



United Nations

Division for Social Policy Development (DSPD)
Department of Economic and Social Affairs (DESA)



Toolkit on
DISABILITY for **AFRICA**

**BUILDING MULTISTAKEHOLDER
PARTNERSHIPS FOR DISABILITY INCLUSION**

Toolkit on disability for AFRICA



BUILDING MULTISTAKEHOLDER PARTNERSHIPS FOR DISABILITY INCLUSION

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List of acronyms

AT	Assistive Technology
CEDAW	Committee on the Elimination of Discrimination against Women
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CESCR	Committee on Economic, Social and Cultural Rights
CRPD	Convention on the Rights of Persons with Disabilities
CRPD	Committee on the Rights of Persons with Disabilities
CRC	Committee on the Rights of the Child
CRC	Convention on the Rights of the Child
CRC	Convention on the Rights of the Child
DFIs	Development Financing Institutions
DPOs	Disabled Persons Organizations
DSPD	Division for Social Policy and Development/UNDESA
EC	European Commission
G3ICT	Global Initiative for Inclusive ICTs
HIV/AIDS	Human Immunodeficiency virus / Acquired Immunodeficiency Syndrome
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic and Cultural Rights
ICF	International Classification of Function, The World Health Organization
ICT	Information and Communication Technology
ILO	International Labour Organization
ITCILO	International Training Centre of the ILO
IPU	Inter-Parliamentary Union
ITC	Information and Communication Technology
ITU	International Telecommunication Union
MDGs	Millennium Development Goals
MFI	Microfinance institutions
MSPs	Multi-stakeholder Partnerships
NAPs	National Action Plans
NGO	Non-Governmental Organization
NVDA	Non Visual Desktop Access
OHCHR	Office of the High Commissioner for Human Rights
OSISA	Open Society Initiative for Southern Africa

PCM	Project Cycle Management
PRP	Protracted Relief Programme
SABE	Self-Advocates Becoming Empowered
SDGs	Sustainable Development Goals
UDHR	Universal Declaration of Human Rights
UN	United Nations
UN DESA	United Nations Department of Economic and Social Affairs
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Fund
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VOCA	Voice Output Communication Aids
WHO	World Health Organization



1. OVERVIEW

Module objectives

- ▶ To highlight the value of multi-stakeholder partnerships in achieving disability-inclusive development for the effective implementation of the CRPD. The module also considers how to form and successfully operate and participate in such partnerships.

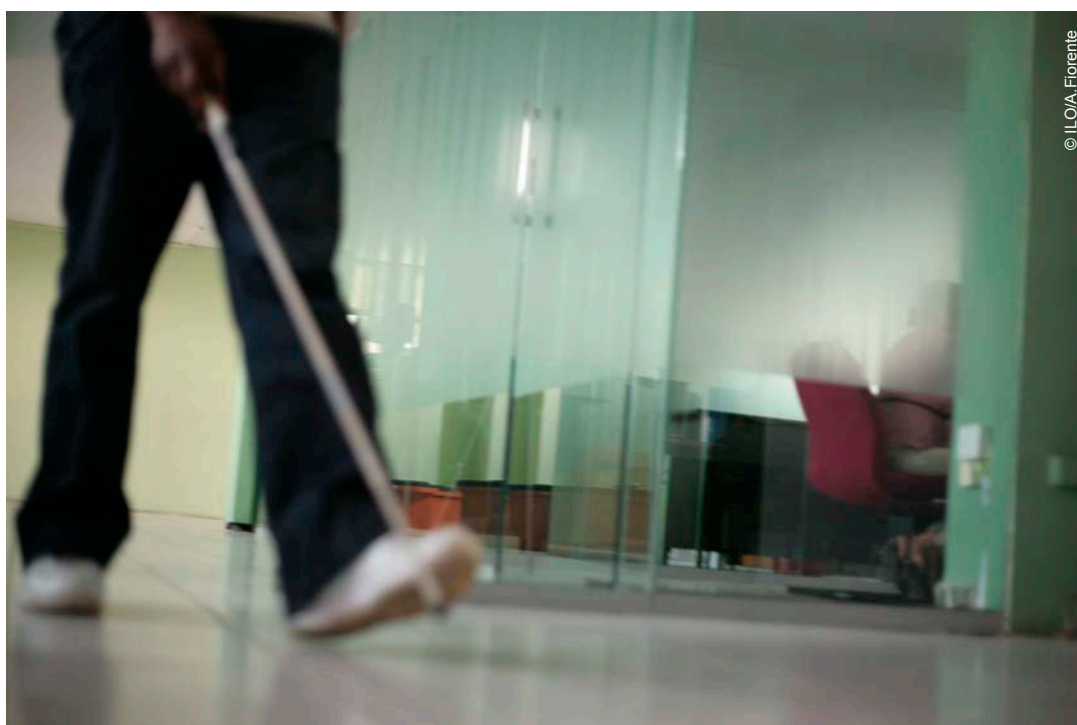
Who is this module for?

This module is relevant to everyone who has an interest in disability or a responsibility for addressing issues of disability because of the nature of their work, including persons with or without disabilities in civil society, civil and public service, national human rights institutions, parliaments, development agencies, universities and the private sector.

What is this module about?

This module:

- ▶ explains what multi-stakeholder partnerships (MSPs) are and why they are important for the implementation of the CRPD;
- ▶ reviews the legal and policy framework in relation to multi-stakeholder partnerships;
- ▶ explores considerations in the formation of MSPs, including how to identify partners;
- ▶ highlights the role of civil society organizations, including disabled persons' organizations, in advancing disability inclusion;



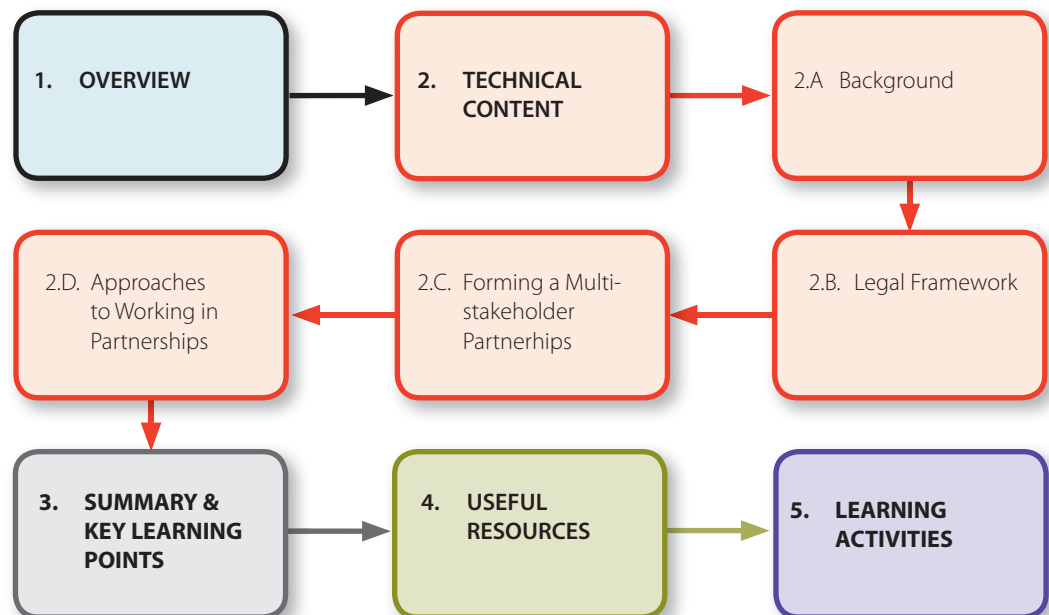
- ▶ considers the modalities of working in partnerships;
- ▶ provides examples of MSPs advancing disability-inclusive development;
- ▶ includes learning exercises to accompany the material; and
- ▶ lists key resources for additional reference.

Learning objectives

On completion of this module, participants will have:

1. reflected upon the importance of working in partnerships with different stakeholders to achieve disability-inclusive development;
2. identified different partners and how to work with them;
3. discussed how to ensure persons with disabilities and their representative organizations are able to influence CRPD implementation.

