

**IF to support a health program in Kokolopori,
Democratic Republic of Congo**

Philip Strickland - Project Manager, Congo

In 2006 IF made an in-principle decision to support a health program in the Congo, subject to an on-the-ground assessment taking place by an IF representative. In December 2006-January 2007, representatives of Bonobo Conservation Initiative (BCI), Dr Luke Bennett and I spent one month in the Democratic Republic of Congo. I am extremely pleased to report this visit has resulted in IF committing to provide technical and financial assistance to the community of Kokolopori.



Luke Bennett seeing a patient at a temporary clinic

I was first introduced to the needs of Kokolopori through BCI, an international NGO initially established to protect the Bonobo Ape. Through their work, BCI have recognised one of the key components of such protection is the livelihood and well being of the local community.

Kokolopori is in a remote northwest region of the Congo, and a good part of our trip was spent getting there. Located in Equateur Province, it is situated on the Maringa River, a tributary of the mighty Congo River and comprises 32 villages along a 70km 'road'. The total population of Kokolopori is approximately 23,000. The people belong to a single tribal group, the Mongandu and have a traditional form of government based upon tribal chiefs.

There are two distinguishing features of Kokolopori. First, it is not easy to get there. Our trip from the nearest 'outpost of civilisation', Mbandaka, upriver to the village of Kokolopori took almost seven days motoring along in a *pirogue* (three hollowed out logs lashed together) for an average of 22 hours a day. We could have flown to a small town called Djolu, but the 70km trip by road apparently takes two days and is on a dreadful road. It is also much more expensive.



Kids at Kokolopori

The second feature is that it is located in the middle of primary and secondary forests of breathtaking beauty and richness. The forests are home to that wondrous ape, the Bonobo. It was a great privilege to see a group of twenty Bonobos frolicking, fondling and uttering their piercing sounds through the jungle. I spotted one Bonobo walking completely upright on the ground near us checking on our little group of *homo sapiens*. I initially thought he was a small tracker. It was truly a walk back in time. Bonobos appear to have the most exquisite intelligence and sensitivity.

There is much folklore about the Bonobo among the Mangondu people and it is bad luck to hunt them. Nevertheless, the Bonobo habitat is threatened both because their forests are being cut down and they are hunted for bush-meat.

A number of villagers and chiefs we spoke to said that although they supported the conservation efforts of BCI

and its local Congolese partner, *Vie Sauvage*, they saw very few concrete benefits flowing to the people.

The 'benefit' people wanted most urgently was any form of medical services. I visited the only two medical centres in Kokolopori neither of which had any medicine or medical equipment at all. There are no registered or unregistered medical practitioners in Kokolopori although there are some 'auxiliary nurses', who have had four years secondary school. The nurses walk to and from Djolu once a year to get some medicine and consult with the doctor from Djolu. The Djolu doctor is also supposed to come to Kokolopori once a year, but it appears he comes only to check medical records (which I did not sight) and vaccination cards.

Traditional medicine is practised among the Mongandu people, particularly by the 'wise women'. This traditional medicine mainly involves the use of various leaves for different diseases.

Whilst we were there, Luke ran a trial clinic, which treated about 50 patients. We had some basic medication from a kit donated by the US based charity, MAP International.



Luke Bennett talking to a mother about preventative health

Based on that clinic and extensive discussions with locals, it appears that the main diseases and illnesses people suffer from in Kokolopori include the following:

- Malaria
- Gastrointestinal parasitic infections or infestations including severe diarrhoea
- Obstetric and perinatal problems
- Tuberculosis
- Fungal skin infections & scabies
- Childhood infectious diseases such as chickenpox
- Malnutrition including occasionally severe malnutrition amongst children
- Trauma from falls and machete wounds¹

¹ Dr Bennett treated a woman who had received a severe machete wound on the head allegedly caused by a dispute over a man

- Chronic musculoskeletal disorders of the neck and spine suffered by women as a result of carrying overly heavy loads to and from the river and to and from the cassava fields

The water in Kokolopori is contaminated and difficult to obtain in certain villages - as they are not located near a stream (due to the malarial bearing mosquitoes).

Furthermore, public sanitation is a big problem. Most houses have a toilet, but there is no system or practice of washing hands after people go to the toilet. Food preparation is often undertaken without washing hands. Kids go bare foot everywhere in the dirt which increases the risk of hookworm and other infectious diseases. There is no tradition of dental hygiene.

In short, there is a **chronic need for basic medical services and sanitation and hygiene improvement**. The government does not provide it at any level. No international aid reaches this area except from BCI.

Last month, IF signed a **Commitment Agreement** with BCI (both its international and national representatives) to provide health support to Kokolopori. The Agreement focuses primarily on **malaria prevention**; namely the procurement and appropriate distribution of insecticide treated nets (ITNs); the distribution of ITNs initially to pregnant women and children under five; education strategies on malaria prevention to be delivered in parallel with ITN distribution; and the development and implementation of a monitoring and evaluation plan of net use.

The Agreement also provides support for funding qualified nurses, who can implement an education campaign on hygiene and sanitation and provide basic pharmaceutical and medical items (including anti-malarial medication). Assistance for some curative care is important in order to show immediate and visible support to the population. The head of *Vie Sauvage*, Albert Lokosola, has already recruited the nurses.

The funding for the project in the first year is USD15,000 and the first tranche of USD7,500 was sent last week. Barristers at the NSW Bar raised a good deal of the funds for the project.

