

Disability in Development

Experiences in Inclusive Practices



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Special thanks go to the following individuals and their respective teams for their outstanding support and contributions:

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We thank one and all!

Foreword

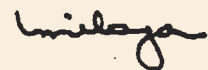
The past two decades have witnessed a shift from the old medical model of disability, towards a social model, underpinned by the principles of participation, inclusion and self-advocacy. This trend has, in no small measure, been a result of sustained lobbying and advocacy by organisations of people with disabilities, fighting for recognition and respect for their rights.

Community Approaches to Handicap in Development (CAHD), a joint initiative of Christoffel-Blindenmission and Handicap International as well as their partner organisations has accelerated this process, and has facilitated the way towards greater participation of people with disabilities in the life and work of their communities and societies.

In the past, well-intentioned people and agencies have tended to focus narrowly on disability alone, often failing to recognise and take into account, the handicapping effects of the social and physical environments, which are major barriers to the full participation of persons with disabilities in community life. Acknowledging the need to address this gap, CAHD has endeavoured to focus on the community and its constituent organisations and the critical role they play in bringing about greater participation of persons with disabilities in all spheres of life.

CAHD has placed disability-related issues and needs squarely in the context of human rights and community development where they belong. As a result, communities are gradually learning that most of the needs of people with disabilities are no different from those of non-disabled people, and that they must be included in the development process, not segregated from it. This publication shows clearly that the approach works.

As a global federation of cross-disability organisations of persons with disabilities in 135 countries, Disabled Peoples' International recognises the work done over the past few years under CAHD, especially in ensuring that the basic human rights of persons with disabilities are not only recognised and acknowledged but respected and acted upon, by the very communities of which they are intrinsically a part of.



VENUS M. ILAGAN
Chairperson
Disabled Peoples' International

Preface from Handicap International

I am particularly glad to present a short preface to this combined publication by Handicap International and Christoffel-Blindenmission, drawing on the practical experiences of Community Approaches to Handicap in Development (CAHD).

In 1999, while working in the CIEDEL Institute of the Catholic University of Lyons, I carried out an evaluation of the partnership between Handicap International and its local partners in Bangladesh, Nepal and India initially involved in the CAHD approach. This evaluation enabled all players to have a better understanding of the often complex dynamics of partnership and collaboration in development. Two years later, an evaluation of CAHD particularly in Bangladesh also helped to evolve the concept and implementation strategy. Many others, and notably the implementing partners, have helped to advance and strengthen lessons from the field experiences. Initially, community based rehabilitation strategies often focused on primary rehabilitation techniques at community-level, but the dynamic exchanges between development organisations have enabled the CAHD approach to evolve into a framework based on comprehensive social and economic inclusion.

This publication feeds back the realities of the field, but, in a more global way, it poses some fundamental issues about:

- the question of specific and mainstream approaches;
- the question of the largest impact for all;
- and finally, the fundamental question of the world we want to live in.

Indeed mainstreaming disability into existing development processes is a way to further not only the cause of people with disabilities in development, but also to ensure a much larger impact of the work by specialised NGOs like Christoffel-Blindenmission, Handicap International, the Centre for Disability in Development and other partners. It envisages, one might say, the enabling of all actors to be “disability confident”. We know that in certain circumstances specific responses may be necessary, but on many occasions, this specificity is not necessary. It is hoped that all NGOs, be they international or national, and all stakeholders in general, can learn from the information and the practical experiences shared in this document, so that disability issues are included in all development activities.

But perhaps the fundamental question is about the world we want to live in and the integration of all communities and groups who should be partners and co-actors of the development processes of their society. Our vision of a society which is truly enabling for people with disabilities means that all have to change so that the development processes in a given country do not enhance exclusion, but take inclusion of all segments of society as their philosophical principle. It is my belief that the CAHD approach strengthens that sense of ownership by not only looking at medical, social and economic empowerment, but also the role people with disabilities can play in the democratic institutions of their community.

This publication carries a vision. The vision of enabling all to work towards a world of which all people can be part of and in which all can have their fair share of resources; and all can influence the development processes in their community.

I sincerely hope all will find inspiration for the future from this publication.

I also hope that all readers will feel free to extend feedback to further improve the next edition.