Module map





2. TECHNICAL CONTENT

2.A Background

The Convention on the Rights of Persons with Disabilities (CRPD) sets out both general obligations and specific measures required for its implementation. A wide range of skills and competences are required to carry out these necessary steps, which include various activities such as legislative and policy reform; development of new and affordable technologies; development of outreach in accessible formats; conduct of training, including for professionals working in specific sectors; and provision of international cooperation. No single actor or stakeholder, working alone, can therefore implement the CRPD or achieve disability-inclusive development. For this reason, there has in recent years been increased recognition that partnerships between different stakeholders, which draw on the resources and varying competences of each, are critical for the advancement of the rights and inclusion of persons with disabilities.

Multi-stakeholder partnerships are voluntary and collaborative relationships between various parties, in which all participants agree to work together to achieve a common purpose or undertake a specific task and to share risks and responsibilities, resources and benefits.¹ A stakeholder is any person, group or organization that has an interest or concern in an organization.

In the context of this Toolkit, the terms “multi-stakeholder partnerships” and partnerships are used interchangeably, and are interpreted broadly to include collaboration between different actors, both State and non-State. The latter includes civil society, particularly Disabled Peoples Organizations (DPOs), the private sector, the media, academic institutions, and other stakeholders, who have come together to advance the rights and inclusion of persons with disabilities.

Multi-stakeholder partnerships can work at international, regional, national or community level. Their scope and nature can vary widely, from short-term or one-off collaborative efforts to longer-term efforts. They can also focus on a single narrow goal or entail multi-issue collaboration. Multi-stakeholder partnerships are greater than the sum of their parts and are about creating lasting and meaningful impact at all levels of action. They are based on nurturing working relationships based on trust, mutual respect, open communication and understanding between stakeholders regarding each other’s strengths and weaknesses.

Examples of multi-stakeholder partnerships working in Africa and globally include the Stop TB Partnership; Roll Back Malaria; the GAVI Global Vaccine Alliance, which brings together public and private sectors with the shared goal of creating equal access to new and underused vaccines for children; and The Global Fund to Fight AIDS, Tuberculosis and Malaria. Each of them has sought to make significant advances and to progress matters in their respective areas.

¹ UN General Assembly, 60th Session, Report of the Secretary General, UN DOC A760/214.

2.B Legal Framework

The CRPD addresses partnerships in its Article 32 on international cooperation in support of national efforts to implement treaty obligations. Article 32 applies broadly, and includes cooperation between States and in partnership with international and regional organizations and civil society, in particular organizations of persons with disabilities. More generally, the need for engagement of persons with disabilities and their representative organizations in the implementation and monitoring of the CRPD is a key element of the Convention. For example, full and effective participation and inclusion in society is a general principle of the CRPD, as set out in Article 3. Article 4 details the general obligation of State parties to closely consult with and actively involve persons with disabilities in relevant decision-making processes. Article 33, on national monitoring and implementation, sets out that civil society, and particularly persons with disabilities and their representative organizations, are to be involved and participate fully in the monitoring process.

In December 2015 the Member States of the United Nations adopted the 2030 Development Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). The SDGs represent a significant step forward in terms of the inclusion of disability in internationally-agreed development goals. An emphasis of the SDGs, which include 17 goals and 169 targets, is to “leave no one behind.” Disability is referenced in the preamble of the SDGs, and is referred to in a number of goals and targets.²

Multi-stakeholder partnerships are expected to play an important role in the achievement of the SDGs, and therefore disability-inclusive development. Sustainable Development Goal 17 - “Strengthen the means of implementation and revitalize the global partnership for sustainable development” - recognizes multi-stakeholder partnerships as important vehicles for mobilizing and sharing knowledge, expertise, technologies and financial resources to support the achievement of the SDGs in all countries, particularly developing countries.³

2.C Forming a Multi-Stakeholder Partnership

Those seeking to form a partnership should begin by clearly identifying their desired outcome or goal. While in the context of the CRPD all actors should be seeking to advance realization of the rights and inclusion of persons with disabilities in line with the Convention, specific goals may vary tremendously. For example one set of stakeholders may wish to advance implementation of the CRPD in its entirety, with a focus on international or regional solutions. Another set of stakeholders may be focused on implementation of one specific right or thematic area – for example, the right to education or the right to an adequate standard of living – at local level.

Once the desired outcome or goal has been identified, it is important to map the measures necessary for its achievement. How can the desired change be achieved? For example, is there a need for legislative or policy change? Is there a need for research, data and statistics? Is there a need for awareness-raising or advocacy?

² Goal 4 refers to “inclusive education” and Goal 11 to “inclusive cities.” The targets of the SDGs include numerous explicit references to persons with disabilities, especially in relation to education, employment, reduction of inequalities, cities and implementation and global partnerships.

³ UNDESA, Partnerships for the SDGs: A Legacy Review towards Realizing the 2030 Agenda (2015).

By reviewing the situation and identifying the necessary measures, those seeking to form a partnership will also be able to map those actors best placed to act upon each. This can for example include considerations of which actors have the power to shape and adopt policy. Which actors are in a position to provide any necessary funding to advance the identified goal? Which actors are most knowledgeable regarding the situation of persons with disabilities? Which have the technical expertise required to address specific issues as relevant, for example in the case of accessible Information and Communication Technologies (ICTs)?

In many cases the achievement of a particular outcome or goal may require the involvement of various actors operating at different levels, as there are generally many levels at which policies are developed, decisions taken, budgets allocated and implementation carried out.⁴ The achievement of real results for persons with disabilities can therefore require involvement of international actors – including inter-governmental organizations and NGOs; bilateral cooperation; national-level governmental and non-governmental actors, particularly DPOs; and municipal or local level government and non-governmental actors.

See Learning Activity 2.C. titled *Stakeholder and Process Mapping*



Consistent with the CRPD's call for the participation of persons with disabilities, all multi-stakeholder partnerships dedicated to the advancement of the rights and inclusion of persons with disabilities should include such persons and their representative organizations as essential partners. In relation to partnerships for the implementation of the CRPD, potential stakeholders can broadly include combinations and permutations of those listed below.

Potential Stakeholders

- | | |
|--|---|
| <ul style="list-style-type: none"> ● Government ministers ● Members of the legislature ● Government officials ● Members of major political parties ● Government agencies, including law enforcement agencies ● Municipal or local level government representatives or officials ● Traditional leaders ● International and regional organizations ● Bilateral donors ● Foundations or other donor organizations ● International or regional disabled peoples' organizations ● National or local level disabled peoples' organizations | <ul style="list-style-type: none"> ● Human rights organizations ● Faith-based organizations ● Other civil society organizations ● Representatives from marginalized groups ● Judges and jurists ● Trades unions and professional groups ● The media, including TV, radio and newspapers ● Human rights experts ● Academics ● Teachers and educators ● Health care practitioners ● Business and community/private sector ● Parents and parents' associations ● Trade associations ● Religious and faith leaders |
|--|---|

⁴ Hilary Coulby, *A Guide to Multistakeholder Work: Lessons from the Water Dialogues* (2009)

Potential Key Partners in Focus

a. National Governmental Actors and Independent Institutions

The CRPD calls for State parties to designate one or more focal points within government relating to implementation (art.33 (1)). The Convention does not specify the form or function of the focal point which could be, for example, a person or an office within a ministry or within several ministries; a ministry; an institution such as a disability commission; or a combination of two or more. Whatever its form, the focal point will be a central actor within the government in terms of promoting and coordinating implementation of the CRPD, and therefore potentially an important contributor to multi-stakeholder efforts to advance disability inclusive development in line with the CRPD. In addition, the CRPD also calls for State parties to consider the designation of a coordinating body or mechanism to facilitate mainstreaming of the disability throughout the work of the government. Ministries mandated to work in sectors relevant to disability-inclusive development, such as those focusing on education, health, labour, social issues, transport and infrastructure, among others, can also be important members of partnerships.

Article 33(2) of the CRPD requires State parties to designate or establish an independent framework – including one or more independent mechanisms for promoting, protecting and monitoring the CRPD. Independent bodies, which may for example be a national human rights commission or a national disability council, can be important participants in multi-stakeholder efforts. Many countries have already established such bodies and they provide an important function in the implementation of Convention obligations.⁵

b. Persons with Disabilities and their Representative Organizations

The call for “Nothing About Us Without Us” relies on the principle of participation, and it has been used as the motto and guiding principle of disabled persons organizations over the years as part of the global movement to achieve full participation and equalization of opportunities for, by and with persons with disabilities.