The next boat transporting the medication, mosquito nets and the cash for the payment of the nurses is due to depart for Kokolopori early this month.

The success of the project depends largely upon the relationships IF has with the local Congolese people, who will implement the project. The Congolese I met at BCI and *Vie Sauvage*, in particular – Bienvenu Mupenda and

Albert Lokosola impressed me as competent and genuinely committed to the well-being of the community.

The project has a huge potential to bring very positive health outcomes to people who are in desperate need of some assistance. The fact that the project will be implemented by BCI should also provide conservation support for the Bonobo and the forests in this unique area.

Thanks to IF for supporting this project especially to Susan Engel, Sally Stevenson and Mark Harradine, all of whom contributed valuable time and brain power in the formulation of this project.

IF first visit to Madhurantakam Project, Tamil Nadu, India.

A success story

Pat Duggan - Project Manager, India

I undertook the first visit to the above project from 1 – 4 April, in accordance with the Commitment Agreement between IF and the Pravaham Trust. The visit was an opportunity to review the project's progress and to discuss any changes required in its overall design. It was also an opportunity to consider the scope for future IF funding beyond September 2007. Annie Namala, IF Country Liaison Officer, accompanied me for the entire visit.

The visit was short (3 days in Madhurantakam (MDK) and 1 day with the Trust in Vellore) as I was unable to leave work in Sudan any earlier. Despite this, much ground was covered and I came away confident that the project is making good progress in the time since it was established, that it is addressing critical issues for Dalit communities in a strategic and cost effective way, that the Trust is providing appropriate and timely support to the Project Coordinator, and that funding to the project should continue, at least for a further two years.

Project Progress

The purpose of this project is to enhance opportunities for learning for students from Dalits and other marginalized communities. According to India's social and religious systems, Dalits are considered unclean and have been maintained outside the caste system as untouchables. The public education system – particularly high school – is mainly attended by Dalit children: anyone who can afford to sends their child to one of the myriad of private schools in India. Up to 90% of children at public schools around the project site are Dalits.

The original objective of the project was to establish a program of coaching for Year 10 and 12 Dalit students in life skills and career options, to improve their chances of completing school successfully and their access to higher education. However, it was apparent by November 2006 that much longer would be required to develop the proposed coaching program and to gain acceptance by school administrators of the idea. Administrators have claimed all schools in Tamil Nadu are already offering such coaching: it is now clear that this is not really happening, and there is still an important gap that the project can fill in this area.

In order to maintain momentum, the Project Coordinator, Dayalan, in consultation with the Trust, prioritised the establishment of village evening schools – nine of these have been established in nine Dalit villages. We visited six of the nine. The schools are conducted every evening for two-three hours.

Village Evening Schools

The evening schools are clearly meeting a demand: between 40 and 60 students attend each school every evening. Given the relatively low qualification of the tutors, attendance is mainly young children, up to year 8 or 9. I was amazed at the level of attendance. Children told us that the schools were a much more conducive place to study than at home, where there was often no electricity, and too many distractions from other family members, including parents asking them to complete tasks.

Dayalan and the Pravaham Trust remain committed, to also developing coaching programs for curriculum (particularly maths and science) and life skills for Year 10 and 12 students. There are very good reasons why we should continue to prioritise this activity. On curriculum coaching, school administrators claim teachers are now required (and paid) to provide extra coaching for 1-2 hours every afternoon to these students but it seems that the teachers are not really providing this, (but are being paid to do so). While the Government of Tamil Nadu has made a real effort in the past few years to tighten up teach performance management, and has had some success, we heard many examples of a different reality. One group of Year 12 students, for instance, told us they hadn't had a maths teacher all year. They will not be granted an exemption from the exams, or be marked differently, owing to this lack of teacher. Fortunately the tutor at their village evening school was a year 12 maths graduate now studying computing, and providing tuition to this group, as a stop gap measure. Any one with spare money is sending their senior student

children to a tutor. Few Dalit children are able to afford this.

Priorities for the period to end September (when IF funding finishes)

We held two good planning sessions with the Project Coordinator and the Trust to focus activities for the remainder of the project. Future key priorities include:

- **Capacity building for tutors.** The tutors appear to be doing a remarkable job despite their lack of training as teachers. This is a testament to their commitment, and Dayalan's ability to identify the right tutors. However, they need support. A monthly review meeting, which will include training on methodology will commence from late April. The sessions will be developed and delivered by several (Dalit) teachers who are supporters of the program.
- **Improving the schools' infrastructure:** all but one of the schools do not have a dedicated space, and are operating in the open, sometimes in people's front yards, with inadequate lighting. This isn't acceptable. Most importantly, the rains are upon Tamil Nadu. Once it rains the village schools will become even more important, as many of these Dalit villages are located over a river from the relevant formal school, which becomes inaccessible during the rains.
- **Establishing village level support groups,** as a first step to handover and sustainability: the small groups (likely to be 3-4 parents, perhaps local teachers) would support each tutor and manage the above improvements.
- **Developing materials and a strategy for a life skills program** and for curriculum coaching: to commence under a new project after September 07. IF should see if we can find a volunteer Australian teacher with experience in life skills development who may be able to assist with this aspect of the project.

