs from all stakeholders. While contractual demands are necessary, it needs to be respected that such a process will be time-consuming and require considerable negotiations within complex power relationships, across multiple agencies with different frames of reference and perspectives on time.

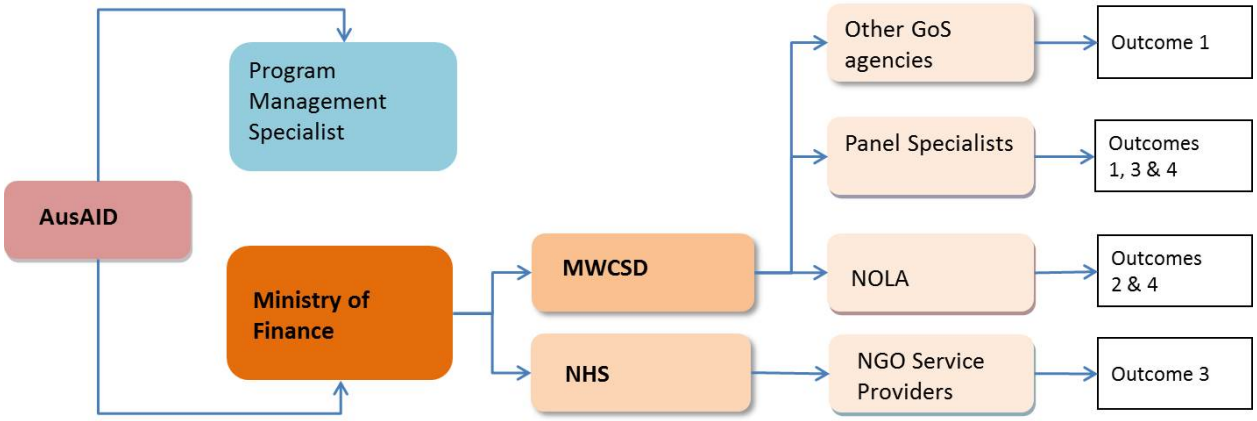
## 4.4 Financing Arrangements

Australia will provide funding for this Program to GoS under a Direct Funding Agreement between AusAID and GoS (see Annex 3). The funds will be provided on a 6-monthly basis to a MOF Trust Account. Funds will be allocated to MWCSD and NHS. A single Annual Plan will need to be submitted by MWCSD in February each year (for the period July of that year to June of the following year), so NHS will need to contribute its part of the Plan in a timely way to ensure Program funding flows appropriately. Approval

of the Annual Plan by the CSSC will trigger one 6-monthly payment. The receipt of a 6-monthly report and acquittal will trigger the second 6-monthly funding tranche. Submission of an annual audit report will also be a trigger for one of the 6-monthly funding tranches. Roll out of the revised national GoS procurement legal framework may also be used as a trigger for provision of funding, subject to negotiations between AusAID and GoS. This is consistent with recommendations from the SDP Procurement Risk Assessment, i.e. that AusAID split funding into tranches, and that GoS adopts revisions to its Procurement processes. Two "triggers" for Year 4 funding are proposed as:

- GoS has made a commitment and budgetary allocation to commence at least 50% funding for at least two essential positions for the Disability Unit of MWCSD (which had been funded 100% by this Program in Years 1-3)
- GoS has made commitment and budgetary allocation to provide at least 25% of funding for NOLA's negotiated operational costs in Year 4, recognizing the critical role of NOLA in GoS' compliance with CRPD (and recognizing that NOLA is likely to be able to negotiate other funding for its core operations in the medium to long term)

Figure 3 below shows the flows of funding from AusAID in relation to this Program. Each arrow (except the arrows to the Outcome Areas) illustrates the requirement for a contract or formal agreement or approved delegation covering the provision of funds.




## 4.5 Budget

A detailed budget for this Program is provided as Annex 2.

The Budget is based on information available to the Design Team and will need to be reviewed, revised and approved prior to the first tranche of funds being transferred to MWCSD through MoF. It is envisaged that Six-monthly tranches of funds be provided, based on approved Annual Plans and receipt and approval of Six-Monthly reports and acquittals. The table in Section 5.4 includes links between reports and tranche payments. See also Section 4.4 above about broader PFM reform processes.

The table below includes details of recurrent costs for GoS associated with the implementation of this Program. Annex 2 also includes personnel costs which will be contributed by GoS in Year 4. Direct

recurrent costs are minimal and work undertaken during the life of the Program will assist GoS to identify any other costs associated with CRPD compliance more broadly. It is important to recognise that the GoS was committed to undertaking the work associated with the Program in any case and has committed during the design process to undertaking GoS processes necessary to ensure budget allocations are made for costs described below from Year 4 and beyond Phase One of the Program.

| Outcome Area | Recurrent costs | Comments |
|---|---|---|
| 1. Legislative and policy reviews | Salary costs of Disability Unit in MWCSD<br><br>Provision of office space and facilities for Program personnel in Disability Unit, MWCSD | GoS has undertaken to include half cost of 3 additional positions in Year 4 and all costs of at least 2 new positions at end of Year 4.<br><br>No additional costs envisaged for other agency staff beyond existing GoS budget |
| 2. Community engagement and awareness raising | Salary and running costs of NOLA | GoS to consider contribution to NOLA's operation costs from Year 4 of Program<br><br>Other sources of funding for NOLA available within Samoa (CSSP) and outside Samoa (e.g. PDF) |
| 3. Disability-Specific Services | Mobility Service – Coordination and Operations staff at NHS; Procurement of equipment and supplies<br><br>Hearing Service – Coordination and Operations staff at NHS (and potentially other service providers, such as Senese); Procurement of equipment and supplies | NHS has given verbal commitment to undertake arrangements for recurrent costs of staff and procurement to be included in its long-term budget, at end of Program<br><br>Other sources of procurement will continue, such as donated wheelchairs and spare parts from Althus Resource Trust (NZ); specialist advice and training from a variety of NGOs |
| 4. Employment | No recurrent costs envisaged beyond personnel listed above | |
| Cross-cutting processes | No recurrent costs envisaged beyond personnel listed above | |

The table below includes a summary, based on Annex 2, of expected flows of funding from AusAID through MoF to the implementing agencies, as per the flow-chart above. All figures will need to be reviewed carefully prior to initial funding, to ensure full shared understanding of responsibilities,

expenses and flows. The table is provided to illustrate the comparative allocations broadly and should not be used for contractual or financial management compliance until fully considered by the implementing agencies.