The participation of persons with disabilities and their representative organizations is critical to the success of any multi-stakeholder effort to advance implementation of the Convention. Persons with disabilities and DPOs provide greater understanding of the day-to-day experience of disability and thus a basis for informed decisions and policies. Moreover, participation and inclusion are empowering and facilitate active involvement in decision-making. Including persons with disabilities and DPOs and other civil society organizations in multi-stakeholder partnerships, whether focused on development planning or aspects of CRPD implementation, positions them to become actors in development and social life more generally.

DPOs may play different roles in multi-stakeholder partnerships depending on the level at which they operate. For example national- or local-level DPOs are best positioned to understand the situation of persons with disabilities in their countries and to include the voices of those whose direct interests a multi-stakeholder partnership may seek to advance. International or regional DPOs or, in some cases, NGOs that work on the rights and inclusion of persons with disabilities, may be well placed to share lessons and experiences from work in other countries or regions, as well as to provide or acquire

⁵ For further information on Article 33, see the Module on “Frameworks for Implementing and Monitoring the CRPD” of this toolkit.

resources to support the partnership. Examples of such organizations at international level include Disabled Peoples International, Inclusion International, the International Disability Alliance and World Blind Union. Regional and sub-regional organizations include the Africa Disability Alliance, Disability, HIV & AIDS TRUST, the European Disability Forum and the Horn of Africa Aid and Rehabilitation Action Network.

Government and DPOs Engagement

The CRPD emphasizes the important role of persons with disabilities and their representative organizations in its implementation. Relevant government offices and independent institutions must therefore take steps to work closely with persons with disabilities in discharging their responsibilities. For example, although the primary responsibility of implementing legislation, national disability policies and plans lies with States, disabled persons organizations and other stakeholders have an important role to play in their design, drafting and development. Often advocacy and campaigning will enable ministers and civil servants to advance the practical actions needed for implementation. There should be broad multi-stakeholder participation in the design and implementation of relevant legislation, as well as national disability policies and plans. The CRPD mandates the involvement, and full participation, in the monitoring process of civil society, in particular persons with disabilities and their representative organizations. This should include organizations that represent children with disabilities and those that care for persons with disabilities.

Possible Steps by Government Agencies to Facilitate the Formation of Multi-stakeholder Partnerships involving DPOs

1. Identify DPOs in the country, ensuring that outreach is inclusive and covers all disabilities.
2. Ministries should conduct sector-specific disability assessments (covering such areas as education, democracy & governance, economic development, environment, health, humanitarian assistance, infrastructure).
3. Governments should include DPOs in development planning initiatives (e.g. Poverty Reduction Strategy Papers).
4. Legislators must ensure the adoption of a strong legislative basis for disability rights, including comprehensive national disability legal framework and a national disability policy.
5. Government can designate disability focal points within mainline ministries, agencies, and commissions.
6. Government should adopt proactive measures to establish links with DPOs and service providers.
7. Government should recruit and employ persons with disabilities in development work (e.g., to raise awareness among police and civil servants, as HIV educators, as election observers, as accessibility experts, as teachers in all types of school, as disability focal points in large-scale development projects).
8. DPOs should be included in government efforts to train NGOs and civil society organizations (CSOs) in general health education initiatives and other large scale development programmes.
9. DPOs should be included in micro-finance projects.
10. Government (e.g. offices focused on rural development) should target efforts in rural areas to increase access of persons with disabilities to primary education; health care facilities and services; infrastructure (e.g., making wells, hand-washing facilities, latrines and storage areas accessible).
11. Government should utilize disability-sensitive participatory evaluation methodologies (e.g. develop disability-specific indicators, disaggregate data on the basis of disability).

Source: Michael A. Stein & Penelope J.S. Stein, Disability-Inclusive Development: Steps for Inclusion (2007).

Examples of Guidance that DPOs can provide:

- Provide inputs on disability rights curricula for human rights education in schools;
- Develop accessibility standards applicable to courtrooms to help regulate access to justice in line with the CRPD.
- Work with the electoral commission to establish codes of conduct for election officials on making election procedures accessible.
- Work with the medical community to develop step-by-step instructions on informed consent procedures for medical professionals working with individuals with disabilities.
- Provide guidance notes on reasonable accommodation in specific workplace environments.
- Work with stakeholders to develop modification specifications for water and sanitation accessibility.

c. Community Level Actors

There are numerous potential allies and stakeholders at community level who should be meaningfully engaged and included in multi-stakeholder partnerships for disability rights advocacy and implementation efforts. Traditional community leaders such as village chiefs and spiritual leaders from churches and mosques, for example, can be essential allies. In many instances community leaders can be engaged to support disability awareness-raising initiatives or disability-inclusive planning in development projects.

In addition, many faith-based organizations are working at the community level and are, along with DPOs and civil society organizations, major providers of health and rehabilitation services, education and employment initiatives. It is essential that these groups are actively and fully included in partnerships, not only to utilize the expert resources and experience offered by their members, but also to ensure that they are fully aware of disability rights and of inclusive development principles and approaches. For many people with disabilities and their families, faith-based communities can be a powerful source of national community support, solidarity and connection. Faith-based communities provide opportunities and support for people with disabilities in developing and expressing their spirituality, engaging in congregational life, and sharing their gifts and talents in ways that are personally valued and that strengthen communities.

Other types of community-level organization which may have important views to contribute include parent support networks, local legal aid centres, human rights organizations, and disability service providers.

d. International and Regional Inter-Governmental Organizations

International and regional inter-governmental organizations also serve as important partners in working to advance disability-inclusive development in the framework of the CRPD. The United Nations Department of Economic and Social Affairs (UNDESA) regularly works in partnership with African governments, DPOs and other stakeholders in support of implementation of the CRPD and can provide further assistance to interested States. The UN and its Funds, Programmes and Specialized Agencies have also initiated or participated in a number of significant partnerships focused on disability, including the following:

- ▶ **The UN Partnership to Promote the Rights of Persons with Disabilities (UNPRPD)** is a collaborative effort that brings together UN entities (UNDESA, ILO, OHCHR, UNDP, UNICEF, WHO), governments, Disabled People's Organizations

(DPOs) and the broader civil society to advance disability rights and inclusion around the world. In particular, the UNPRPD supports coalition-building and capacity-development at country level to facilitate the full implementation of CRPD. The UNPRPD operates through a Multi-Partner Trust Fund through which multi-stakeholder projects are being carried out in countries including Ethiopia, Mozambique, South Africa, Sudan, Togo, Tunisia and Uganda.⁶

- ▶ **The Global Initiative for Inclusive Information and Communication Technologies (G3ict)** is an advocacy initiative of the United Nations Global Alliance for ICT and Development, launched in cooperation with UNDESA. G3ict works to promote information and communications technology solutions for persons with disabilities, along with related best policy practices pursuant to the CRPD. G3ict relies on an international network of ICT accessibility experts to develop and promote good practice, technical resources and benchmarks for ICT accessibility advocates around the world. Its key constituents include policy-makers and public sector institutions, organizations of persons with disabilities, ICT industries, the private sector, international standards development organizations, and academia. G3ict also includes multi-stakeholder global and regional fora, dissemination of information and research tools, media relations and a web-based media resource centre.⁷
- ▶ **The Global Partnership on Children with Disabilities (GPcwd)** is a network of more than 440 individuals representing over 220 organizations, including international and local NGOs, Disabled People's Organizations (DPOs), governments, academia and the private sector, working to advance the rights of children with disabilities at global, regional and country levels. The GPcwd was established and had its first Global Forum in New York City in September 2012. UNICEF has been acting as the Secretariat of the GPcwd. The partnership also includes a number of task forces, chaired by different members of the GPcwd, on specific themes including leadership and mentoring; physical activity and sport; child protection; early childhood development; inclusive education; humanitarian aid; assistive technology; and nutrition. In addition to acting at international level, GPcwd facilitates National Partnerships which work independently from the GPcwd and coordinate disability work on the ground, improving coordination and effective collaboration through national- and local-level networking, knowledge management, advocacy and communication.⁸

e. Donors

Consistent with CRPD Article 32, international cooperation, multilateral and bilateral donors all have an important role to play in supporting national efforts to advance disability rights. Importantly, Article 32 emphasizes cooperation between States, as well as between States and relevant international and regional organizations and civil society. By taking part in multi-stakeholder partnerships, donors can participate in:

- ▶ ensuring that international cooperation, including international development programmes, is inclusive of and accessible to persons with disabilities;
- ▶ facilitating capacity-building, including through the exchange and sharing of information, experience, training programmes and best practice;

⁶ More information at: <http://mptf.undp.org/factsheet/fund/RPD00>

⁷ G3ICT, <http://g3ict.com/>

⁸ Global Partnership for Children with Disabilities: <http://www.gpcwd.org/>

- ▶ supporting cooperation in research and access to scientific and technical knowledge; and
- ▶ providing technical and economic assistance, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies.

f. The Private Sector

Strategic alliances between government, business and civil society are a growing feature of both developed and emerging economies. These reflect the necessity for different types of partner working together to tackle complex problems. In terms of disability-inclusive development, the private sector may provide or facilitate the following:

- ▶ Additional resources
- ▶ Reaching many people through services
- ▶ Efficiency of Implementation
- ▶ Provision of goods and services, time and resources
- ▶ Technical and managerial expertise
- ▶ Support for advocacy and governance
- ▶ Speed and flexibility
- ▶ Including new voices and different perspectives
- ▶ Sharing of risk and investment
- ▶ Provision of a clear purpose
- ▶ Contribution of more than financial resources
- ▶ Multiplying the impact of individual actors
- ▶ Provision of a better public image
- ▶ Bolstering of knowledge and market understanding
- ▶ Expansion of the available resources
- ▶ A happier workforce
- ▶ Better governance and management
- ▶ Greater productivity and access to resources
- ▶ New demands for goods and services
- ▶ Provision of institutional capabilities

The private sector has the potential to play an important role in both implementation of the CRPD and in advancing the United Nations' Sustainable Development Goals (SDGs). In terms of the latter more than 110 companies are currently engaged in the United Nations SDG Business Call to Action, which challenges companies to develop inclusive business models that can both be profitable and contribute to development outcomes. Initiatives from the companies include pledges to provide access to financial services for more than 59 million people, promote improved health outcomes for 63 million people, and enhance access to energy for 90 million low-income households.⁹

⁹ Helen Clark, UNDP Administrator, Speech at the UN Private Sector Forum, 26 September 2015.



Country Checkpoint

Identify the respective roles and responsibilities of donors, recipient governments, DPOs and other stakeholders in ensuring disability inclusion in the following areas in your country:

- Water and sanitation
- Health
- Education
- Transport
- Access to justice, including the police and the courts

Key points to consider: what government agencies should be involved, how should potential barriers be identified, and what could donors do to ensure that their funded projects are disability-inclusive.

2.D Approaches to Working in Partnerships

There is no “one-size fits all” or single approach to building or engaging multi-stakeholder partnerships to advance implementation of the CRPD. Such partnerships are necessary because it is increasingly clear that no one group in society can deliver the complexities of CRPD implementation alone, particularly as it encompasses so many sectors of economic, social, political and cultural activity. Multi-stakeholder partnerships and strategic alliances can consist, for example, of partnerships that have dedicated staff or secretariats based in one of the member organizations; multi-stakeholder groups that engage in periodic meetings or carry out shared projects or collective research; or an alliance of actors that carry out international, national or local level dialogue, among others.

Partnerships are characterized by:

- ▶ an agreed common vision;
- ▶ shared, mutually-agreed goals;
- ▶ clear commitment and investment from all partners;
- ▶ formalized collaboration and shared decision-making.

As the goals and nature of different partnerships vary, so can the organizational and funding needs of each. Some multi-stakeholder partnerships, for example, may formalize their arrangements through the creation of governance structures, others use a memorandum of understanding, a joint work programme or a service level agreement, while still others may operate on the basis of informal arrangements. In terms of funding, the level required will depend upon the scope of work agreed upon. In some cases a multi-stakeholder partnership may pursue funding from donors or it may be able to mobilise resources independently. In others, members may be able to operate without significant additional costs by, for example, sharing existing resources, taking turns in hosting meetings, and sharing administrative tasks between members. The full engagement of all members of multi-stakeholder partnerships is needed at all stages to maintain the viability and vitality of the arrangement.

See Learning Activity 2.D. titled *DPO Engagement*

In terms of communications, multi-stakeholder partnerships may or may not be able to meet in person on a regular basis. Where such meetings are organized, however, they



have a range of formats such as international, national or local-level conferences involving all members of the partnership, or smaller meetings that bring together key individual members or focal points from each member of the partnership, or which serve as task force advisory group meetings. In organizing meetings of multi-stakeholder partnerships, it is critical to take into account accessibility considerations in order to ensure the full participation of all members. Advanced planning is critical to ensure that participation is meaningful and fully inclusive.

Accessibility Measures to Facilitate Full Participation in Meetings of Multi-stakeholder Partnerships about Disability Inclusion

- Sign language interpreters for participants who are deaf or have a hearing impairment
- Plain language handouts
- Easy reading materials for persons with intellectual disabilities or persons who do not read (e.g., pictorial materials)
- Information in digital formats for persons using screen-reading technology
- Braille documents for blind persons
- Venues which are accessible for persons with mobility impairments (e.g., accessible front entry into meeting venues, sufficient turning space inside meeting rooms, accessible toilets, ramps)












3. SUMMARY & KEY LEARNING POINTS

Multi-stakeholder partnerships have significant potential to contribute to the implementation of the CRPD across Africa. Partnerships are greater than the sum of their individual parts and can contribute to creating lasting and meaningful impact at all levels of action. They are meant to promote a more holistic approach to development and better governance. Multi-stakeholder partnerships allow stakeholders with unique complementary efforts or core competences to add value to development efforts and pool their resources and assets for solving problems. They are based on inclusivity, mutual respect and mutual benefits for all partners.



4. USEFUL RESOURCES

-  UN DESA, Partnerships for the SDGs: A legacy review towards realizing the 2030 Agenda (2015)
-  UN DESA, Multi-Stakeholder Partnerships: Making them Work for the Post-2015 Development Agenda, prepared by independent consultant Felix Dodds (2015)
-  UN DESA, Multi-Stakeholder Partnerships in the Post-2015 Development Era: Sharing knowledge and expertise to support the achievement of the Sustainable Development Goals, (background paper for Expert Group Meeting on this topic held in June 2015). Additional materials from the Meeting available at: <https://sustainabledevelopment.un.org/sdinaction/partnershipsandknowledgesharing>
-  UN DESA, Best Practices for Including Persons with Disabilities in All Aspects of Development (2011)
-  UN DESA, the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Inter-Parliamentary Union (IPU), Handbook for Parliamentarians on the Convention on the Rights of Persons with Disability: From Exclusion to Equality, Realizing the Rights of Persons with Disabilities (2007): <http://www.un.org/disabilities/default.asp?id=212>
-  International Civil Society Centre, Multi-Stakeholder Partnerships: Building Blocks for Success (2015)
-  Peter Hazlewood, World Resources Institute, Background Paper 4: Global Multi-stakeholder Partnerships: Scaling up public-private collective impact for the SDGs (2015)
-  Hilary Coulby, A Guide to Multi-stakeholder Work: Lessons from the Water Dialogues (2009)
-  International Disability Alliance web page, <http://www.internationaldisabilityalliance.org/>



5. LEARNING ACTIVITIES

Session Sheet for the Trainer – Building Multi-stakeholder Partnerships, Session 1

Technical Content 2.C.: Forming a Multi-stakeholder Partnership

Learning Activity 2.C.: Stakeholder and Process Mapping

Handout: Promising Practices (3): Mali, Tanzania & Zimbabwe









Handout: Capability Map (Blank)

Session Sheet for the Trainer – Building Multi-stakeholder Partnerships, Session 2

Technical Content 2.D: Approaches to Working in Partnerships

Learning Activity 2.D.: DPO Engagement

Session Sheet for the Trainer - Building Multi-stakeholder Partnerships, Session 1

	Key Messages	See the summary and key learning points.
	Objectives	By the end of this session, participants will have: - identified different partners and how to work with them.
	Room Arrangement	Tables for small group work with 4-6 people. White boards with pins, paper and cards.
	Activity	45 mins – Steps 1 and 2 of Learning Activity 2.C. 15 mins – Step 3 of Learning Activity 2.C. 30 mins – Feedback and plenary summary.
	Duration	90 minutes
	Notes for a Training Team	In four small groups, participants are asked to follow the steps outlined in the task sheet to undertake a stakeholder analysis, capability analysis and process map for a project, based on the case studies provided. There are 3 case studies. You can give each group a different one. The groups will need A5 cards to develop their process map, a whiteboard and tape.
	Task Sheets	Learning Activity 2.C.: Stakeholder and Process Mapping
	Handouts	Promising Practices: Mali, Tanzania & Zimbabwe Handout: Capability Map (Blank)



Learning Activity 2.C: Stakeholder and Process Mapping

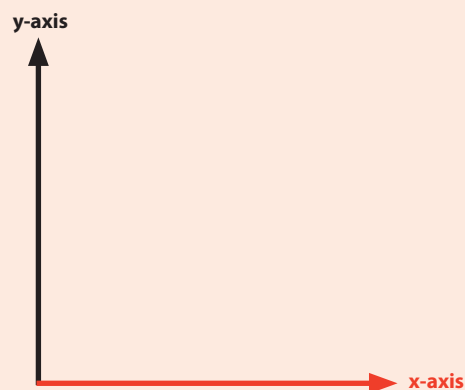
Objective: To identify different partners and how to work with them.