Finally “thank you” to the authors, the Handicap International and Christoffel-Blindenmission teams and our partners in participating countries, and the donors who made this publication possible.

Let's work together for a world without exclusion.



NICK A. HEEREN

Director of Programmes, Methods & Techniques
Handicap International

Preface from Christoffel-Blindenmission

A society which meets the needs of disabled people is a better society for all

People with disabilities make up a disproportionate number of the world's poorest population. The World Bank and United Nations estimate that of some 600 million people with disabilities in the world, 80 percent live in developing countries, of whom the majority live in poverty. The World Bank estimates that people with disabilities comprise about 20 percent of the poorest of the poor.

Poverty is not only characterised by the lack of food, housing, clothing and money. People with disabilities face multiple barriers to socio-economic participation and inclusion, and are often denied access to the resources that allow them to meet their basic needs. Attitudinal, legal, physical and social barriers result in exclusion from basic services such as education, skills training and employment, which reinforce marginalisation, and create conditions for impoverishment. Poverty predisposes people to disability, which in turn perpetuates poverty – representing a vicious circle.

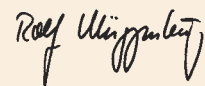
Community Approaches to Handicap in Development (CAHD) is one strategy geared towards breaking this cycle. CAHD looks back on a long history of experiences based on trial and error, exchange of ideas, and networking between key players.

The CAHD strategy was developed in Bangladesh in 1996 by the Centre for Disability in Development. Handicap International and Christoffel-Blindenmission realised the potential and scope of the strategy and joined together to help the Centre for Disability in Development expand CAHD beyond Bangladesh. In the joint expansion programme of Christoffel-Blindenmission and Handicap International, the CAHD strategy was piloted in India, Nepal and the Philippines.

This publication gives an account of the experiences gained and the lessons learned in implementing CAHD in different contexts. It gives examples of CAHD at work, opening up general community services to people with disabilities, facilitating inclusion. It exemplifies how CAHD approaches disability issues on several levels:

- social communication to overcome negative attitudes;
- advocacy for the rights of people with disabilities to be included in education, employment and community life;
- creation of awareness of and access to appropriate medical and rehabilitative services and devices;
- promotion and management of positive social change.

This publication is therefore especially important for us. It is a product of the work of a dedicated and competent group of people – too numerous to be mentioned by name. Sincere thanks are due to all who took part in the CAHD initiative, leading to the successful production of this book. Thanks for helping to create a better society for all!



ROLF MÜGGENBURG

Continental Director Asia

CBM Christoffel-Blindenmission Christian Blind Mission e.V.

Key Terminology

Community Approaches to Handicap in Development

CAHD implies: **Community** – people, their families and the organisations that influence their daily lives

Approaches to – the two-way, interactive relationship within communities needed to change attitudes, so that people with disabilities will be included and have access to services and assistance that will minimise their disability and maximise their personal development

Handicap – not recognising the existence of people with disabilities, excluding them from society, and not providing services to meet their needs

In Development – including people with disabilities in the continuing processes: of increasing personal freedom; and, of sharing in a more equitable distribution of the world's resources.¹

Community Based Rehabilitation

CBR is a strategy within general community development for the rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of all people with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families, organisations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services.²

Disability

Disability summarises a great number of different functional limitations occurring in any population, in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.³

Impairment

Impairment is a loss or abnormality in body structure or physiological function (including mental functions).⁴

Inclusion

Inclusive development is about respecting the full set of human rights of every individual, acknowledging diversity, eradicating poverty and ensuring that all people are fully included and can actively participate in development policies and practices. In other words, inclusive development ensures that disabled people are recognised as rights-holders who must be actively engaged in the development process, irrespective of disability, age, colour, sex, race, social origin, nationality, property, birth, ethnicity, religion, or other status and that development institutions, policies and programmes must take into account and be assessed in accordance with their impact on the lives of disabled people, and are consistent with the promotion and protection of internationally recognised human rights.⁵

Rehabilitation

Rehabilitation refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of a function or for a functional limitation. The rehabilitation process does not involve initial medical care. Instead it includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation.⁶

¹ Adapted from Handicap International, Christoffel-Blindenmission and Centre for Disability in Development. 2001. *Understanding Community Approaches to Handicap in Development (CAHD)*. Lyon: Handicap International.