| **Approximate allocation of Program funds ($A) across key stakeholders** | | | | | |
|---|---|---|---|---|---|
| **Funding transfer from MoF to:** | **2013/14** | **2014/15** | **2015/16** | **2016/17** | **Total** |
| **MWCSD** | | | | | |
| Personnel | 141,738 | 154,075 | 156,529 | 110,942 | 563,284 |
| Outcome Areas 1,3 and 4 | 154,000 | 164,000 | 164,000 | 84,000 | 566,000 |
| Cross-cutting issues | 50,000 | 50,000 | 50,000 | 50,000 | 200,000 |
| ***Sub total*** | ***345,738*** | ***368,075*** | ***370,529*** | ***244,942*** | ***1,329,284*** |
| **NHS** | | | | | |
| Personnel | 23,557 | 24,734 | 25,971 | 13,635 | 87,897 |
| Outcome Area 3 | 285,000 | 799,000 | 521,000 | 360,500 | 1,965,500 |
| ***Sub Total*** | ***308,557*** | ***823,734*** | ***546,971*** | ***374,135*** | ***2,053,397*** |
| **NOLA** | | | | | |
| ***Outcome 2*** | ***115,743*** | ***112,830*** | ***105,921*** | ***92,977*** | ***427,471*** |
| **Funding to be managed by AusAID** | | | | | |
| ***For Personnel and Reviews*** | ***313,903*** | ***133,288*** | ***120,826*** | ***219,634*** | ***$787,651*** |
| **GRAND TOTALS** | **1,083,941** | **1,437,927** | **1,114,247** | **931,688** | **4,597,803** |

# 5. Monitoring, Evaluation and Learning

A number of contextual issues have been considered in relation to the monitoring, evaluation and learning (MEL) plan for this Program.

First, this is a relatively new area of work for GoS (and the Pacific more broadly) so there is no existing solid foundation of MEL associated with the sector. Some indicators and means of verification are

already included in the NPPD, and there is also an M&E framework for PRSD[68]. No significant MEL work has been undertaken to date in relation to either NPPD or PRSD.

Second, the fact that disability issues cut across all aspects of Government, means that MEL processes need to be negotiated widely and will need to engage many stakeholders. The wide range of activities with multiple partners, supported with a relatively small budget, means that decisions need to be made about what is appropriate and feasible in MEL terms.

Third, MWCSD is a new partner for AusAID and it has not previously managed Australian aid funding. This means that the Ministry will be learning about AusAID expectations and requirements in terms of program management, including M&E. Australia's aid program is committed in principle to working within partner systems, and this applies in practice to this Program. In this context, there is a general understanding that existing plans, systems, processes and structures will be used. However AusAID has complex and demanding systems for monitoring its aid programs which mean that implementing partners are required to generate more complex and sophisticated reports than those required under national M&E systems. Thus, specialist support for MWCSD is appropriate, at least in the first 2 years (see MEL resources below).

Four, the focus on CRPD implementation suggests that international human rights indicator frameworks may be useful. The UN Office of the High Commissioner for Human Rights (UNOHCHR) has produced *Human Rights Indicators* which are based on the concepts that human rights are universal, inalienable, interrelated, inter-dependent and indivisible and refer to Governments' roles to respect, protect and fulfill human rights. The guide will be a useful source of information for GoS, GoA and Samoan stakeholders as the M&E approach is refined over the life of this Program. The guide is available at http://www.ohchr.org/Documents/Publications/Human_rights_indicators_en.pdf

On the basis of the points above, while it is reasonable to expect considerable learning about disability inclusion to be generated in this Program, the complex demands on a small Program management team will mean that an emphasis on learning about MEL processes is also essential.

The MEL approach for the Program is underpinned by the Theory of Change (ToC) described in Section 3 above. The ToC suggests some key evaluation questions for the Program, which are described below and in the MEL Matrix (Annex 9). The process of answering these questions, using a variety of methods described in the MEL Matrix will enable MWCSD and other stakeholders to gauge the Program's effectiveness and impact.

To effectively deal with the complex and non-linear nature of the kinds of processes that the Program will support (e.g. changing attitudes, bringing about legislative reform, developing new guidelines in collaborative ways, establishing new services, increasing employment), MEL processes will need to distinguish between *simple, complicated* and more *complex* elements of the program.[69]

[68] A mid term review of PRSD, using this M&E Framework is expected to take place in mid 2013.

[69] See for example the 'Cynefin' framework and those suggested by Michael Quinn Patton in his 'Developmental Evaluation' approach, as well as work done by the Developmental Leadership Program on the Monitoring and Evaluation of 'political' processes i.e. Roche and Kelly (2012a) and Roche and Kelly (2012b)

- *Simple elements* would be those parts of the Program where cause and effect is relatively clear and where 'best practice' is appropriate, and maybe more easily quantified
- *Complicated elements* would be those which need greater levels of analysis and expertise to determine likely cause and effect and where 'good practice' and best 'fit' to the context is more important
- *Complex elements* would be those where cause and effect cannot be determined before the intervention – and often is contestable even after the event – and where the notion of 'emergent practice' is important.

The distinction between these characteristics is not always clear-cut. Those parts of the Program that are more in the control of MWCSD, such as organisation of events, development of guidelines and establishment of coordination mechanisms, might be described as simple, in the sense that it is relatively easy to see a link between the activity and a result. These kinds of activity can be subject to more orthodox processes of M&E, and more consistent data collection and reporting. For example, when awareness or training events are organised, monitoring information can be collected about how many people attended, how many of them were women, men and people with disability and whether participants found the event to be of good quality. Later, evaluation questions could be asked about the contribution of these events to changes in attitude and practices (but the links may be less linear). When guidelines are developed (for example about service delivery) monitoring information could be collected about perceptions among stakeholders about the value, quality and usefulness of the guidelines. Evaluation questions could be asked about any changes in the lives of people who receive services associated with the new guidelines (but again, the links will be less linear). In the example of coordination mechanisms or partnerships being established, monitoring information could be collected about how well they are working and evaluation questions could be asked about their relevance to the achievement of a human-rights based, inclusive and barrier free society.