Read the case history provided and imagine that you had decided to implement a very similar project. Choose one of your group to be a “living case study” and base your work on their real situation; it could be a national, regional or local project, your group can decide the scope, but it must be aiming to achieve the broad objectives you have read about.

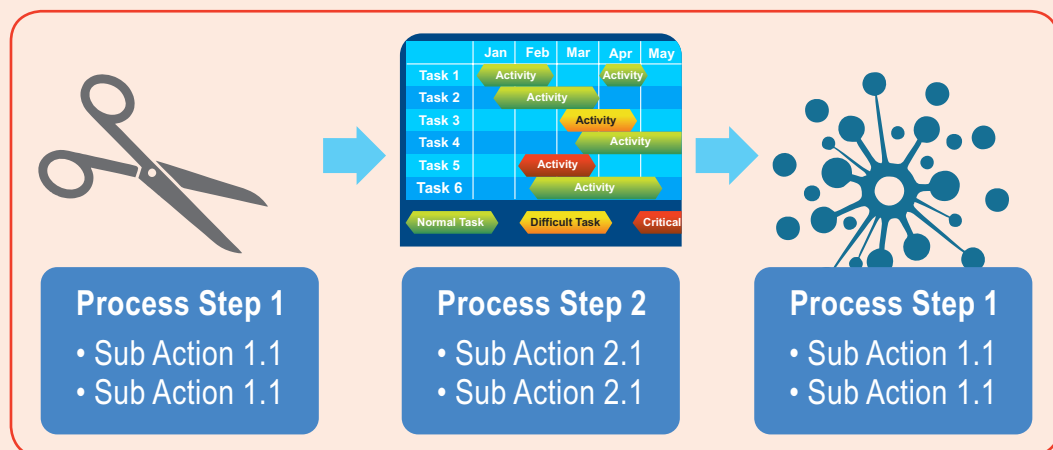
Follow the steps described below and, with a large white board or pin board, be ready to share your work and thinking with the other groups.

Part 1 – Scope the project. Identify what capacities, resources and support/access you are going to need to be successful. Then identify who are the stakeholders for this project. Remember a stakeholder is someone who has an investment in the success OR failure of your project, so do not assume all your stakeholders are supporters.

Part 2 – Gap Analysis. Place your stakeholders on an x and y axis to determine the degree of support and the degree of power/influence they have with regard to your project idea. Then, using the capability map, identify what each stakeholder can offer and list any gaps. Can you think of other potential actors and stakeholders who could fill the gaps? How will you ensure that gender perspectives are mainstreamed into your plans and project? What targets will you establish for improvements to the lives of women and men with disabilities. What different or particular issues might be gender-based?



Part 3 – Mapping. On cards or large post-it notes write down each stage of the process of getting your project from idea to completion. You will have to take into account what already exists at macro, meso and micro levels; that is, is all the necessary legislation and national policy in place? Are there institutions with adequate capacity to support your plan? Have you made adequate provision to ensure you can hear the voice of people with disabilities, their representatives and grassroots organizations? If any of this is missing add it to your process map.



Your process map should include all the sub-level activities required to bring your project to completion, including how to monitor and evaluate results. If there is a lack of adequate legislation and policy provision, you might elect for your project to be considered a pilot, in which case show how to communicate your results back to national level.

Part 4– Fire Test. Present your scoping, stakeholder and gap analysis with your process map to one other group and ask them to “fire test” your ideas and, in particular, any assumptions or risks that need to be considered. Use their feedback to improve your plan. You will also be asked to provide the other group with a similar service.

You have 45 minutes to complete steps one and two and a further 15 minutes to complete part three. All groups will have 5 minutes to make presentations to plenary.

You have 45 minutes to complete steps one and two and a further 15 minutes to complete part three. All groups will have 5 minutes to make presentations to plenary.



Promising Practice: Mali

MALI - Inclusion of the Concerns of People with Disabilities¹⁰

Organization - Handicap International (www.handicap-international.org)

Project title - Droits en Actions (Rights in Action)

Duration of project - Rights in Action project 2009 to present day

Beneficiaries of best practice example - The population of Bougami and specifically people with disabilities and impairment/s targeted

Implementing agency FELAPH (Fédération Locale des Associations de Personnes Handicapées—Local Federation of DPOs)

Relevant article/s of the CRPD - 24, 25, 29

Thematic area/s of best practice example:

Local inclusive governance and participation in local decision-making processes

Country and specific location MALI, Bougouni (a municipality located 160 km from the capital, Bamako)

Background to the project and to the selected practice

In West Africa, as in many other regions of the world, people with disabilities are largely excluded from the process of development, with extremely limited opportunities to engage in public consultations and decision-making. This exclusion serves only to reinforce the marginalization, critical poverty and isolation experienced by people with disabilities in the region. However, there is a growing political shift towards decentralization across West Africa, with decision-making and resource allocation increasingly devolved to government authorities at local level. This shift now offers greater opportunities for people with disabilities and their representative organizations to influence local development and decisions on the provision of public goods and services. The number of DPOs is high in Mali. There is also a DPO umbrella organization, FEMAPH (Fédération Malienne des Associations de Personnes Handicapées), and each type of impairment group is represented by at least one national association. Mali does not have specific laws addressing disability issues. Nevertheless, Mali signed the CRPD on 15 May 2007. It was ratified on 5 September 2007 and voted on by the National Assembly on 8 November 2007. Overall objective of the project/programme and of the selected practice Rights in Action is a research and advocacy initiative using the Making it Work methodology. The objective of Rights in Action is to document good practice on key disability issues, and to use this evidence to advocate for social change. The good practice featured in this case study refers to the actions of a local federation of DPOs, FELAPH, which now plays a key role in local decision-making processes for the municipality of Bougouni, Mali.

¹⁰ Case study adapted from UNDP, (2011) BEST PRACTICES FOR INCLUDING PERSONS WITH DISABILITIES IN ALL ASPECTS OF DEVELOPMENT EFFORTS, April 2011

Process/strategy used to implement the selected practice

In June 2008 FELAPH, with support from an international NGO, conducted a participatory local diagnosis of the situation of people with disabilities in the municipality with a view to developing concrete proposals to address their main needs and concerns. The results of the diagnosis were analysed and endorsed during a workshop involving key stakeholders in the municipality. The main problems highlighted by the study were access to health, education (more than 90 per cent of people with disabilities did not attend school) and employment. To overcome these problems the following measures were proposed by the actors involved in the diagnosis:

- ▶ Increase the level of education of people with disabilities
- ▶ Increase access to basic social services
- ▶ Facilitate professional integration through the development of income-generating activities
- ▶ Promote participation of people with disabilities in community life
- ▶ Educate and inform people about disability
- ▶ Educate all stakeholders at municipality level so that they consider disability as an across-the-board issue in their work.

After the study the FELAPH approached the municipal council of Bougouni to discuss the results and make proposals for action. Consultations between the FELAPH, the municipality of Bougouni, the Circle Council and local services then led to concrete measures to promote the inclusion of disability issues in the Programmes for Economic and Cultural Development of the municipality and also to improve access to health and vocational training.