² International Labour Organization, United Nations Educational, Scientific and Cultural Organization, and World Health Organization. 2004. *CBR – a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities – joint position paper 2004*. Geneva: World Health Organization.

^{3&6} United Nations. 1993. *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities*.

⁴ World Health Organization. 2001. *International classification of functioning, disability and health (ICF)*. Geneva: World Health Organization.

⁵ International Disability and Development Consortium. 2005. *Inclusive Development and the Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*.

Executive Summary

The present publication is the fruit of experiences in Community Approaches to Handicap in Development (CAHD), a rights-based strategy for inclusion of people with disabilities in mainstream development activities. Supported by Handicap International and Christoffel-Blindenmission, partner organisations have initiated and implemented seven CAHD projects in Bangladesh, Nepal, India and the Philippines between 2001 and 2005. The aim of this publication is to illustrate successful inclusive practices, implemented throughout these projects, and discuss their positive impact on the quality of life of people with disabilities.

The experiences described in this document have been successful only because of the sincere commitment of a large number of diverse partners. People with disabilities, their families and local communities have been actively participating in the design and implementation of the projects, and have thus played a central role in making CAHD initiatives successful.

The publication is presented in three parts.

Section A 'Mainstreaming Disability'

This section provides an overview about the existing disability scenario in Asia. The negative correlation of poverty and disability indicates that disability is a cause and a consequence of poverty. 400 million people with disabilities are estimated to live in Asia, of whom less than 10 percent have access to education, health services and livelihood opportunities. Most governments in Asia have formulated national responses to the needs of people with disabilities. Similarly, some global initiatives address the mainstreaming of disability issues and include programmes and networks of multilateral and bilateral development agencies, as well as international non-governmental mainstream and specialised development organisations. However, despite the formulation of appropriate policies and strategies for equal opportunities and social inclusion, their effective implementation remained an area of concern.

In this context, CAHD has emerged as an initiative to accelerate inclusion and social change. CAHD was developed in 1996 in Bangladesh by the Centre for Disability in Development. It includes a framework for action, with activities grouped by theme under 'social communication', 'inclusion and rights', 'rehabilitation' and 'management', implemented at three levels of the society – local, district/national and international.

Section B 'Successful Inclusive Practices'

This section exemplifies specific aspects of the CAHD approach as successfully experienced by the seven projects. All projects excel in their own specific ways. The discussions in this section focus on these specificities, their varied strengths and some challenges related to project implementation. Innovative processes and key achievements are also analysed.

The Bangladesh project experience presents, how the Centre for Disability in Development (CDD) has achieved social change through processes of training and support to partner organisations active in community development throughout the country. CDD has been particularly successful in lobbying the government at the national level for mainstreaming of disability issues.

In Nepal, the innovative concept of inclusive child clubs is one out of the four models of CAHD implementation in the country. This has enhanced community recognition for enabling participation of children with disabilities in all aspects of social life. Child clubs extend the opportunity to children with disabilities to develop their self-confidence and become self-reliant advocates for community development.

In India, the CAHD initiative was facilitated in two project areas.

The initiative in Tripura, led by Ferrando Rehabilitation Centre, has been particularly research intensive. The discussions focus on the experience of monitoring and research activities, to support the project implementation and enhance its impact on the target population.

In Gujarat, a civil society resource group, led and monitored by people with disabilities is successful in promoting, implementing and evaluating the accessibility to a barrier free built environment. The 'Access Group' is supported by UNNATI – Organisation for Development Education, and takes part in a multi-pronged approach towards equal opportunities and rights for people with disabilities.

In the Philippines, three partner organisations are responsible for initiating CAHD in different project areas.

The presentation of KASAMAKA Community Based Rehabilitation Foundation, Inc., illustrates how CAHD has helped the organisation to adopt a broader community development perspective with the empowerment of People's Organisations. The CAHD strategy has helped in improving alliances and strengthened the mainstreaming of people with disabilities in decision-making processes in Makati City.

From addressing specific concerns in medical and rehabilitation services, the Philippine Service of Mercy Foundation, Inc., has undergone a paradigm shift towards enhanced inclusion of people with disabilities in Cagayan de Oro City. The approach embraces activities ranging from support to the people's organisation CAUSE, to advocacy at regional level, focusing on the establishment of a large network for resource mobilisation, and an inclusive education system.