Recommendations for Future Support:

Dalits are a marginalised community, in need of continued support, particularly support that addresses discrimination. It is clear that the project has made some very useful headway in its first six months of operation, and that a further 2 -3 years of funding will be essential to make the evening schools sustainable, and to develop the project further in areas originally intended: life and subject coaching for Years 10 and 12 in

particular. This is an important gap in services to Dalit children.

IF's project can play a very important role as a catalyst in developing a program which could be picked up later by larger institutions (eg the Dept of Education). Other NGOs are not really an option – as the NGO community is very small in Tamil Nadu. Catalytic support like IF's is key.

The Trust will present a proposal to IF, outlining areas for future cooperation, in July. We look forward to receiving it.

Rote Project – update

Sally Stevenson - Management Committee Representative, Indonesia

The community in Rote, Indonesia is the first that IF provided support to – beginning in 2000. Since then, our relationship with *Lua Lemba Education and Community Development Foundation*, our partner, continues to deepen. The difficulties over the last year have only contributed to the maturation of this relationship. It is therefore important and pleasing for us to report the success of our latest visit to Rote in February, as well as the broadening network of support for the Rote project that is being generated here in Australia.



Some primary school bursary recipients with their fathers. Teachers from Nemberala Primary School in the back row.

Firstly, an overview of the visit. As we reported in our last newsletter, Libby was returning to Rote to follow-up on her difficult – yet productive – visit in July 2006.

A key part of IF's approach to community development is to provide support for local organisations through hard times. This recognises the difficulties implicit in local development initiatives (such as time and resource pressures and local political dynamics), particularly those

run on a volunteer basis, as Lua Lemba is. Such support we believe is important in order for the long term benefits of development to be realised. We take this approach seriously, and whereas normally we seek to visit a project once a year, it was this need for support that sent Libby off again to Rote some six months after her last visit. Given the challenges Lua Lemba faced (such as concerns over community representation and decisions making transparency), it was vital that we went to ensure the improvement to program management agreed on in the last visits had taken place and to assist the consolidation of these changes where possible. Equally important was the need for IF to demonstrate our moral support for Lua Lemba and our faith in the organisation to the community.

Libby returned from her visit in April and we are delighted to note it was a very positive trip. The agreed changes to Lua Lemba, such as decentralised program management (leading to improved community representation) were being implemented. Further, the community unanimously indicated they want the community consultation process (introduced by Libby on the last visit) to take place on a yearly basis. Also, the accounts, which were unfinished and messy last time were complete and accurate. Libby also took the opportunity to progress capacity building on planning, prioritising and budgeting. Overall, the community was very optimistic about the future of Lua Lemba.

This trip also highlighted the **latest achievements of Lua Lemba**. These include:

- Successful continuation of the **birth and marriage certificates** program. For example, 243 birth certificates were provided with the last instalment of funding. Birth certificates are crucial to children (but often unaffordable to poor families) allowing them access to basic civil society resources such as the right to inherit and to receive government social benefits.
- New distribution of **educational bursaries** to disadvantaged students in schools throughout Delha. Without this support, these students would not be able to attend classes.
- Development of the **Healthy Schools Program**, initiated by Lua Lemba and IF. This program uses a health promotion approach to introduce information to and create behaviour change in students. It uses the school as a medium to distribute information, advocate changes and provide positive role modelling. This term focused on dental health, with two highlights being a seminar on dental health at the Senior High School and a

drawing competition held in the primary schools. Winners, as judged by the Health Centre Doctor were awarded a cash prize. Many entries showed a good knowledge of dental hygiene and the benefits of a healthy diet for teeth.

- Development of a **reading room** / library in the Lua Lemba office. Books for both children and adults are available. There has been some initial borrowing, and the community is being strongly encouraged to make more use of the new resource.

Further activities planned to take place before June include the supply of first aids kits to the schools in Delha, the building of a public toilet in Bo'a and an education campaign on how and why to use a toilet; and the supply of books and toys to the kindergarten.



Lua Lemba treasurer Yati N'dun does receipts

There are a range of other exciting sub-projects that are being developed by Lua Lemba and IF.

Firstly, identified during consultations in July as a community priority was the need for sexual health workshops for men and women. Unfortunately, there were no local organisations that might be able to provide adequate and appropriate information. As a result, through IF Ian Seal (Manager, Community Capacity Building, Centre for Adolescent Health, Royal Children's Hospital, Melbourne) and Lea Trafford (Project Officer and Trainer also from the Royal Children's Hospital) both formerly from Family Planning Australia, have volunteered their time to work with the community over a series of visits. Lea is known and very well regarded in Rote through health workshops in Rote implemented as part of an earlier stage of IF and FPA support. Libby and a dynamic group of IF and Rote supporters in Melbourne have been raising funds for this project (over \$2,000 so far) and with this, Ian is heading to Rote in August.

Whilst Ian will be there, Lucy Bire a nurse educator, who is part of the broadening IF/Rote network will also be in Rote. They plan also to work with the schools to further develop health education curriculum for the students. Lucy's husband Immi, formerly of Kupang has volunteered to translate for both Ian and Lucy during their visit.

Another Lua Lemba priority is maintaining the **Rotinese weaving** tradition. In particular, they are supporting the local women's weaving group (initially established with Libby's support in 1998). An element of this support has been a request to IF for technical support for the development and publishing of a book about weaving histories, traditions and processes. To date, Johanna Barrkman, Director, Northern Territory Museum has indicated strong interest and possible support for the set up, layout and photography for such a book.