Changes achieved

The practice achieved changes in the following areas:

1. Inclusion of disability in the economic, social and cultural development programmes

Partnership agreements were signed between FELAPH, DPOs and the municipality of the Circle of Bougouni (Bougouni, Koumantou, Zantiébougou, Faragaran Faradiélé and Kelea). These agreements aimed to encourage the involvement of DPOs in the development process, and in the implementation, monitoring and evaluation of the economic, social and cultural development programme in the various municipalities.

2. Access to health services

A multiparty agreement was signed by the Chairman of the Circle Council, the president of the Local Federation of Community Health Associations (FELASCOM), the head of the Social Development and Solidarity Economy Department in the prefecture, and the President of the Federation of DPOs. This convention guarantees free consultations and hospitalization in all the prefecture's health centres for any person with a disability who is a member of the Federation. This could be improved to ensure that non-members can also benefit.

3. Access to vocational training

An agreement was signed between the private vocational school Ecole Supérieure d'Enseignement Technique (ESET) and the local federation of DPOs of Bougouni. Renewable every year, the agreement allows the bearing of 50 per cent of the school fees

by the institution and the remaining 50 per cent by the individual with a disability. Since the signing of the agreement between the ESET and the Federation of DPOs, six people with disabilities have accessed training courses.

How change was monitored and evaluated

Rights in Action carried out field research during the period 2009–2011. This was a Making it Work project. This means that a wide range of organizations (at national and regional levels) have been involved in selecting good practice criteria, analysing and validating good practice, developing recommendations and monitoring advocacy activities.

How the other criteria for best practice were met or efforts made to meet them

A regional project committee comprising eight organizations (including DPOs, and women's rights, disability and governance specialists) developed general criteria based on the general principles of the CRPD (article 3) and specific criteria (based on article 29.b). This good practice case study is not an instance of one organization submitting an example of its own work. It is rather the product of a multi-stakeholder project in which different organizations (including DPOs) have come together to analyse and think seriously about good practice and to try to use it to influence change. This good practice could be replicated in other municipalities. The objective of the Rights in Action project is now to advocate for this.

Factors facilitating/hindering the success of the practice.

The existence of a Federation and very dynamic and organized local DPOs; good relations between the Federation and the partners; constructive dialogue with the local council; financial support provided for the conduct of the study. From the results of the diagnosis the Federation of DPOs has implemented a strategy of awareness-raising and advocacy on disability rights, and has submitted proposals to the council to improve the situation of people with disabilities.

Other lessons learned

Kanata Maïmouna Mariko, 1st Deputy Mayor of the municipality of Bougouni, stated that "decision-making is the essential basis of managing a municipality and should involve all segments of society, without any discrimination".

Reference materials

Making it Work, available from www.makingitwork-crpd.org.

Contact details for further information

Ousmane Diakit , President of FELAPH, Mali. Tel: +223 76216727.

Promising Practice: United Republic of Tanzania

UNITED REPUBLIC OF TANZANIA - Disability-Inclusive Child Participation¹

Organization: Save the Children Tanzania—Zanzibar programme

Project title: Child Participation Initiative

Duration of project First phase: 2008–2010 Second phase: 2011–2015

Beneficiaries of best practice example: All children, including children with disabilities, their families and their community

Source of funds Swedish International Development Cooperation Agency (SIDA) and Oak Foundation **Relevant article/s of the CRPD** 12, 16, 23 25

Background to the project and to the selected practice

The United Republic of Tanzania has signed and ratified both the CRC and the CRPD. However, there is no systematic data collection on persons with disabilities, and one recent study has shown how the core concept of accountability is absent from Tanzania's National Policy on Disability (Aldersey, 2011). In 2009 the Save the Children in Tanzania—Zanzibar programme made the decision to become more proactive in putting all children at the heart of its activities. As a result a journey was embarked upon to enable all children, including children with disabilities, to have more say in the programme in Zanzibar and to become accountable to them. The inclusive Children's Advisory Board (CAB) was created as one of the results of these efforts.

Overall objectives of the project/programme

The overall aim of the CAB is to promote the right to meaningful participation of all children and, through this, the fulfilment of other rights (CRC, article 12, and CRPD, article 7). The specific objectives of the CAB are to involve children in the planning processes of Save the Children programmes, events, activities and initiatives, and also increase Save the Children and government accountability to all children, including children with disabilities.

The process/strategy used to implement the selected practice

The CAB was created in January 2010 and consists of eight girls and seven boys between the ages of 12 and 17, elected from the shehia (the smallest administrative unit in Zanzibar) Children's Councils and from minority groups to ensure inclusive representation: one of these children has a visual impairment and two children are albino (a highly discriminated against group in the United Republic of Tanzania, albinism being considered by the majority as a "disability"). The programme has been working with DPOs to gain access to more children with disabilities for involvement in various consultations. This partnership has been key in ensuring the success of the disability-inclusive dimension of the CAB activities. The initial setting-up and running of the CAB included seven main elements to ensure that children's participation was meaningful. The main elements are:

¹ Case study adapted from UNDP, (2011) BEST PRACTICES FOR INCLUDING PERSONS WITH DISABILITIES IN ALL ASPECTS OF DEVELOPMENT EFFORTS, April 2011

- (a) staff training, both initial and on-going,
- (b) learning from the experience of others to set up mechanisms for child participation and accountability,
- (c) the planning and design of the system, involving children at an early stage,
- (d) the election of children to the CAB and ensuring they are representative— hence the importance of involving children with disabilities,
- (e) the ensuring of children’s safe participation,
- (f) working with partners, parents and communities to create a conducive environment that enables all children to be heard, and
- (g) Government relations: signing an MoU around the wider protection work.

CAB members have regular meetings and consultations with Save the Children and also with ministries. Children in the CAB drew attention to a number of issues that had not been considered before, either by Save the Children in Tanzania (SCiT) or by the local government, including the issue of sexual violence against children with disabilities.

Changes achieved

Overall the inclusion of children with disabilities in the CAB and in a number of participatory consultations has led to increased awareness of their needs in local children’s councils, in Save the Children and in the ministries. More specifically, the practice achieved changes in the following areas: (i) Policies: The disability-inclusive CAB led to the involvement of 10 children with disabilities in consultations to inform the Children’s Bill. The Children’s Bill contains clear provisions on the rights of children with disabilities to be treated equally and to be entitled to special care and protection, and to have effective access to education, training and healthcare services, as well as preparation for employment and recreation opportunities. (ii) Research and awareness-raising: SCiT, as a result of the issues raised by the disability-inclusive CAB, undertook a research study on the vulnerability of children with disabilities in Zanzibar to sexual violence. The multi-stakeholder workshops, held between December 2010 and March 2011 to disseminate the findings of the research study, led to the development of a Plan of Action in which all 45 stakeholders have a role. The findings from the research have inspired SCiT to undertake and/or support a number of initiatives to promote further the rights of children with disabilities, for example:

- (a) funds from SIDA were obtained by SCiT to work with the Department of Disability Affairs (DDA) to build up the capacities of children with disabilities and their families in Zanzibar and to improve their understanding of the legal provisions for children with disabilities;
- (b) mobilization activities on the vulnerability of children with disabilities to sexual violence were organized at different levels;
- (c) an advocacy briefing was prepared by Save the Children UK Head Office in partnership with HI , which was presented at various meetings in Geneva and Brussels in close collaboration with the programme manager of the SC Zanzibar Programme;
- (d) police stations in Zanzibar improved their database on reported cases of abuse to include disability in the information collected, and officers from the Offenders Educational Centre in Zanzibar are also considering doing the same.

This will in turn increase the data on children with disabilities. **(iii) Strategies:** The CAB has now been officially incorporated into government structures as the National Child Consultation Group under the Ministry of Labour, Youth, Women and Children Development (MoLYWCD).

How change was monitored and evaluated

Close follow-up with government representatives was undertaken on the issues raised during the meetings with the CAB; also, a multi-stakeholder committee was set up to follow up on activities suggested in the Action Plan. Feedback on the report on the research study was collected from all stakeholders, including children with disabilities. These include stakeholders such as Government ministries, local government authorities, district offices, the police force, DPOs, NGOs working for children, lawyers associations, the High Court, magistrates, the Law Review Committee and the Commission for Human Rights and Good Governance.

How the other criteria for best practices were met or efforts made to meet them

Equality, non-discrimination and gender perspective have been ensured by the representation of girls with and without disabilities in the CAB and in the other consultations held by SCIT.