Simon of Cyrene Children's Rehabilitation and Development Foundation, Inc., acts as the technical support agency to the Municipality of Malinao. This partnership has strengthened the government's commitment for mainstreaming development activities in cooperation with people with disabilities. Participatory approaches in the baseline study, design and implementation of the project have been particularly favourable in sustaining a sense of community ownership.

Section C 'Promoting Inclusion for All'

This section emphasises some of the lessons learned as well as recommendations shared by the project representatives for the improvement of inclusive practices. Lessons are drawn from the changes that were brought about by the initiating organisations, and which had a direct influence on the quality of life of local communities in the project countries. Lessons and Recommendations are grouped by specific themes and relate to 'CAHD initiating organisations', 'communities', 'development organisations', 'government' and 'people with disabilities and their families'.

In 'The Way Forward', Christoffel-Blindenmission and Handicap International reflect on the CAHD experiences and project their vision from an international perspective. It is underlined that CAHD has been successfully initiating a change in attitudes, recognising the need for cross-cutting activities in all sectors of society and development. It is stressed that CAHD is effective in fighting marginalisation and invisibility of people with disabilities and other vulnerable groups. It is therefore important that development organisations and people with disabilities work in collaboration as catalysts for social change and inclusion. To ensure that the rights and needs of people with disabilities are recognised and effectively met, cooperation with local and central governments is crucial.

Handicap International and Christoffel-Blindenmission establish their strong commitment to their partner organisations in promoting and helping to develop inclusion as a 'rights-based approach to disability in development', at all levels.

Mainstreaming Disability

Existing Scenario
Understanding CAHD
CAHD Pilot Projects



International Day for the Girl Child
Dept. of Educational Research
UNIVERSITY OF

আমরা ছাড়া সবার জন্য

৩রা ডিসেম্বর, আন্তর্জাতিক প্রতিবন্ধীতা

সেন্টার ফর ডিজএ্যাভিলিটি ইন ডেভেলপিং

Existing Scenario

Disability in Asia – Disparity between Needs and Resources

The United Nations Economic and Social Commission for the Asian region and Pacific (UNESCAP) suggests 400 million people with disabilities live in Asia. Out of these, less than 10 percent have access to education, health services and livelihood opportunities.

Some analysis of the economic impact of disability in Asia exists, but is rare. A village-level study in India indicates that the aggregate costs of disability are over 8 percent of the total income in the sample area.⁷

People with disabilities in Asia face a multitude of physical, social, attitudinal, economic and cultural barriers, continuously enhancing the negative cycle of poverty and disability.

Negative Cycle of Poverty and Disability⁸



The negative correlation of poverty and disability, as illustrated in the diagram, indicates that disability is both a cause and a consequence of poverty. The negative attitudes of people and organisations – responsible for the lack of delivery of assistance and services as well as violation of rights – are the cause of this negative correlation and impact the problems still faced by people with disabilities in Asia.

⁷ Erb, S and Harriss-White, B. 2002. *Outcast from social welfare: disability in rural India*. London: Sage.

⁸ Adapted from Handicap International, Christoffel-Blindenmission and Centre for Disability in Development. 2001. *Understanding Community Approaches to Handicap in Development (CAHD)*. Lyon: Handicap International.

Some of the problems faced by people with disabilities are:

- Late identification of their disability
- Lack of access to general and specialised services
- Non-availability of high quality and inclusive services
- Lack of knowledge and awareness about disability in the community
- Missing knowledge and awareness about rights
- Discrimination in the society

National Responses

Most of the governments in Asia have formulated specific legislation with respect to disability.⁹ In most countries, nodal

ministries for disability issues and programmes are: the Ministries of Social Welfare, Social Affairs, Social Development, Social Justice or Health. Many governments reserve a certain number of posts for people with disabilities. Some governments have included disability in their population census.¹⁰ In some countries, specific sample surveys on disability have been conducted.¹¹

The strengths of institutional frameworks for the implementation, respect and protection of rights of people with disabilities vary from one country to the other, with India being one of the countries offering a better framework for action in Asia. However, often there are gaps between officially-promulgated policies and actual rights-based activities.