More complicated elements of change might include those bringing about reforms to legislation. While there is experience from different contexts and Samoa about how legislative changes are made, some factors will be outside the control of MWCSD and Program stakeholders. For example, church leaders might resist the idea that people with disability should have legislated rights and Parliamentarians may reject changes to legislation. While the design process highlighted the importance of compliance with CRPD rather than signing CRPD, some may say the Program will have "failed" if signing does not take place in its 4-year life. Monitoring of this type of activity should focus on whether all the right steps have been put in place, but may not be able to prove that this achieved the desired "result" because other factors came into play.

At the complex level, such as influencing other organisations' policy and practice or changing fundamental ideas and attitudes to overcome discrimination against people with disabilities, more creative and innovative methods of MEL are appropriate. For example, the use of case studies, video evaluation, photo-voice or other "story-based" methods might be suitable. Importantly MEL at this level is less amenable to the use of pre-determined indicators.

Annex 9 includes the MEL Matrix. This is intended to provide a framework at the commencement of the Program. The MEL Matrix should be used to inform the M&E work during the first year of implementation and then should be reviewed at the end of the first year following more comprehensive consultation with stakeholders than was possible during the Design process. The M&E Specialist should work with the Disability Unit, NOLA, AusAID and other stakeholders to determine whether changes to the MEL Matrix are required based on the first year's experience. The principle of using existing GoS monitoring systems should be prioritised, while recognising that other countries and AusAID seek information beyond the scope of these systems to inform their own processes.

## 5.1 Purposes of M&E

For this Program, the **primary** purpose for M&E is "learning" about how best Governments and other stakeholders can achieve barrier-free, inclusive societies in the Pacific, consistent with CRPD. Thus the main emphasis in the M&E approaches, methods and tools will be on generating understanding, preferably shared understanding among diverse stakeholders, about what works well and why, and how others might draw on these experiences to undertake their own journeys towards inclusion.

A **secondary** purpose for Program M&E is "continuous improvement", which reflects the fact that this is a new area of work and a dedicated group of people is keen to achieve important objectives affecting people's lives and communities. Thus, M&E systems will include important feed-back loops, meaning that information about what is working well will be generated and used by the various implementation and governance groups, to enable them to make decisions to improve effectiveness and efficiency and most importantly to maximise the achievement of better outcomes.

The **third** purpose for Program M&E is "proving" or accountability to Program beneficiaries and to sources of funding. In this context, M&E processes will emphasise the collection of information to demonstrate that the Program has been managed well, the funds have been managed according to GoS standards/controls and efforts have been made to minimise waste and duplication, and the Program-funded activities are contributing progressively to the expected outcomes or results.

## 5.2 Approaches to MEL

Consistent with the overall approach for AusAID to work through government systems, this Program will prioritise the use of existing public-sector accountability and reporting processes which MWCSD is required to comply with. In addition, AusAID will require Program reports based on more complex approaches to MEL, because of AusAID-wide accountability frameworks. Finally, the fact that the Program is engaged in human rights issues, means that monitoring of changes in human rights status is appropriate, so use of UNOHCHR guidance on indicators should be incorporated if agreed by all parties – these include possible indicators at structural, process and outcomes levels. Thus, the approaches used for MEL of this Program will need to cover three sets of requirements. To ensure MEL is appropriate for the context, the Program will need to fund the provision of specialist advice and services. The aim of the specialist inputs will be ensure that when reports are prepared, MEL information will be available to enable the Disability Unit to analyse and understand the links between its work and changes in disability inclusion. In addition, AusAID requires two reviews for a Program of this nature – one at mid-term, e.g.

just prior to mid 2015 and another, end of Phase 1, in October 2016 (approximately 8 months prior to June 2017).

Using the three levels of understanding change (simple, complicated and complex) and recognizing the primary emphasis on learning, the following approaches will be prioritised:

- Use of a centralised data-base to record (simple) information about Program activities including participants (gender and disability disaggregated) in Program funded events, stakeholders etc.
- Use of facilitated and collaborative approaches to generate shared understanding of changes taking place – i.e. providing regular opportunities for stakeholders to come together and make sense of (more complicated) processes and their impact on changes in disability inclusion
- Use of strengths based approaches which focus on processes that have worked well and the factors which have contributed to success (i.e. this both contributes to learning and promotes motivation for ongoing changes)
- Use of approaches which promote management buy-in and open-ness to flexibility (i.e. to support improved practice)
- Use of selected joint research activities (within and outside Samoa) to generate deeper understanding and to share experiences with others (i.e. to contribute to improvements in global practice)
- Use of human rights indicators where appropriate to support GoS to report on changes over time and to inform other stakeholders on progress
- Use of research to track lessons learned about how the Program was undertaken towards ratification, including how GoS engages with NOLA and with the broader range of stakeholders.

## 5.3 Key performance questions

The MEL Matrix at Annex 9, based on the Theory of Change for this Program, includes a selected set of performance questions for each level of the Program. Use of these questions will enable all stakeholders to collect and analyse key pieces of information relevant to each level of the Program's objectives. The questions should form part of all MEL processes, including the Mid-Term Review and End of Phase 1 Review, recognizing that during the early years, there is not likely to be a great deal of evidence of high level outcomes being achieved, but by the End of Phase 1 Review, more evidence of more high level outcomes is expected to be found.

The MEL Matrix will need to be discussed further by Program stakeholders, facilitated by an M&E Specialist, before it is finalized (by the end of December 2013) and consideration given to whether to include specific human rights indicators or other indicators from the broader MWCSD monitoring process.

## 5.4 Reporting

MWCSD is required to report internally against its own Strategic and Corporate Planning processes on a regular basis, as per internal GoS governance systems and structures.

The Program will require the following reports, assuming the start date is 1 July 2013:

| Report from/to | Date | Report Due | Comments |
|---|---|---|---|
| From MWCSD to AusAID | 20 September 2013 | First Annual Plan, developed for Year 1 by MWCSD by 20 September 2013, based on the draft Implementation Schedule included at Annex 1 (which needs to be revised, following more detailed Disability Unit discussions) and subject to further discussions with all Program stakeholders, particularly NOLA and NHS. | This Plan will include confirmed budget details for Year 1 based on the draft Budget (Annex 2). The Annual Plan will be submitted to the CSSC and be considered at the first meeting which should be held no later than the end of September 2013 for approval. As AusAID is a member of CSSC, this will be regarded as submission to AusAID for approval purposes. AusAID will use its internal processes to confirm approval following the CSSC meeting. |
| From AusAID Apia to Canberra | November 2013 | Quality at Implementation Report | AusAID will refer to the commencement of the Program and will refer to the first Annual Plan as a source of confirmation of Program commencement |
| From MWCSD to AusAID | Mid-January 2014 | Second Annual Plan to cover the period July 2014 to June 2015 | Submitted to the CSSC meetings in February for approval |
| From MWCSD to AusAID | February 2014 | First six-monthly report and acquittal of 60% of funds | The second tranche of funds (40% of Year One budget) will be provided to GoS on approval of the report and acquittal.<br>If some part of the first tranche of funds remains unspent, negotiations about whether to carry over funds or reduce the second tranche will be undertaken and will take into account planned activities. |
| From MWCSD to AusAID | August 2014 | Second six-monthly report and acquittal of 40% of Year One funds | The third tranche of funds (60% of Year Two budget) will be provided to GoS on approval of the report and acquittal.<br>If some part of the previous tranches of funds remains unspent, negotiations about whether to carry over funds or reduce the second tranche will be undertaken and will take into account planned activities. |
| From AusAID Apia to Canberra | November 2014 | Quality at Implementation Report | AusAID will refer to the first and second Annual Plans and the first two 6-monthly reports as sources of information about progress |
| From MWCSD to AusAID | Mid-January 2015 | Third Annual Plan to cover the period July 2015 to June 2016 | Submitted to the CSSC meetings in February for approval. |
| From MWCSD to AusAID | February 2015 | Third six-monthly report and acquittal of 60% of Year Two funds | As previously for six-monthly reports |
| From | August 2015 | Fourth six-monthly report and | As previously for six-monthly reports |

| | | | |
|---|---|---|---|
| MWCSD to AusAID | | acquittal of 40% of Year Two funds | |
| From AusAID Apia to Canberra | November 2015 | Quality at Implementation Report | AusAID will refer to the third Annual Plan and the third and fourth 6-monthly reports as sources of information about progress |
| From MWCSD to AusAID | Mid-January 2016 | Fourth Annual Plan to cover the period July 2016 to June 2017 | Submitted to the CSSC meetings in February for approval. |
| From MWCSD to AusAID | February 2016 | Fifth six-monthly report and acquittal of 40% of Year Two funds | As previously for six-monthly reports |
| From MWCSD to AusAID | August 2016 | Sixth six-monthly report and acquittal of 60% of Year Three funds | As previously for six-monthly reports |
| From AusAID Apia to Canberra | November 2016 | Quality at Implementation Report | AusAID will refer to the fourth Annual Plan and the fifth and sixth 6-monthly reports as sources of information about progress |
| From MWCSD to AusAID | February 2017 | Seventh six-monthly report and acquittal of 40% of Year Three funds | As previously for six-monthly reports |
| From MWCSD to AusAID | August 2017 | Final six-monthly report, Program Completion report and final acquittal. | This report will both cover the last 6-months of implementation and a summary of the entire 4 years, paying particular attention to evidence of progress and achievement against intermediate and overall outcomes. Thus it will include analysis of M&E data collected throughout. |

Detailed planning for Years 2, 3 and 4 will be coordinated by MWCSD, incorporating inputs from all stakeholders. While contractual demands are necessary, it needs to be respected that such a process will be time-consuming and require considerable negotiations within complex power relationships, across multiple agencies with different frames of reference and perspectives on time.

AusAID will require an Annual Plan, Program progress reports on a 6-monthly basis and financial acquittals on a 6-monthly basis. Information from these reports will enable AusAID in Apia to comply with agency-wide strategic and internal corporate planning and control processes, including the Quality at Implementation reporting (annual) and Annual Program Performance Review (APPR) – at country and thematic levels (annual).

Reports will require inputs from a range of stakeholders. Responsibilities are suggested below, but will need to be negotiated and agreed early during Program commencement.

## 5.5 M&E Roles and responsibilities

The **Program Coordinator** will play the lead role in ensuring all MEL processes take place for this Program, both to meet GoS and AusAID systems. This Principal level position in MWCSD will work

closely with the other Disability Unit team members to prepare and undertaken processes which will generate information to be included in reports. The Program Coordinator will be expected to support processes which build coherence across various activities, contribute to shared learning across all stakeholders and generate rich and relevant information for a wide range of audiences. A Position Description for this role is included in Annex 7.

A **MEL specialist** will be included in the Program Specialist Panel (PSP) and will be available to provide inputs during the life of the Program. A Position Description for this role is included in Annex 7. The MEL Specialist will be expected to provide at least 40 days of input in the first 12 months and around 30 days per year in Years 2-4. The MEL Specialist will be initially involved in facilitating an agreed MEL framework with all details checked for feasibility. They will assist the Program Coordinator to establish relevant MEL systems and to train and support team members in MEL skills. They may also be used in the first two years to help prepare or edit draft reports based on monitoring information gathered, but in the latter two years, should play a reduced role in this regard, but a greater role in evaluation processes to generate information associated with outcomes.

The **Program Management Specialist,** appointed by AusAID, will play a semi-independent role in contributing to the quality of reports generated from the use of ongoing Program monitoring processes. In the first year, this Specialist will work with the Disability Unit and the MEL Specialist to finalise the draft MEL Framework (Annex 9) and ensure systems are in place to collect, store and analyse data. In latter years, the Specialist will spend up to 2 months in Samoa, assisting AusAID and the Disability Unit to ensure smooth compliance with reporting and approval processes.

## 5.6 Sources of information

Based on the draft MEL Framework (Annex 9), the Program Coordinator and MEL specialist will draw up a detailed M&E plan for this Program which identifies how each Program stakeholder will contribute to and participate in processes to generate information for MEL processes. MWCSD itself will be a key source of information across all outcome areas and cross-cutting areas, given its coordination role. While aiming for a manageable and simple set of MEL tasks for all, the Disability Unit will need to draw on other sources including:

- Other GoS agencies involved in the Disability Task Force and other CRPD compliance processes
- NOLA
- AusAID (for information about other Programs' movement towards inclusion)
- NHS
- Service providers, both mainstream and disability-specific
- PIFS and PDF

## 5.7 Processes for gathering and reporting

A range of processes will be used to gather, analyse and report on Program processes, including (see MEL Matrix at Annex 9):

- Gender and disability disaggregated data collection about participants in Program-supported events (e.g. community awareness programs; training programs on CRPD), and services and processes (e.g. mobility service, Job Club, Deaf Club)
- Recording an analysis of findings from facilitated workshops and focus group discussions in relation to more complicated processes of change – i.e. participants together "making sense" of what is happening in their cultural context and vis a vis Program objectives
- Research by Samoan and external research teams on selected issues, to understand complex changes, according to an agreed Research Plan.