We have often reported on our assistance to the community of M'bore, where the **Oehela Farmer's Group** has proven to be incredibly resourceful, committed and successful in developing their agricultural and community resources. IF support began in 2002 with the provision of permaculture workshops focusing on composting. M'bore continues to do exceedingly well. A new workshop on compost and introduction of new vegetables organised by Libby and given by World Vision in October last year was a success. This year two tonnes of compost was made and used to improve 300 garden beds. These beds produced thirteen tonnes of onions and garlic, eight of which sold with the remainder kept for seed. Last year 640 beds were planted and produced 20kg onions per bed. This year each bed produced 50kg of onions. The remaining beds were used to grow snake beans, green beans, tomatoes, carrots, spinach and cucumbers. Production of vegetables overall increased by about 30% and there was enough of these new varieties to feed the village with some left for sale by bicycling to neighbouring villages.

Water remains the most challenging yet politically difficult sector in Nemberala. The last installation of a water system failed quickly, and reasons include: last of political commitment, leadership, and responsible management, lack of community ownership (minimum consultation), poor installation (pipes laid near the surface under roads, subsequently crushed), stolen fittings, and high mineral content of water degrading metal pipes. Nemberala now has a new village chief and there is potential for stronger and more responsible leaderships in this area. As such, IF is now seeking an

international partner to provide assistance in this crucial area.

We continue to be passionate about our support to Rote. There are a growing number of people in Australia who have heard of what we are doing and want to help, especially those who have visited Rote as tourists and now want to do 'something' to assist this vibrant community. We are excited about what this means for the people of Rote!

No tears for Wolfowitz but things may not improve...

Susan Engel, Management Committee

Some of you may remember I wrote a piece for the July 2005 Indigo Foundation Newsletter about the appointment of Paul Wolfowitz as President of the World Bank. I wrote then that his support for the corrupt Suharto regime in Indonesia, while posted there as a US diplomat, did not bode well for the Bank.

Well here we are just two years later and Wolfowitz was asked and agreed to resign because of concerns about corruption in Bank appointments. Most of you I am sure know the story —his onetime girlfriend, Shaha Riza, was given a high paid secondment to the US State Department. There was also controversy around some of Wolfowitz's other appointments to the Bank, in particular Robin Cleveland, who was disgraced whilst a White House aid for indiscretions in relations to the Office of Management and Budget's procurement contracts with Boeing for Air Force tankers.

But the issue is even deeper than this — Wolfowitz made fighting corruption the hallmark of his presidency but as various commentators have noted, the corruption agenda has been very selectively implemented. Countries in favour with the current US Administration continue to receive loans regardless of their practices, whilst other have been punished.

Joesph Stiglitz, former Chief Economist of the World Bank and a Nobel Prize winning economist, summarised the situation so:

...it is clear that the President of the World Bank had enormous elements of discretion, in making appointments, in circumventing rules, in suspending loan programs, and in directing bank programs with insufficient checks and balances in place and insufficient oversight... The 'powers' of the President had previously not been abused in this way, but the fact that they could

be so abused too highlights a fundamental flaw in governance.¹

So Wolfowitz will step down at the end of June but the next President will have as much power and is very likely to be appointed by the current US Administration with little consultation, just as Wolfowitz was appointed.

The current favourite to be the next President is Robert Zoellick, who was US Deputy Secretary of State until July 2006 and before that US Trade Representative. Zoellick is current as a managing director and chairman of the International Advisors department at Goldman Sachs. He is not considered a neocon but was closely aligned with them during his time in the Bush Administration. You can keep up with the news about likely candidates at: <http://www.worldbankpresident.org>, though, of course, there are other blogs on the subject.

¹ Joseph E. Stiglitz, "The World Bank and Development Assistance," testimony to the US House Financial Services Committee, May 22 2007, available from http://www.house.gov/apps/list/hearing/financialsvcs_dem/ht052207.shtml

Indigo Foundation supports Aboriginal Public Health Scholarship

Sally Stevenson – Management Committee

We are very pleased to report that Indigo Foundation will be providing support to Aboriginal students who have a public health scholarship with the South Eastern Sydney and Illawarra Area Health Service and University of Wollongong. Whilst not a community development project *per se*, by supporting these students we hope to contribute (in a small way) to a program that has the potential to make a significant impact on the health of Aboriginal communities over the longer term.

For a number of years IF has been interested in offering support to Aboriginal communities. Over 2001-02, through contacts developed from working with Aboriginal communities in the Northern Territory we looked for something suitable. However, due to the distance between us and possible communities limiting the way we could establish, build and sustain relationships, the complexity of challenges facing Aboriginal communities, and the small financial support we were able to offer (in the context of a developed country), we were unable to find a project that would fit well with the way IF worked. More recently an IF member asked us if we would be able to renew our search for something to support and the Management Committee agreed to do so.

Coincidentally, late last year I undertook a consultancy to evaluate the Aboriginal Population Health Scholarship Program, developed by the South Eastern Sydney and Illawarra Area Health Service in conjunction with the Faculty of Health and Behavioural Sciences at the University of Wollongong. From this job, and the positive evaluation that emerged, IF decided to offer support to the students in one of the areas that was a weakness of the program – professional development.