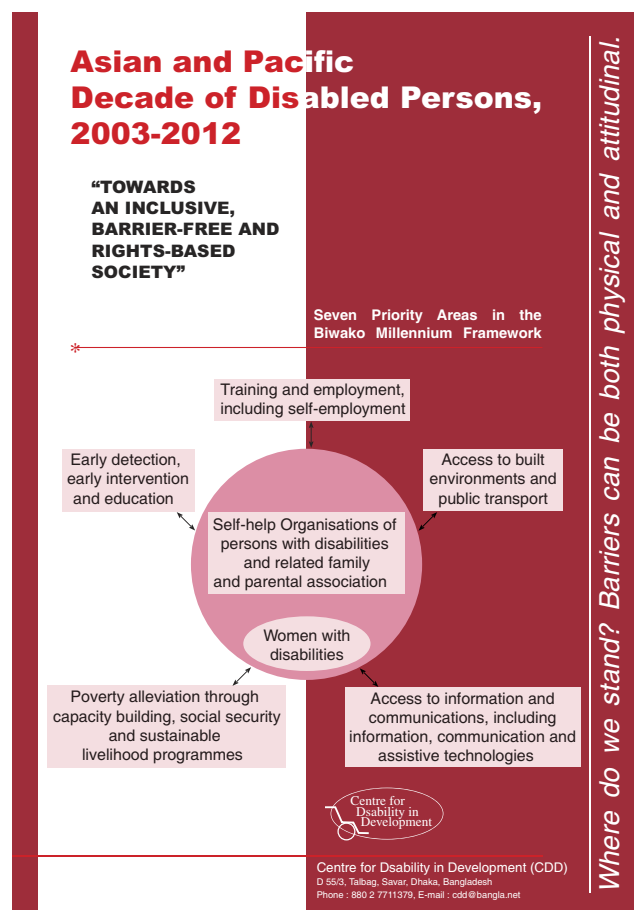
Global Initiatives

Today, many multilateral, bilateral, international and national development organisations recognise the need for mainstreaming disability in general development activities. The underlying principle is the rights-based approach, but it is also recognised that disability-specific services are reaching only a small proportion of those who could benefit from help.

The United Nations (UN), through its Global Programme on Disability, supports the full and effective participation of persons with disabilities in social life and development worldwide. An Ad Hoc Committee for a 'Comprehensive and Integral International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities' has been established. A first draft text is currently under review by the Committee members.

The Millennium Development Goals (MDGs), although they do not mention disability specifically, cannot be achieved without taking disability into account. All the goals are relevant to disability; therefore an international campaign currently lobbies for explicit inclusion of people with disabilities in the MDGs.

UNESCAP declared the decade between 1993 to 2002 the first 'Asian and Pacific Decade of Disabled Persons'. Through observation of the second decade, 2003 to 2012, and the



Core principles of Biwako Millennium Framework exemplify global mainstreaming initiatives

⁹ For example: India: Persons with Disabilities Act, 1995; Nepal: The Disabled Persons Protection and Welfare Rules, 1992; Bangladesh: Persons with Disability Welfare Act, 2001; Philippines: Magna Carta for Disabled Persons, 1992; China: Protection of Disabled Persons Law, 1991; Thailand: Rehabilitation of Disabled Persons Act, 1991, etc.

¹⁰ For example: Philippines, Malaysia and India.

¹¹ For example: China (1987), India (1991), Bangladesh (1991), Philippines (1997), Thailand (1991, 2001) and Vietnam (1994, 1998).

adoption of the BIWAKO Millennium Framework for Action, formulated in 2002, UNESCAP assists governments and self-help organisations to create an inclusive, barrier-free and rights-based society for people with disabilities, and accordingly sets an agenda for interventions.

The World Bank has initiated global programmes with respect to disability, particularly since the appointment of a Disability and Development Adviser in the year 2000. The Global Partnership for Disability and Development (GDPP) is to strengthen cooperation between diverse stakeholders for the integration of people with disabilities in the poverty alleviation strategies. The European Union, Asian Development Bank and International Labour Organization have also developed specific policies for inclusion of people with disabilities into their programmes.