The children in the CAB were elected through a fair process.

Participation and partnership

Participation and partnership with the meaningful involvement of children with disabilities are at the core of this initiative. DPOs, parents and government have also been involved in a number of activities, including training. To ensure **sustainability**, the CAB has now been officially incorporated into government. **Accountability** to all is at the core of this initiative. Save the Children put a lot of effort into building a shared understanding between staff, partners and the government of the meaning of accountability and meaningful participation. The Project Officer decided whether the criteria were met/not met.

Factors facilitating/hindering the success of the practice

Facilitating: political will and commitment of the Save the Children Tanzania-Zanzibar programme and of the local government; context/size of Zanzibar; working within existing structures; capacity-building with staff and supportive donors. *Hindering:* variations in understanding children's participation; limited feedback from the children involved in the CAB to other children (in their own constituencies); high expectations of children and adults.

Ways in which the best practice example could have been improved

An extra "layer" between CAB and Children's Councils at the local/village level to ensure better sharing of information; more work with the media to increase awareness-raising; development of a more specific monitoring and evaluation (M&E) system.

Reference materials

Aldersey, H. M. (2011). The United Republic of Tanzania's National Policy on Disability: A Policy Analysis. Available from

<http://dps.sagepub.com/content/early/2011/02/10/1044207310397877.%20abstract?rss=1>

Save the Children UK (2005). Practice Standards for Child Participation. Available from

http://www.savethechildren.org.uk/en/54_3169.htm.

Save the Children and Handicap International (2011), Out of the Shadows. Available from

http://www.savethechildren.org.uk/en/54_out-from-the-shadows.htm.

Promising Practice: Zimbabwe

ZIMBABWE: Disability Inclusive Livelihoods Protection & Promotion Programme

Organization: Catholic Agency for Overseas Development (CAFOD)

Project title: Livelihoods Protection and Promotion Programme

Duration of the project : Three-year programme to June 2011

Implementing agencies: Caritas Hwange and National Council of Disabled Persons of Zimbabwe (NCDPZ)

Source of funds: Protracted Relief Programme (PRP)

Relevant Articles of the CRPD: 4, 9

Background to the project

Zimbabwe is the sixth poorest country in the world, ranking 58 out of 84 countries on the Global Hunger Index and 169 out of 169 on the Human Development Index. Facing poverty, food insecurity, and the threat of waterborne diseases, it is one of the five countries hardest hit by HIV/AIDS. According to WHO estimates, about 1.3 million people have disabilities, about 10 per cent of Zimbabwe's population. As elsewhere, persons with disabilities suffer from widespread violation of their fundamental freedoms and rights. They are especially vulnerable to poverty and to physical and sexual violence. Only 33 per cent of people with disabilities have access to education, compared with over 90 per cent of the able-bodied. Stigma and discrimination stem from the way in which society views disability.¹

Overall objectives of the project/programme

The main objective is to promote and protect the sustainable livelihoods of 15,600 chronically poor and labour-endowed households in five districts, with special focus on vulnerable groups, such as people with disabilities. The specific objectives are:

- ▶ Increased food production
- ▶ Diversified livelihoods and income sources
- ▶ Improved household income-earning capacity, to be achieved through unconditional cash transfers, internal savings and lending schemes, and income generation
- ▶ Nutrition mainstreaming
- ▶ Increased access to safe water, sanitary facilities and hygiene

Process/strategy used to implement the selected practice

- ▶ Multi-stakeholder consultations: CAFOD and partners assessed the availability and accessibility of services for people with disabilities in Bulawayo Urban and Binga districts. This involved an in-depth examination of who is doing what, where and how

¹ Case study adapted from UNDP, (2011) BEST PRACTICES FOR INCLUDING PERSONS WITH DISABILITIES IN ALL ASPECTS OF DEVELOPMENT EFFORTS, April 2011

- ▶ Establishing alliances: CAFOD and partners established good working relationships with various other players (both government and civil society) working on disability. Through engagement with stakeholders, CAFOD and partners cultivated a strong working relationship with Government Rehabilitation Departments at various district hospitals
- ▶ Three types of key training: basic training in disability issues and in disability mainstreaming in livelihoods interventions, and training of trainers in disability mainstreaming, was undertaken, targeting CAFOD and partner staff, district stakeholders, Ward community leaders and community members. A total of 275 people were trained at both partner and district levels on disability issues and more than 2,000 people were reached with disability information during community awareness and leadership sessions
- ▶ Income-generating activities in the Mzilikazi District of the metropolitan province of Bulawayo included production of cleansing materials (liquid soap, etc.), bed- and mattress- making, flea market sales (selling of second-hand clothes), bead-making, welding and peanut butter-making.

CAFOD and its partners procured and distributed supportive devices such as wheelchairs and commodes to a number of beneficiaries. Through engagement with stakeholders CAFOD and partners cultivated a strong working relationship with Government Rehabilitation Departments at various district hospitals. The project used the CAFOD Vulnerability and Inequality Analysis Tool which aims to ensure that the organization or programme (a) remains relevant and effective and (b) does no harm in contexts also affected by disability/gender/HIV issues. The analysis takes five stages into consideration: awareness, analysis, adjustment, action and assessment of impact.

Changes achieved

The practice achieved changes in the following areas:

Strengthening of multi-sectoral response: in Binga, Caritas Hwange changed its ways of working by offering transport to government rehabilitation services staff members as the team travels from district office to wards of operation. This has seen rehabilitation services brought to community doorsteps, whereas previously people with disabilities were not accessing rehabilitation services owing to the distances involved and lack of bus fares to the district centre.

Awareness-raising and advocacy: there was an increased understanding of disability issues and disability mainstreaming in Zimbabwe by CAFOD and partner staff members as well as by the district and community leadership, leading to a reduction in negative attitudes to people with disabilities. This was quite evident in Bulawayo Urban where people with disabilities are now members of the powerful ward community development committee and other community associations and groups that spearhead developmental activities in the operational area.

Opposition to all stigma or discrimination: there has been increased attendance and greater participation of people with disabilities in development activities. For example, under home-based care programmes 29 per cent of the beneficiaries were people with disabilities and a significant number of people with disabilities with small livestock (goats and chickens) were also reached.

Promotion of accessibility: CAFOD responded to water sanitation challenges in the five districts (Binga, Chivi, Bulilima, Mangwe and Nyanga) through the provision of clean water sources and proper sanitation facilities. In order to promote the accessibility of sanitation facilities for people with disabilities, CAFOD, in partnership with other critical stakeholders from the Ministry of Health and Child Welfare, modified the latrines and added ramps to the structure.

How change was monitored and evaluated/best practice criteria: through beneficiary self-evaluation; multi-stakeholder monitoring visits; internal and external evaluation processes.

Mainstreaming: the CAFOD mainstreaming model emphasizes the following key principles: (a) community-based approach, working in partnership, (b) ownership by local communities, (c) meaningful involvement of people with disabilities, (d) gender-specific considerations informing all programme responses, (e) opposition to all stigma or discrimination, (f) working within a multi-sectoral response and informed by good practice guidelines, (g) evidence-based criteria and identified good practice, and (h) “know your disability, know your response”. NCPDZ was the technical partner for the CAFOD-led Livelihoods Protection and Promotion Consortium. The NCPDZ role was to enhance understanding and competences on disability issues and in particular disability mainstreaming in livelihoods interventions.

Sustainability: CAFOD and partner organizations managed to transfer disability mainstreaming skills to community and district structures, which will be able to continue working on issues of disability mainstreaming.

Participation: participation by people with disabilities in livelihoods programmes ensured that beneficiaries were empowered to generate their own income with minimal external support.

Factors facilitating/hindering the success of the practice

Facilitating: community and district leadership commitment; multi-stakeholder approach in addressing disability mainstreaming issues; working with DPOs; staff development on disability issues; strong leadership and management support from local partners and CAFOD; community commitment and dedication to eradicating stigma and discrimination; a legal framework that supports the socioeconomic and cultural rights of people with disabilities. *Hindering:* limited resources: certain disability issues go beyond mainstreaming and demand more resources, especially in areas that are very remote and marginalized.