## 5.8 Resources required for M&E

In addition to personnel noted in 5.4 above, funding includes provision for:

- Travel to rural communities to meet with people with disability
- Other costs of data collection, analysis and reporting

# 6. Sustainability

This Program is envisaged as a first phase (four years) in a longer term (eight year) partnership between GoS and GoA in relation to disability inclusive development. Both countries share a commitment in this area as well as respective obligations related to CRPD. The first phase of cooperation (2013-17) is therefore oriented towards introducing a range of Government wide policies, systems and processes, raising awareness at community level and longer-term sustainability of inclusive and disability-specific services**.** It is envisaged that this first phase, will begin to generate direct benefits for people with disability, but that most benefits will take longer, into the second phase, to become evident. This is the nature of complex changes such as changing attitudes, introducing new policies and establishing new services. The Theory of Change reflects the belief among those involved in the design process that all these elements are needed to maximise the likelihood that benefits can be sustained in the short- to medium-term and particularly to ensure that new service delivery initiatives can be sustained within the Samoan context, beyond the life of this phase.

As this is a relatively new area of work for GoS and the first time that AusAID has undertaken a national program focused in this sector in the Pacific, it is not expected that all aspects of the Program could be sustained after the initial four years of partnership. For example, while some changes in policies and legislation may take a relatively short time to achieve, implementation of those changes as well as shifts in attitude towards people with disability and their equitable inclusion in all aspects of life, may take much longer, even generations in some cases.

There is no need to consider "scaleability" aspects of this Program after Phase One, since it is already national in its coverage and approach. Phase Two is likely to include refinements and deeper focus on particular disability issues rather than scale up any piloted activity – the intention is that the disability-specific services will be working towards financial sustainability within GoS systems and through contributions by others, by the beginning of Phase Two.

The following features of the design will promote sustainability of Program benefits:

- Alignment of Program goals and outcomes with existing GoS policies and plans as well as expressed GoS commitments (e.g. to ratify CRPD)
- Use of existing GoS plans, structures and systems for implementing Program activities
- Use of internationally-agreed principles and objectives included in CRPD
- Use of internationally-agreed principles and approaches related to aid effectiveness
- Coordination with other supporting programs such as SIEDP and Samoa Sports program
- Linkages with Pacific regional commitments and arrangements, such as PRSD
- Active engagement with people with disability and their representative organisation

Particular effort has been made in the design of this Program to prioritise sustainability aspects of new service delivery (Outcome Area 3). The prospect of establishing services which provide assistive devices to people, such as wheelchairs and hearing aids, which cannot continue to be serviced or maintained after the life of the Program is not acceptable. Thus, the design of the integrated mobility service and the hearing service are principally focused on ways of ensuring long-term sustainability. While NGOs may easily have established these services independently and then required long-term external funding, the design process has confirmed the critical role of GoS, through NHS in this case, in providing health-related services for all and the need for at least a substantial proportion of recurrent costs to be included in the health budget.

The Program will also contribute to sustainability by supporting the ongoing capacity development of a range of existing leaders and organisations in Government and civil society. While NOLA office bearers and board members already have good capacity, the Program will provide a substantial boost and contribute to accelerated efforts and results. In GoS, currently there is only one person with direct responsibility for coordinating disability programs across government, so the Program will contribute a wider pool of experienced people in this skill area. Even if not all Program personnel remain in MWCSD in the long-term, their skills and knowledge will be relevant to a wide range of sectors and organisations and could continue to introduce and strengthen disability inclusive development practices more broadly.

The Program will also contribute to new levels of acceptance (about the roles and rights of people with disability) which are likely to be sustained in the long-term as participation in all aspects of life becomes "normalized". This new level of acceptance will be complemented by new levels of skill about how to address inclusion at all levels of society, as well as authority (for example through legislation, policy and compliance with CRPD) to make changes. The combination of and synergy between acceptance, authority and ability are regarded as critical for sustainable development changes to be made[70].

A particularly effective sustainability feature of this Program is the flexibility to implement activities within each Outcome Area as determined by MWCSD and key stakeholders, on an annual basis. This means that Samoan stakeholders will determine the specific ways they wish to achieve agreed

[70] Andrews, McConnell and Wescott, (2010).

outcomes, depending on partnerships and opportunities arising over the life of the Program. Samoan stakeholders will know best how to address the respective issues, and the ways of achieving transformative change, including by committing their own resources and political efforts. They will be able to draw on a pool of expertise, as required and within limits, to support their efforts over the life of the Program, thereby contributing to specialist expertise overall.

During the life of this Program, it is envisaged that other countries, other development programs and other donors will begin to undertake disability inclusive development activities. The lessons learned in Samoa, while in one way, unique to Samoa, will also potentially contribute to benefits beyond its shores. The emphasis on communications, research and sharing experiences will help to inform principles and approaches in the work of other countries, programs and donors.

In the long-term, Samoa will continue to be required to report on its efforts to compliance with CRPD. The benefits of this focused aid Program for at least 4 years will enable the country to both achieve and sustain compliance, and thus achieve inclusive development goals, much faster than those countries without such support.

# 7. Inclusiveness

## 7.1 Equal opportunity and inclusiveness

Inclusiveness of all people, regardless of gender, age and ability is fundamental to all work to be undertaken under this Program. Activities will be inclusive of people with all types of impairment, encouraging participation in consultation and implementation processes, and will also demonstrate to and inform other agencies and Governments how they need to be inclusive in their implementation processes.

In practice, this means:

- Making particular effort to support and sustain inclusion of people with various impairments in all activities and events
- Ensuring that facilities where meetings are held, are accessible (and if they are not, encouraging improvements)
- Ensuring that materials produced for community engagement are available in accessible formats
- Ensuring that sign language interpreters are provided where participants are Deaf/ have hearing impairments
- Consideration is given to buildings occupied by workers with disabilities, including surrounds (pathways, verandahs etc.)