Bilateral development agencies have been entering the disability sector in recent years. The British Government's Department for International Development (DFID) and the Australian Government's AusAID, are considered forerunners in this regard. The DFID formulated its strategy paper 'Disability, poverty and development' in early 2000.¹² Official disability policies are also formulated by the Danish, Finnish, Italian, Norwegian, Dutch, Swedish and American governmental development agencies.¹³ However, there is still a long way to go from the formulation of policy towards real social inclusion.

Alternatively, major players in the non-governmental international mainstream development sector have been integrating the disability issue since the early 1990s. Agencies such as ActionAid, Misereor, Save the Children and Voluntary Services Overseas are examples of a larger groundswell for inclusion of people with disabilities in mainstream development activities.

From early on, Christoffel-Blindenmission and Handicap International have been actively supporting inclusive strategies. Both organisations have played a crucial role in facilitating the International Disability and Development Consortium (IDDC), founded in 1994. The Consortium and the International Disability Alliance (IDA), established in 1999, form constructive platforms



Advocating for rights of children with disabilities in national contexts

for various international development stakeholders. They represent a good example of effective cooperation, especially between international development agencies and disabled people's organisations.

The general approach to overcoming disability-related barriers has evolved from a welfare/service for people with disabilities approach to a rights-based approach where people with disabilities are centrally involved in the action. The disability movement has been the driving force behind this paradigm shift.

However, despite the multitude of activities, little is known of the positive impact that affects the quality of life of people with disabilities. The attempt of this publication is to illustrate the positive impact and change facilitated by some of the initiatives piloted in four countries. The successful practices presented in Section B discuss certain aspects of the innovative processes and key achievements experienced by seven pilot projects over the last few years.

¹² Department for International Development. 2000. *Disability, poverty and development*. Department for International Development.

¹³ Albert, B. 2004. *Is disability really on the development agenda? A review of official disability policies of the major governmental and international development agencies*. Disability KaR. Department for International Development.

Understanding CAHD

Community Approaches to Handicap in Development (CAHD) is a rights-based strategy for inclusion of people with disabilities in mainstream development activities.

In this strategy, the full participation of people with disabilities, particularly in the decision-making processes of the activities, is significant. The importance of using existing resources in the community such as knowledge and skills of community members and organisations is emphasised, with combining of specialised and mainstream services and activities.

CAHD

- An initiative to accelerate inclusion
- A way to develop and analyse inclusive approaches
- A philosophy to bring inclusion issues into all aspects of development
- A strategy to plan inclusive activities that can be implemented

CAHD is a strategy promoting social change. The community is targeted as a whole in order to recognise the existence of people with disabilities in their society, to change the attitudes towards them and to find ways of providing services to meet their needs. Positive attitudes remove barriers and create opportunities for people with disabilities to participate equally in development processes.

Beginning of CAHD

In 1996, the CAHD strategy was proposed and developed in Bangladesh by the Centre for Disability in Development (CDD). Handicap International and Christoffel-Blindenmission realised the potential of combining their professional expertise with CDD's innovative approach and supported CDD in the expansion of the CAHD strategy. Further development and implementation has been undertaken in Bangladesh, India and Nepal since 1997. CAHD was initiated in new project areas in these three countries, and the Philippines, in 2001.

The strategy was built on extensive Community Based Rehabilitation (CBR) experiences in Asia. CBR, as a core strategy for the improvement of the lives of people with disabilities and their families has produced substantial impact.¹⁴ However, despite the good results of CBR initiatives, some of these projects focused on single disability or on limited forms of intervention. Additionally, some CBR projects were carried out primarily by specialised disability organisations.

¹⁴ World Health Organization and Swedish Organizations of Disabled Persons International Aid Association. 2002. *Community-based rehabilitation as we have experienced it ... voices of persons with disabilities, parts 1 and 2*. Geneva: World Health Organization.

CAHD Activity Framework

CAHD proposes a framework for action, with activities grouped by theme under 'social communication', 'inclusion and rights', 'rehabilitation' and 'management'.

CAHD activities are initiated/implemented at three levels by different agencies:

- Local level: people with disabilities and their families, community groups, community-based organisations, local government units, agencies and institutions, etc.
- District/National level: non-governmental organisations, governmental agencies and institutions, disabled people's organisations, training centres, etc.
- International level: international non-governmental and governmental organisations, development agencies, disabled people's organisations, federations and networks, training centres, etc.