Lessons learned

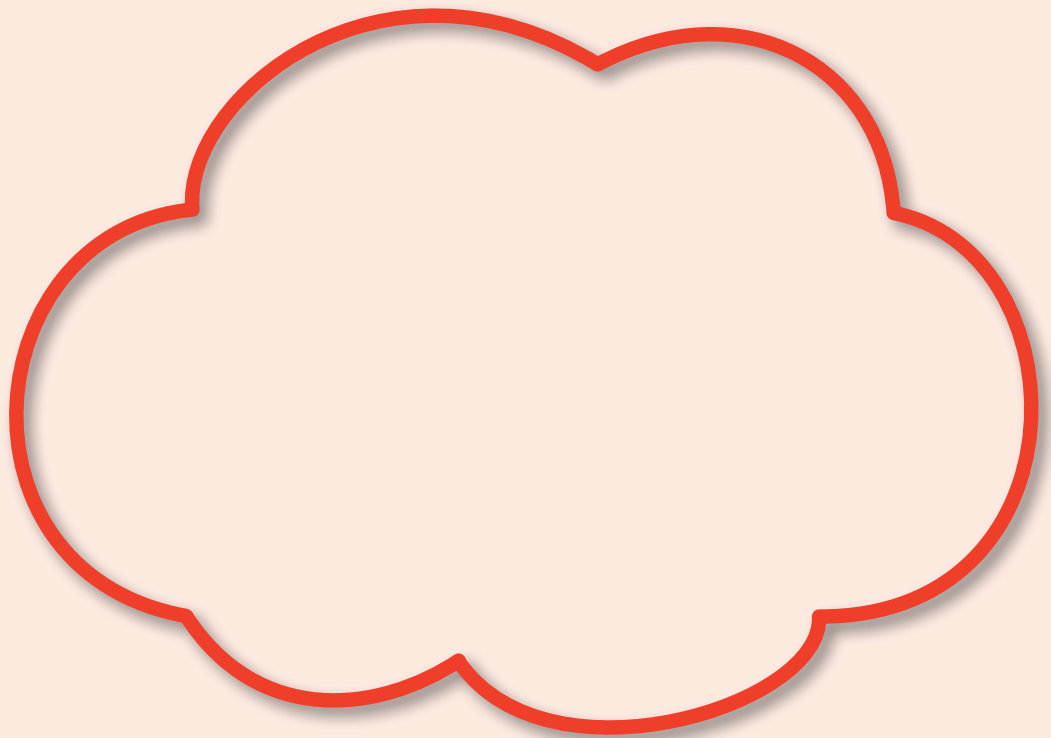
Existence of disability coordination fora at district levels; availability of information, education and communication material suitable for people with disabilities at community and district levels; strong networking and exchange visits between players and regions for cross-learning.

People with disabilities are committed and willing to transform their lives; community reintegration and rehabilitation interventions are sustainable and produce greater impact; interventions should be responsive to the different needs and aspirations of various social groups such as the elderly, chronically sick, young people and people living with disability;











Handout: Capability Map (Blank)

In the inner shape, write the name of the project; in the next level out, draw shapes and add all the capabilities required for successful completion; in the final outer level, write the name of the potential partner or stakeholder that has that capability.



Session Sheet for the Trainer – Building Multi-stakeholder Partnerships, Session 2

	Key Messages	See the summary and key learning points.
	Objectives	By the end of this session, participants will have: - discussed how to ensure people with disabilities and their representative organizations are able to influence in CRPD implementation.
	Room Arrangement	Tables for small group work with 4-6 people.
	Activity	30 mins – Input on facilitation and practice 30 mins – Small group preparation of checklists 20 mins – Feedback of group work to plenary 10 mins – Plenary summary'
	Duration	90 minutes
	Notes for a Training Team	Begin with a short input on how to facilitate and gain different ideas respectfully, you can use the summary handout on the Socratic method for support. Practise in 3s using the technique. Then use small group work to prepare a logistics checklist for a meeting between DPO members and government officials in the ministry.
	Task Sheets	Learning Activity 2.D: DPO Engagement
	Handouts	Handout: Facilitation Skills and the Funnel Technique



Learning Activity 2.D.: DPO Engagement

Objective: To discuss how to ensure people with disabilities and their representative organizations are able to influence CRPD implementation.

In your group develop a checklist of all the preparations you would need to consider and make if you were to organize a meeting between a Disabled Person's Organization and a group of government officials.

Generate, on cards, as many different considerations and ideas you can think of and then see if you can organize them into themes and sub-sets. When you have completed the classification of your checklist transfer it to the template provided and discuss the assumptions that lie behind your considerations and speculate on how you could test your assumptions.

Logistics	Assumption	Testing the Assumption



You have 30 minutes to complete this activity. Your feedback to plenary should last no longer than 5 minutes.



Handout: Facilitation, Using the Funnel Technique

Socrates's mother was a midwife and he compared his own work as a philosopher with the work of his mother as a midwife. Schwegler¹ writes of Socrates:

"his office was rather to help others bring forth thoughts than to produce them himself"

This is a perfect description of the role of a facilitator. By asking questions and creating space for people to "bring forth" their ideas, the facilitator is tasked with ensuring not just that everyone has a voice, but also that minority views are considered with equal respect vis-à-vis the orthodox. The reason for using good facilitation is not just so that people may create their own data and in so doing develop an understanding and level of commitment deeper than if they had been given the data by someone else (much in the same way that we think our own children are more unique and amazing than anyone else's), but also to give voice to those people that do not often have the opportunity to express their beliefs and opinions.

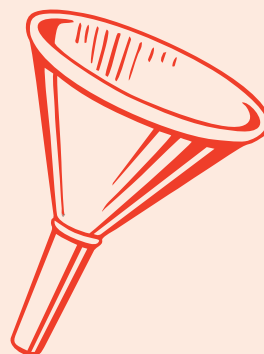
The facilitator needs to prepare a range of questions that will encourage exploration and the sharing of ideas and reflection. A good starting point is to develop open questions that invite people to share their experiences and views. This can then be followed up with more probing questions that are still open, and be a little more specific. Usually the final question is a closed question, this helps the facilitator check that they are clear on the point and to what extent agreement has been reached.

The last question in the process is called a "closed reflective question". It is closed in that the final part (in this example the "is that right?") elicits a one-word – usually yes or no – answer. Prior to the closed question is a summary of or reflection on the discussion that has taken place, capturing key features and differences. A facilitator is never worried about differences in opinions and ideas, but merely curious as to how people have reached their different conclusions and whether those opinions would differ, given different circumstances and contexts.

Example of the Funnel Technique

A group conversation based on these five questions could take anywhere from 15 minutes to one hour depending on the experience and different perspectives of the group.

- ▶ What do you think are the current priorities for people with disabilities?
- ▶ Selecting one of those priorities, what do you think is the role of government in addressing this issue?
- ▶ What about other stakeholders?
- ▶ What would you suggest are the next steps?
- ▶ So what we have concluded is that.... is that right?



¹ Schwegler, A (1890) Handbook of the History of Philosophy (Kessinger Publishing's Photocopy Edition) by Alberto Schwegler, James H. Stirling (Translator) Publisher: Kessinger Publishing (Jul 2007)

Group Dynamics

The next skill of the facilitator is to understand the group dynamic. This requires consideration of the environment, both physical and non-physical. Is it designed to be intimidating or relaxing? Is there a clear status and hierarchy to be followed? What impact will that have on the ability of people to share and disagree? How do people experience respect?

It would be wrong to believe that everyone will have the same assumptions about the event, its aim and the range of possible outcomes, so being explicit about the rules of engagement will obviate any disadvantage for those new to this process.

Good listening is also a mark of respect, it does not mean a person will agree with anything or everything that is said, but attentive listening without interrupting is a powerful confirmation of someone's valid experience and point of view. Some people are better at talking than listening, the facilitator might have to help them understand that even if a person's intention is positive, not listening well may transmit an unintended message about not taking others seriously.

A gender dynamic that you may need to address is how women and men generally behave in meetings and public spaces. Without creating stereotypes, it is often perceptible that in public spaces men tend to take up more "air time" than women and often men will take on responsibility for feeding back from any group work. This is a group dynamic issue that both women and men create. As a facilitator, you will need to be aware of this potential and ensure you do not collude with reinforcing a stereotype about the respective behaviour of men and women in groups. You may well face similar dynamics with people that have not had a great deal of exposure to "Town Hall" meetings and public events. The facilitator can address this by using a variety of methods for generating and collecting data, such as using pairs, cards, anonymous voting "clickers", round robins and small group discussions.