## 7.2 Gender equity

A 2009 UNDP study found that throughout the Pacific region, in both rural and urban areas, women and girls with disability face multiple and compounding forms of discrimination. Despite some helpful laws, policies and practice in some countries, women with disability are less educated, experience higher rates

of unemployment, are more likely to be abused, are poorer, are more isolated, experience worse health outcomes and generally have lower social status.[71]

MWCSD is committed to ensuring women and men with disabilities, as well as female and male children and young people benefit from GoS programs and policies. NPPD includes a focus area 7 'Women with Disabilities', which recognises that "women and girls need to have equal access to health care, education, vocational training employment and income generation opportunities, and to be included in social and community activities." [72] The Policy explicitly acknowledges that women and girls with disability face discrimination and are often not given adequate sexual health advice, and are not given the same educational and employment opportunities as men and boys, thus facing more poverty, and often face discrimination from within the family.[73] People with disability, particularly women and girls with disability, are likely to be disproportionately found among the very poor, with 20% of the global population with disability living below the extreme poverty line[74]. The most disadvantaged households in Samoa have been found to be those with the least access to cash incomes from paid work, remittances, or farm production.[75]

Article 6 of CRPD provides that: *1. States Parties recognize that women and girls with disability are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.; and 2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.*

Concern to ensure gender equality is also a guiding principle of AusAID's *Development for All* Policy[76] and the principal aim of AusAID's Gender policy, *Promoting Opportunities for All*.[77]

It is clear from experience to date in the region, that a "business as usual" approach to gender in the Pacific has not been effective, so new concerted efforts are needed. The Samoa Disability Program's approaches to gender equity will include new ways of working, coordinating and influencing within the

[71] UNDP Pacific Centre (2009)
[72] *Samoa National Policy for Persons with Disabilities 2011-2016*, p 16.
[73] *Samoa National Policy for Persons with Disabilities 2011-2016*, p 16.
[74] In late August 2012, Prime Minister Julia Gillard announced the new 10-year $320 million initiative "to help improve the political, economic and social opportunities of Pacific women. This initiative …… will provide practical support for change at national and local levels. It will work in partnership with governments and civil society groups across the region to develop policy changes needed to support gender equality. The initiative will also directly benefit communities by supporting better local services, improving local markets, and increasing education and awareness through churches and other organisations. ……. The initiative will provide mentoring and training to female members of parliament and candidates [by Australian women Members of Parliament] so they can influence national and local politics and run more successfully in elections"
http://www.un.org/disabilities/convention/facts.html
[75] Asian Development Bank, *Country Partnership Strategy Samoa 2008-2012*, p7
[76] *Development for All* Guiding Principle 4 is 'Take into account the interaction of gender and disability: Inequality and multiple forms of discrimination may be experienced by men and women, girls and boys who are people with disability, family members and carers." AusAID (2008*)* p.4.
[77] AusAID (2011) *Promoting Opportunities for All: Gender Equality and Women's Empowement, Thematic Strategy*, November 2011, Canberra. http://www.ausaid.gov.au/Publications/Pages/7174_3886_222_8237_2915.aspx

partnership and within Samoa-led frameworks that govern and guide its operations. It will build on previous experience and afford greater attention both to mainstreaming gender equity perspectives and practices and explicitly contributing to the leadership practice of women with disability in Samoa.

The Program will commence during the early implementation phase of a substantial new Australian aid program in the Pacific called Pacific Women Shaping Pacific Development (PWSPD). [78] Opportunities to engage with this program should be actively sought for Samoan women leading disability inclusive development, and in particular Samoan women with disability.

Experience from other Pacific governance programs suggests that if Australians demonstrate a respect for cultural values, a strengths-based approach and a genuine openness to learning in collaboration with Pacific partners, then discussions about gender equity are more likely to result in changes in perspectives, policies and programs. When gender equity perspectives are presented from western cultural perspectives or as non-negotiable requirements, then experience suggests that deep and sustainable changes are less likely to be understood and achieved, even if short-term gains are made. The Samoa Disability Program's approaches to respectful partnerships and policy dialogue will contribute to its likely success.

Processes to promote gender equity relevant to each of the four outcome areas and activities for the Samoa Disability Program are detailed in Annex 10. In summary, the Samoa Disability Program will:

- contribute to improved understanding (through research and other partnerships) about the roles of men and women – particularly men and women with disability - in the exercise of leadership in the area of disability inclusion;
- ensure that all partnerships include a joint analysis of gender relevant to program implementation to respond to context-relevant issues (which might for example include mentoring for targeted women leaders, or systems for ensuring mentoring is provided for equal numbers of men and women; or in other contexts, may include gender items for discussion in sector-specific meetings; or activities which contribute to knowledge and skills for Pacific leaders on inclusive leadership); and
- ensure gender-disaggregated data about participants and beneficiaries of Program activities and development results is collated, monitored and reported.

Examples of the kind of work that the Samoa Disability Program may undertake are provided below, based on a submission by NOLA. By the time the Program starts in mid-2013, these or other opportunities may have arisen or turned into practical opportunities for support in the form of convening groups, organisation-based events, research or other leadership and development linkages.

**Examples of potential gender activities**

1. The MWCSD is planning to collect data on the position of women and girls with disability in villages and rural areas to inform policy and program development. The program may support NOLA's women members to be engaged in this activity to assist designing the questionnaire, and to participate actively in visits to villages and rural areas to collect this data to encourage disclosure, and at the same time to run community awareness raising activities to raise awareness of the rights of people with disabilities.
2. In implementing the Samoa National Policy on Persons with Disabilities, the Government of Samoa is planning to provide accessible quality and affordable health service for urban and rural based people with disabilities and their families. The program may support NOLA (with appropriate technical assistance) to advocate and provide advice on how to ensure that the services appropriately incorporate information on sexual and reproductive health for women

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Importantly, the CSSC will include a number of women, and at least one woman with disability. The Disability Task Force is also a very important source of advice on ways that the Program can support gender equitable program implementation.

Finally, the specific issue of the role of women with disability in leadership is important for this Program. It will be appropriate for the Program to directly support the leadership of women with disability, and to promote aspects of that leadership in its communications work. The number of highly skilled and capable women with disability who have joined the staff and Board of NOLA, and their collaborative work with e.g. the Gender Officer at Pacific Disability Forum and other regional bodies should also be promoted to illustrate the role of women leaders in addressing disability-inclusive development issues in the Pacific.

## 7.3 Environment

The Samoa Disability Program is committed to the sustainable use of environment resources to reduce poverty and to improve the quality of life of people with disabilities. For the most part, the design is in a low risk sector (disability rights) with low environmental impacts, and is thus low risk.