Some background on Aboriginal workforce issues

Numerous studies have demonstrated improvement in health outcomes for Aboriginal people by increased Aboriginal participation in health care delivery. Indeed, the current system of providing Aboriginal health care through services where the higher qualified personnel are non-Aboriginal is highly problematic. The importance of an Aboriginal health workforce to address Aboriginal ill-health was recognised in the *National Aboriginal Health Strategy* (1989), and remains a key feature of subsequent policy and strategy documents. These documents highlight the need for more Aboriginal people in the health workforce, health services to be provided in more a culturally appropriate way and measures that allow Aboriginal people to stay in the workforce and update their skills.

However, reaching an effective and appropriate level of Aboriginal participation continues to be a major challenge. Importantly, there remain limited management opportunities for Aboriginal people in mainstream health systems. Opening up such opportunities is a strategy that will facilitate a more accessible and responsive health service to Aboriginal communities.

An essential component of workforce development is the provision of appropriate and accessible **education and training programs**. However, attaining suitable tertiary qualifications as a pre requisite for career development presents a number of challenges for Aboriginal people. For example, Aboriginal people have a higher dropout rate in tertiary programs compared to non-Aboriginal. Factors that affect the dropout rate include kinship obligations, racist attitudes, socio economic status, lack of support mechanisms to enhance educational experiences, and learning styles. Further, Adams et al (2005) identify barriers related to the context of dispossession and alienation experienced by Aboriginal people, as well as limited finances and practical support, and access to information technology.

Conditions necessary for the completion of a degree include: Aboriginal support units, mentoring by other Aboriginal students, university orientation to cover expectations, financial assistance, flexibility in the course, Aboriginal content in mainstream courses and the support of family and friends.

The inclusion of scholarships and traineeships is repeatedly noted in the literature as one valid and valuable strategy for improving education, training and employment outcomes.

In addition to the above, two clear themes emerge from the broad base of policy and strategic documents on Aboriginal workforce development. Firstly, **local level** solutions must be found. NSW Government agencies are encouraged to do this, in consultation with Aboriginal employees, networks and local Aboriginal communities. In addition, local agencies, such as area health services are directed to fund and resource 'appropriate Aboriginal employment and professional learning strategies and career development initiatives'.

Secondly, a **public health** orientation to Aboriginal health services is advocated. There are questions however about the capacity of the health sector to develop and sustain a cadre of Aboriginal public health leaders and policy makers. This is partly because so much focus remains on the development of Aboriginal Health Workers as the instrument of change for Aboriginal Health. The draft NSW Health *Healthy People 2010 Strategy* (2006) argues the need to not only develop and maintain a population health workforce, but has an objective to 'increase numbers of Aboriginal People in the population health workforce' by increasing employment, professional learning and career development opportunities with population health and 'stronger links with the universities to promote undergraduate...training opportunities'.

The SESIAHS & UOW scholarship program

This program was developed in response to the above concerns. Its primary objective is to enable Aboriginal students to 'consolidate their theoretical skills acquired through population health undergraduate studies with practical skills obtained by work placements in the population health unit of the AHS'. A medium-term objective is that this support significantly enhances the career prospects and career path of the scholarship holder. The longer-term objective is to increase the accessibility and cultural awareness of mainstream health services to Aboriginal communities, through increased Aboriginal representation in these services.

The scholarship program is unique. It is the only one in Australia that is offered in undergraduate population health, where work experience is provided through a dedicated Area Health Service. Further, the program's structure incorporates a number of elements identified as critical to the success of Aboriginal education and /or training. These include: additional academic support; financial and information technology support; provision of a safe and supportive work environment; cultural awareness; availability of mentors; and support for the development of professional networks.

Without doubt, all key stakeholders considered the program successful to date and wish to see the program continue. Early indications are that the aims and intended outcomes of the program are being achieved and the program should, over time, have a positive impact. This success is a consequence of the principles of the program being solidly embedded in a strong Aboriginal Workforce development policy and strategic framework, which itself is supported by past experience and existing research. Equally important is the ongoing dedication and commitment of individuals to the program and their willingness and capacity to adapt the program to address emerging weaknesses or constraints.

One consequence of the evaluation is that the third key partner to the program is now the Illawarra Aboriginal Medical Service. The involvement of the AMS strengthens the Aboriginal perspective in the program and will improve the level of community engagement.

There is potential for this program to become an example of **best practice** in the application of equitable workforce strategies, the link between theory and practice, and community engagement.

IF's contribution

Given the scholarship is in its early days (it has been going two years), there are understandably a number of areas where it can improve. One of these is to strengthen the professional development component of the program.

To date, professional development opportunities within the scholarship program have been opportunistic. Students attended the Aboriginal Health Conference in 2005 and the Public Health Promotion Conference in 2006: both considered these as highlights of the program. Future opportunities to attend, present and network at such conferences would be highly valued. Also, existing students noted the extent to which the first conference in particular 'opened their eyes' to the complex and entrenched nature of challenges facing

Aboriginal people in general and Aboriginal health in particular. At the same time, they witnessed the strength that lies within Aboriginal communities to address these issues.

Attendance at conferences or workplace training sessions (i.e. management courses such as strategic planning, time management and stress management.) is considered extremely beneficial. For example, as part of a competency-based approach to overall career development they can contribute to the attainment of additional professional development qualifications. For example, a Certificate III in Business, through the Australian Institute of Management may be achieved.

The program had no identified funds for such development opportunities, so Indigo Foundation has offered support to ensure students participate in at least one conference per year. Students will be required to make a written submission to IF for the necessary funds for a particular conference and will also be expected to write a report on return. Further, IF will work with the Scholarship Steering Committee in order to have input into the program's policies and processes. IF's financial contribution will amount to approximately \$2,000 per year, depending on where the conferences or meetings will take place. In the third year of the program, IF will be encouraging students to make a presentation at a conference in order to develop their public speaking skills.

Given the sound policy and strategic framework within which the program exists, the program's success to date, the ongoing commitment of key stakeholders, and the potential benefits that would accrue to the health system and to Aboriginal communities over time, IF believes its contribution to the program is a sound and worthwhile investment.

Solomon Islands Review

A brief update...

We have been supporting the Solomon Islands since 2002, and in the last two years directed our assistance to Turusuala Community Based Training Centre.

Turusuala provides a two-year residential course for students from the AvuAvu area (Guadalcanal) that develops their skills in a range of vocational areas including mechanics, agriculture, wood technology as well as English and bookkeeping. Students undertake practical community activities in building and agriculture as part of their course. The Centre also runs some short

courses on topics such as food security in conjunction with the Solomon Islands NGO Kastom Garden.

In March, the Management Committee undertook a review of the Solomon Islands project. The review highlighted the strong community ownership and sustainability elements of the project, but noted that transparency and equity still required some work. Key points included:

- IF is providing important support to an organisation that is the only vocational training centre in an area with a significant population.
- Independent reviews found that the centre is supported by and benefits local individuals and communities.
- IF noted that steps to attract more female students have been taken, in response to earlier review findings, and it will be important to follow this progress through.

Overall, we are very happy with the project – and subject to Sue Cunningham's (Project Manager) visit there in September would like to continue supporting Turusuala for another three years.

How to ensure that your participation policy will be implemented....

Beth Rushton - IF Development Praxis Award Recipient

Beth is a PhD candidate at the University of Sydney and is researching the enabling conditions for strong public participation in the management of the health sector of Cambodia. She was the keynote speaker at our project management workshop last year and is providing IF with vital guidance on the development of our policy on participation.

The research that I have done on public participation in Cambodia shows that merely adopting a participation policy is not enough to ensure strong community participation in government decision-making. The adoption of such a policy does not ensure that it will be implemented, nor ensure that when it is implemented it achieves strong citizen participation in decision-making. I looked at a national participation policy adopted by the Ministry of Health that had to be implemented by public health centres across Cambodia. There are many lessons from my research in Cambodia that the Indigo Foundation and others can draw on in improving participatory practice within different organisations and settings. In this paper I will consider two key issues:

designing a policy that will bring about strong levels of lay citizen participation and institutionalising the policy within organisational practice.

Policy Design

What is good participation? How can a policy be designed to achieve it? There are two distinct options for the structure of the policy. It can either be based on principles that should be followed, or be based on a specific technique or process, or set of techniques, that staff members must use in doing participation. (I use the word staff to refer to all those who report directly to IF rather than to partner organisations.) There are pros and cons of each approach, as outlined in the table below.

Principles vs. Process-based Participation Policy

	Principles-based Policy	Process-based Policy
Pros	<ul style="list-style-type: none"> ▪ Sets out clearly the spirit of why participation is important ▪ Will be usable in different contexts 	<ul style="list-style-type: none"> ▪ Its very clear, so workers and participants know what is required of them
Cons	<ul style="list-style-type: none"> ▪ Does not provide much guidance on how to do participation 	<ul style="list-style-type: none"> ▪ The same process may not work in many different situations and contexts

Both approaches can work. The Indigo Foundation's Management Committee has suggested that they prefer a policy that is based on principles rather than having a set participation process or technique that is to be used. I support Indigo's preference for a principle-based policy given that the Foundation works on different types of project, in many different countries, and that partners and villagers/others are included in many different stages of the projects.

Once the approach has been decided, the second stage in developing the participation policy is to determine what the purpose of the policy is, as this will shape the choice of principles or process that will be detailed in the policy. What underlies the reasons for participation plays a big part in shaping how participation actually happens, regardless of what the formal policy says. Indigo needs to decide the key purpose of participation. This should be discussed with all staff and will be reflected in the principles that are chosen. In initial conversations with the management committee, IF has indicated that the purpose of participation is to both shift power from

traditional decision-makers but more importantly to make projects responsive to the needs of ordinary people.

The third stage is to work out "which principles" of participation that the policy will promote. The work I have done in Cambodia, which has built on participatory theory, has suggested a number of principles that do achieve lay citizen participation if they are implemented. My view, and this links well with the purposes of participation as identified by Indigo, is that participation in practice should satisfy the following criteria (which I have reported on in a previous Indigo newsletter and in the annual report): operation, representativeness, deliberation and influence.

What this means is that:

1. Participation must happen.
2. Those included should be representative of the whole community or the target group within it with which you are working (according to gender, age, geographical location, socio-economic status).
3. There is room for debate on key issues and options, which means that participants need to be informed and that there needs to be good facilitation and adequate time.
4. Villagers are given influence over decisions.

Following on from this, my suggested principles are:

1. Participation must be done at all stages of the project
2. Participants must be representative of the community/target group (gender, age, geographical location, socio-economic status, and must include "ordinary people", not just community leaders)
3. Participants are informed about the issues being discussed
4. There is space for debate
5. There is a commitment made to participants about how their decisions/recommendations will impact on the project, and this promise is kept.

These are ideas to help stimulate debate amongst members of the Indigo Foundation about what is important in participatory practice.