Component 3 of the Samoa Disability Program proposes an integrated mobility service. This will involve possibly moving into a new facility already being built by the National Health Services, funded by NZAID. It is essential that mobility devices and related services are adapted and modified to ensure they are appropriate to the requirements of the individual and their context. This requires consideration of all aspects of the individual's disability, i.e. impairments, activity limitations, participation restrictions, related health conditions, environmental factors (e.g. physical and social environment) and personal factors (e.g. gender, age, race, physical fitness, lifestyle and habits) (WHO, 2001).

A failure to ensure 'appropriate' wheelchairs along with sustainability of repair services etc, may have detrimental environmental effects, with unsuitable or broken wheelchairs and parts ending up in landfill or dumped into the sea.

The need for effective and sustainable service delivery of appropriate mobility devices has prompted helpful international guidelines to deal with some of these issues[79], with which compliance by this program will be imperative to mitigate any negative environmental impacts.

Motivation Australia, a key partner in the proposed integrated mobility services component, has a strong track record in this area, contributing to international best practice guidelines on the issue.

Monitoring of the activity and requiring appropriate reporting by the relevant partners to the Interim Program Steering Committee that it complies with international best practice should be sufficient to mitigate these low risks.

[79] World Health Organisation (2008), World Health Organisation & USAID (2011).

## 7.4 Child Protection

Children with disability are almost four times more likely to experience violence than children without disability, according to a global review commissioned by WHO and published in *The Lancet*. [80]

Findings from the review[81] indicate that children with disability are:

- 3.7 times more likely than non-disabled children to be victims of any sort of violence;
- 3.6 times more likely to be victims of physical violence; and
- 2.9 times more likely to be victims of sexual violence.

Children with disability associated with mental illness or intellectual impairments appear to be among the most vulnerable, with 4.6 times the risk of sexual violence compared with their non-disabled peers.

Factors which place children with disability at higher risk of violence include stigma, discrimination, and ignorance about disability, as well as a lack of social support for those who care for them. Placement of children with disability in institutions also increases their vulnerability to violence. In these settings and elsewhere, children with communication impairments are hampered in their ability to disclose abusive experiences.[82]

Certain nurse home-visiting programmes for children at risk of violence and training to improve parenting skills have been shown to work to prevent violence against non-disabled children. These and other promising measures outlined in WHO's *Preventing child maltreatment* and *Violence prevention: the evidence* should be implemented for children with disabilities, and their effectiveness evaluated.

The UN CRPD reinforces the need to protect the rights of children with disability and ensure their full and equal participation in society. This includes avoiding the adverse experiences resulting from violence in childhood which are known to have a wide range of detrimental consequences for health and well-being later in life. When prevention fails, care and support for children who are victims of violence are vital to their recovery.

The WHO/World Bank *World Report on Disability* outlines what works in improving health and social participation of children with disability and promotes deinstitutionalization. For children with disability who are currently placed away from home, strengthening their care and protection by tackling institutional cultures and structures that exacerbate the risk of violence is an imperative.

It is the responsibility of government and civil society to ensure that such victimization is exposed and prevented.

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[80] Jones et al (2012) http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60692-8/abstract; and WHO (2012)**Error! Hyperlink reference not valid.**

[81] The review provides the strongest available evidence on violence against children with disabilities. The 17 studies included reflect data from 18,374 children with disabilities from high-income countries – Finland, France, Israel, Spain, Sweden, the United Kingdom, and the United States – underscoring the urgent need for high-quality research in low-income and middle-income countries.

[82] http://www.who.int/mediacentre/news/notes/2012/child_disabilities_violence_20120712/en/index.html

AusAID's *Development for All* strategy recognizes the need for child-sensitive programming in guiding principle 5 "Focus on Children: children with disability face major barriers to enjoying the same rights and freedoms as their peers and may often face greater risks of abuse'.[83]

Ratifying and incorporating into national law relevant instruments – including the UN Convention on the Rights of the Child and the UN CRPD– that protect and promote the human rights of children and young people with disability is a recommended strategy to improve child rights and protection.[84] This Program has as a key goal under Outcome 1 moving toward substantive compliance with the CRPD.

Some activities under this Program will involve working with children with disability, in particular:

- Community consultations on legislative changes required for compliance with CRPD to which families and children with disability may be invited (Outcome 1)
- Support for implementation of the *Samoa National Policy for Persons with Disabilities 2011-16* (e.g. work toward developing a policy/program for early detection and intervention, strengthened inclusive and special education and sports, training of families to care for children with disability) (Outcome 1)
- Assistance to newborns/children identified with hearing impairment/ deafness (Outcome 3)
- Provision of mobility devices and services to children with a mobility disability (Outcome 3)
- Community awareness raising activities

GoS and GoA acknowledge the need to reduce risks for children in programming and the GoS is aware that AusAID funded programs require compliance with the AusAID Child Protection policy.

Proactively managing the risks to children with disability will be necessary through

- careful vetting of personnel to be involved in working with children
- establishing trained child protection officers within organisations involved in working with children with disability; and
- ensuring that there are appropriate and publicised procedures for reporting cases of suspected child abuse
- supporting changes in justice systems to improve consideration of the rights of children.

A 2011 report[85] by Save the Children and Handicap International contained a set of recommendations developed in consultation with children and communities, with global experts on children's rights and disability issues, and with staff on the ground. These include:[86]

1. **Tackle the social and structural discrimination that prevent children and young people accessing services.** This includes:

[83] Guiding Principle 5, AusAID (2008*)*.4.

[84] Save the Children and Handicap International (2011), p 22.

[85] Save the Children and Handicap International (2011)

[86] *Ibid*, Pages 21-22.

- prohibiting all forms of discrimination that may hinder access to justice and medical, legal, psychological and social services, including, for example, legal provisions that automatically prohibit children with certain disabilities from being recognised as competent witnesses
- ensuring that children and young people with disabilities, their families and communities are aware of child protection, medical, legal, psychological and social services
- ensuring that all professionals in contact with children and young people are trained in disability rights and empowerment, and are aware of barriers that prevent access to services, such as communication
- developing and introducing child sensitive, accessible, safe and confidential reporting and complaints mechanisms for children with disabilities
- ensuring that all children with disabilities and their families have accessible avenues to voice their opinions, concerns and complaints against discriminatory services
- guaranteeing equal access to education and other opportunities that decrease the isolation of children and young people with disabilities
- information campaigns to raise awareness about disability, challenge stereotypes and stigma and promote positive images of disability.