Another question for IF is who the participation policy will apply to. Is it something that will apply only to the practice of staff, or will it also apply to the practice of partner organisations? The benefit of doing it just for Indigo is that it is easier to keep tabs on the practice of staff as there is regular communication between the

different project managers and the management committee. The negative though is that it has limited reach, particularly as Indigo Foundation works through other organisations. I would suggest beginning with Indigo's own practice and evaluate that after a year, and during that time develop ways to embed the participation policy in the practice of partner organisations. There is also the possibility of making organisational decision-making processes not only more responsive to recipients but also to donors, those people who give donations to assist with the work of the Indigo Foundation. Oxfam several years ago developed a policy to open up their board's decision-making and communication channels with donors, although I do not know whether this was implemented, or how successful it was. It is something that Indigo could consider.

Making sure your participation policy is implemented

Choosing a good policy in terms of design is a vital first step to achieving strong community participation in the decision-making processes of the Indigo Foundation and potentially of its partners. However, the best policy in the world is not very useful if it does not get implemented. The key is to institutionalise the policy within the practice of the implementing organisation(s).

Problems with implementing Cambodia's participation policy in the health sector:

My research in Cambodia has shown that having a participation policy does not, in and of itself, lead to strong community participation. The policy was not institutionalised into the practices of the organisation that had adopted it, in this case the national Ministry of Health. Participation practitioners in Cambodia have emphasised the time it takes for all players to take each other seriously and give due weight to the opinions of others, and even to talk to others. Capacity-building around the skills for participation is vitally important. In the cases that I looked at, there was minimal training of participants on participation or on health issues (participants need to be informed), and little emphasis on the behaviour, attitudes and skills of the health centre staff.

There were no resources allocated to cover the costs of implementing the participation policy including allocations for staff time and expenses, such as per diems (daily allowances given to participants), food, hiring meeting space and providing transport for participants. Participation in theory can be free, but rarely is,

especially where there is a culture of per diems, as there is in Cambodia.

The health centres (implementing organisations) are not evaluated with regard to their implementation or otherwise with the policy. Supervisors do not check for the implementation of the participation policy. Of course the evaluation framework has to be meaningful and must test adequately for levels and quality of participation. Without this it is impossible to usefully evaluate the levels of participation. Whether the participation policy is implemented or not is not linked to organisational budgets or individual staff performance appraisals. There is little incentive for staff to implement the policy when it does not link to tangible benefits for them or their workplace. There are no disincentives for organisations or staff that do not implement the policy. The benefits of participation may not be immediate so it is useful to have carrot and stick approaches to ensure the policy is implemented.

Lessons for IF

Regardless of whether IF plans to focus on the practice of its own staff or include the practice of partner organisations (I think you should include both as time goes by), there are valuable lessons that can be drawn from this Cambodian experience.

1. Write up the policy and disseminate it amongst all staff of Indigo.
2. Give training and information to IF's project management teams about participation and the principles, including some guidance on how to implement the principles in practice. Include ongoing awareness-raising of all staff by writing about participation in newsletters etc, including reports from field officers on doing participation in practice.
3. Allocate enough resources and also the time to do and respond to the results of community participation. Be open to changes in the project design in response to issues raised in participatory decision-making processes. You must promise to be responsive to points raised in participation processes and keep that promise.
4. Develop an evaluation methodology to ensure that participation is actually happening, even if this is only simple check-lists to ensure that the principles are being achieved, and apply this to all projects. Have incentives and disincentives to motivate staff to implement the policy.

5. Consider adopting participation as a fifth guiding principle of IF.
6. Once you expect partner organisations to implement the policy:
 - a. Disseminate copies of the policy to all partner organisations, and you could also raise awareness within communities of what the organisation is required to do for participation so that the community is aware of their rights to participate in project decision-making.
 - b. Give adequate training to the partner and villagers around what community participation is and what it achieves – this can be done through conversations and paper-based notes rather than through face-to-face teaching environments.
 - c. Try and get the partner to allocate some of their own budget to funding the participation – it then becomes sustainable.

Where to from here?

Participation is a valuable practice, and it is worth spending the time to design a good policy that will actually give those who will be affected by projects a voice in decision-making. The key lesson for Indigo is to be very clear about what the organisation wishes to achieve with a participation policy, and be committed to that by institutionalising the policy into organisational practice.

My suggested next steps for the Indigo Foundation in developing an organisational participation policy are:

1. Choose the principles and write up the policy.
2. Trial the policy for a year with the different projects, and reconsider the policy in one year's time. During this time ensure that the policy is institutionalised within the practice of the projects (see the lessons for IF above). I suggest beginning just with the practices of IF staff, then adding in the practice of partner organisations as well as consider opening up the decision-making functions of the organisation to donors.

Positions Vacant!

This column is a first for Indigo Foundation! We have three positions we are looking to fill. If you are at all interested and would like to discuss these further, please do not hesitate to contact us.

Firstly, we would like to recruit two more members to the **Management Committee**. The positions are:

- **Fundraiser**, with responsibility for developing an overall fundraising strategy and then working with our volunteers to implement it. The person is not required to do the fundraising themselves, but rather to provide direction to, and coordinate, the (excellent) fundraising efforts of our volunteers.
- **General**, with responsibilities to be defined according to the person's level of experience and area of interest. As with all Management Committee positions there will be a mix of administrative and project related tasks.

Management Committee terms of reference are available on request. Please contact Sally Stevenson if you are interested at indigo.foundation@bigpond.com.

We are also looking for a new **Solomon Islands Project Manager**. Sue Cunningham our long-term project manager is leaving the position but remaining with IF as a new Management Committee member. Sue will be the Solomon Islands Management Committee Representative, using her years of experience to support the new project manager. Therefore, development experience is not essential, but a willingness to learn, a commitment to IF's development philosophy, and the ability to travel to the Solomon Islands are. Project Manager terms of reference are available upon request. If interested please contact Sue Cunningham at indigo.foundation@bigpond.com

Fundraising, fundraising, fundraising.....

Over the last few months, we have been fortunate to have a number of very successful fundraising events, all organised by our growing number of IF supporters. Our thanks go to:

- Rosie Wheen, Alberto del Aguila, Ian Seal, Lea Trafford and Libby House for a terrific event to promote our project in **Rote**, and to raise funds for a sexual health program we are implementing there.
- Jonathon Bire for organising an exciting Adventure Race / fun run (on a cold Melbourne morning!) to raise funds for **Rote**.

- Maura and Joe Cato for hosting a delightful afternoon tea at their house to raise funds for the co-educational primary school in Borjagai, **Afghanistan**.
- Philip Strickland for holding a film and information night about the **Congo** at his Chambers in Sydney. As part of a traditional giving program, Philip was encouraging new Silks to commit a percentage of their first year income to IF.

Upcoming events include a **recycle-your-clothes** 'swap' being organised by Theresa Huxtable, and the famous afternoon tea for **Afghanistan** hosted by Anne Cummins and Margaret Easterbrook.

Partnership with University of Wollongong

Finally, we are very happy to report that IF was chosen by the University of Wollongong as one of eight not-for-profit organisations to be part of its workplace giving program. This is a great opportunity for IF. Employees are encouraged by the University to donate to these particular charities and the University facilitates this by allowing donors to salary sacrifice (and therefore gain tax advantages) their contribution. As part of the launch of the care giving program, we showcased our work to a number of staff in early June. We hope to raise awareness of the organisation throughout the University over the next few months.

Management Committee Update

As you can see from this newsletter, Indigo Foundation continues to go from strength to strength. Our philosophy for development, as well as our own growth has always been slowly but surely and in this, our 7th year of operation, we are seeing the rewards of this approach.

Firstly, we would like to say a very big thank you to Anne Cummins who has been on the Management Committee for the last couple of years, and who resigned at the last meeting in March. Her contribution as Management Committee Representative for Afghanistan and her fundraising has been highly valued. Anne brought a clear, pragmatic and refreshingly non-development-industry approach to IF.

At the same time, we are very pleased to welcome Sue Cunningham onto the Management Committee, beginning September. Sue has been our Project Manager for the Solomon Islands since 2002, and has a background in education, capacity building and

monitoring and evaluation – we are thrilled she will now bring her experience and expertise to the Management Committee.

The first half of this year has seen a lot of activity. Successful trips to India, East Timor, Indonesia and the Congo have all taken place. The project in India appears to be going very well, and we look forward to be able to continue to provide assistance there. Our support for communities in East Timor has restarted and begun in the Congo. To the project managers, Pat Duggan, Rachel Reilly, Libby House and Philip Strickland all of whom went on these trips in their our time, our sincerest thanks for such excellent work.

Our thanks, as always goes to our dedicated volunteers. As this financial years draws to a close, we would especially like to acknowledge the work of Margaret Easterbrook, our unfailing accountant, who expertise and patience with IF helps to make us the professional organisation we are.

STOP PRESS!

Renewed support for East Timor!

Jennifer Spence, Management Committee Representative, East Timor

We are very pleased to report that following Project Manager Rachel Reilly's trip to Dili in the last two weeks, we have been able to renew our support to women in East Timor. Identifying suitable project partners and discussing potential projects has taken some time, especially because of difficulties associated with the civil conflict. Last week however, Rachel signed a Commitment Agreement with *Alola Foundation* for \$2,400 for the following purposes:

- **Breastfeeding counselling at hospitals** (\$1,200)
This will support volunteer members of Mother Support Groups to counsel mothers at two of Timor-Leste's main hospitals, Dili National Hospital and Baucau Hospital, about breastfeeding and the use of the Maternity Packs that Alola distributes. Many children fail to thrive because of poor breastfeeding practices, and it has been identified as an area of training critically required in Timor-Leste.
This will be a six month pilot project, and if successful will be used to apply to donors for longer term funding and to other hospitals.

- **Reprinting of Memory Books** (\$1,200) Women widowed during the crisis of the last 12 months have together produced a booklet outlining their memories of the past and their wishes for the future of Timor-Leste. This book has been produced and an initial print run completed, but more copies are required.

Rachel also had numerous discussions with the World Health Organisation, the Ministry of Health and Caritas Australia about the potential to develop an IF supported anti tobacco program. These talks were very positive, and we are optimistic about establishing this project in the near future. Rowena Ivers, an IF supporter, with extensive experience in tobacco control (including undertaking a PhD about smoking and tobacco in Aboriginal communities) brought the idea to IF. She has been instrumental in getting it off the ground and will play a key role in implementing it, should we proceed.

We're all very much looking forward to our providing much needed support to East Timor.

The logo consists of the lowercase letters 'i' and 'f' in a stylized, serif font. The 'i' is positioned to the left of the 'f', and they are both rendered in a dark grey or black color.

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