2. **Invest in high-quality, free services that prevent and respond to sexual violence against children and young people with disabilities, and prioritise the best interests of the individual child at all times.** This includes:
    - child protection mechanisms, inspection services and other measures that are age-, gender-, culture- and language-appropriate and provide relevant information in suitable formats for different disability groups medical, legal, law enforcement, psychological, social, education and other services to respond to sexual violence against children and young people with disabilities. This includes:
        – ensuring that mainstream response services meet the individual needs of children and young people of all disability groups effectively, including by providing specialised services where appropriate
        – early intervention and appropriate referrals between medical, law enforcement, legal, education, psychological and social services to support the timely response and exchange of essential information for the most appropriate and sensitive care of survivors, and for suitable sentencing of perpetrators
        – ensuring that legal, law enforcement and judicial professionals are consistent and sensitive to the needs and rights of children and young people with disabilities during the investigation, prosecution and sentencing of perpetrators.
3. **Support children and young people with disabilities to play an active part in society and in the services that affect them.** This includes:

- supporting and empowering children and young people with disabilities and their families to take part in all relevant processes, including decision-making
- consulting with children and young people with disabilities, their families, disabled people's organisations and other professionals to ensure service planning and implementation is appropriate and accessible to all disability groups
- ensuring that children and young people with disabilities have access to information on their rights – particularly those who do not have access to mainstream education – so that they can identify, prevent and act upon a violation against them
- involving children with disabilities in monitoring and evaluation of policies and services designed to strengthen protection from violence, including prevention, intervention, investigation, prosecution and rehabilitation processes.

4. **Make children and young people with disabilities more visible both in society and in development programming.** This includes:
   - conducting more research on sexual violence and other issues affecting children and young people with disabilities
   - incorporating impairment-specific and disaggregated data and indicators in all programming, national censuses and data collection surveys, to enhance targeted interventions
   - promoting greater professional and academic knowledge of sexual violence against children and young people with disabilities
   - increasing networking and information exchange between child protection and disability services, disability advocacy and human rights organisations.
5. **Ensure that national laws and policies prevent, and respond to, sexual violence against children and young people with disabilities, in line with international and regional human rights instruments.** This includes:
   - ratifying and incorporating into national law relevant instruments – including the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities and the African Charter on the Rights and Welfare of the Child – that protect and promote the human rights of children and young people with disabilities
   - making explicit and specific mention of the particular rights and needs of children and young people with disabilities in national child protection and sexual violence legislation and policies.

Based on the above recommendations, a range of activities will be supported by funds and technical assistance under this Program. They are included in Annex 11.

# 8. Risk Assessment and Management

At the Investment Concept stage, this Program was deemed overall to be in the low risk category. Two categories of risk were identified as potentially high (insufficient human resources in MWCSD; and the risk that by spreading across too many areas of work, coherent Program outcomes will not be achieved) but have been addressed during the design process and are now not considered high risk.

Annex 13 provides a Risk Matrix based on participation by key stakeholders during the design workshops and broader analysis. This Matrix identifies only one high risk (AusAID will change the priority currently accorded to disability inclusion in the aid program), although the likelihood of this occurring is deemed "possible".

Five risks rated as "moderate" in the Risk Matrix are worthy of close management and monitoring attention:

*Risk number 4: Incidents of institutional child abuse negatively affects ability of Program to promote systemic inclusion and reduces Program credibility*

- There is increasing research globally and in the Pacific region highlighting the high levels of abuse of children with disability and the need for this to be tackled urgently. Children with disability, particularly girls, are vulnerable to a wide range of abuse and are also more likely to be ignored by or excluded from justice systems, families and agencies, because of their disability.
- Section 7.3 above and Annex 11 include specific strategies for addressing the need for child protection within this Program, more broadly in the disability sector and in cooperation with other aid programs such as SIEDP.

*Risk number 10: Conflict among stakeholders on determining priorities for Program Funds*

- As noted in Section 4 above, there are already conflicts between some stakeholders in the disability context related to the allocation of funds and more conflicts are likely to arise
- To date service providers in this sector have operated independently and their leaders have diverse approaches and views about how to provide services and what is deemed "good quality" service. Combined with misperceptions and other differences, in practice this has already resulted in less than optimal access to specialist services for some children. The potential for escalating disputes and demands for "loyalty" to one institution or another to affect ongoing access to quality services by children and adults will need to be addressed. While differences of frames of reference are understandable, in a country as small as Samoa, where resources are limited, GoS will seek to maximise coordination, quality service delivery and efficiency and minimise the risk of duplication.
- MWCSD will need to use its skills to manage diverse perspectives on what is "best" for Samoan people with disabilities, following the principles included in CRPD where appropriate

(particularly that people with disability themselves should be involved in decision-making, in this case representatives from NOLA), in order to meet shared objectives. The Disability Unit of MWCSD is likely to become involved in some mediation and decision-making to this effect.

- AusAID will also need to maintain good quality engagement with stakeholders so that when difficult decisions are made, communications are effective and messages are shared and well understood. AusAID will need to take care not to over-ride funding-distribution decisions made by GoS which could undermine Samoan ownership and leadership of the Program.

*Risk number 12: Disability Unit overwhelmed by Program scope and burn out*

- The PDD describes a wide range of activities in this Program, although most activities on their own are relatively narrow in scope (with the exception of the establishment of two new services)
- With a high level of activity start-up, coordination, program management and monitoring, it is likely that the small team may encounter difficulties
- Annual Planning processes should ensure that Plans are realistic within the resources available, and the CSSC and AusAID should regularly check to see that resources are adequate and Plans are appropriate
- The partnership arrangements between MWCSD and AusAID should help the Disability Unit to work flexibly and respectfully in this context, recognizing the need for collaboration, the opportunity for changing work schedules and the scope for bringing in extra resources if appropriate

*Risk number 16: Services developed become unsustainable*

- While the design process has placed great emphasis on minimising the risk of creating new services which cannot be sustained within the GoS and community context, the risk still exists
- To manage this risk, both MWCSD and AusAID need to make sure that expectations among those organisations advocating for new services to be established are realistic and that all efforts are made to maximise sustainability, for example through promoting ownership by NHS, supporting partnerships and supporting design and feasibility studies which are aligned to the reality of the Samoan context
- Monitoring of this risk will be a high priority for the CSSC

*Risk number 17: Unrealistic Budgeting for Services to be established and delivered*

- This risk is related to the one above, but reflects the fact that for specialized services, costs can be high and in a low-resource setting, sufficient funds for recurrent costs are simply not available, so the service may not be of sufficient standards to meet expectations