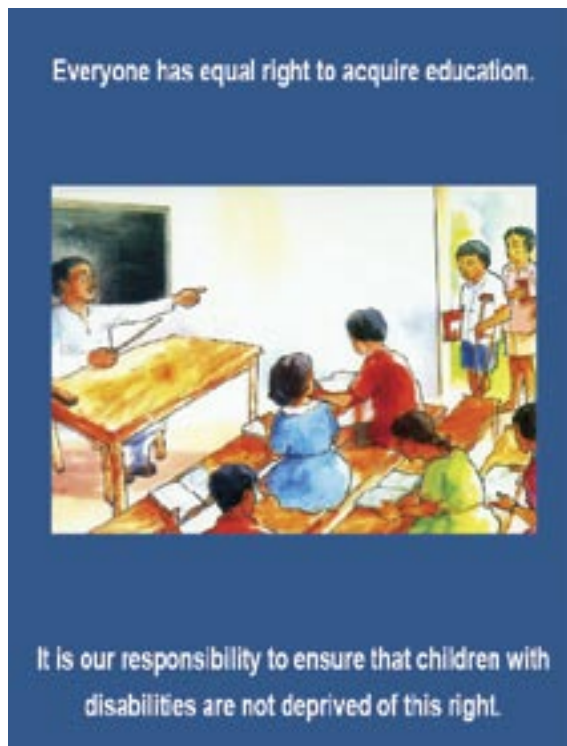
Community as a whole makes inclusion possible

Depending on the administrative structures of countries, the levels of intervention could be local, district, provincial, regional, national and/or international.

Any group, organisation, institution and agency in any country and any context can include people with disabilities in its programmes and thus promote inclusion of people with disabilities in society according to its operational level and mandate.



CAHD in Action



Flashcards, booklets, brochures and posters are effective social communication tools

Social Communication

Providing knowledge and information to the general population, particularly community groups such as women, micro-credit, self-help and youth groups, on what disability is, what disability related barriers are, how to prevent and identify disability very early and where to go for help. Activities in this field promote attitudinal change in the community.



Special events like puppet shows and street dramas attract larger public participation

Inclusion and Rights

Lobbying and advocacy initiatives on equal opportunities and rights for and with people with disabilities in education, employment, health and social life, as well as other spheres of community life. Supporting organisations of people with disabilities in their advocacy activities for change in attitudes, legislation and policies at all levels.

Persons with physical, sensory and intellectual disability have access to work and income



Children with all types of disabilities enjoy regular school activities





Transfer of practical skills to caretakers brings self-reliance within families



Home tuition prepare children with disabilities to be at par with their classmates

Rehabilitation

Fieldworkers from mainstream development organisations are trained to identify and support people with disabilities and family members through orientation on activities of daily living, mobility training, referrals to specialised/mainstream services, and basic education. Appropriate knowledge and skills are transferred to family members and caretakers.



Initiating CAHD activities at various levels requires intense co-ordination among partner organisations

Management

Management refers to strategic planning, monitoring and evaluation of activities, and inclusion of people with disabilities into the design and decision-making processes of project activities, through building networks at local and national levels, capacity building, experience sharing, documentation and organising access to information.



Participatory learning practices help to orient and train staff of development agencies



Showcasing talents...

Wider Application of CAHD

The principles in the CAHD approach correspond to the overall vision, mission and goals of Christoffel-Blindenmission, Handicap International and the Centre for Disability in Development. The aim of carrying forward, developing and disseminating CAHD is to promote the comprehensive inclusion of persons with disabilities in general development activities worldwide. This is because...

...CAHD affirms human rights

The inherent philosophy of CAHD is of inclusion and is thus rights-based, as “disability forms an integral part of the human rights discussion”. As long as persons with disabilities are deprived of equal opportunity leading to full participation, the objectives laid down in the United Nations declaration of human rights cannot be achieved.¹⁵

...CAHD addresses poverty

The potential of people with disabilities’ economic contribution to society is seriously underestimated and not utilised. The vision is that “if the interests of disabled people are not recognised, then the key goal of poverty reduction in developing countries (formulated in the Millennium Development Goals) will not be achieved”.¹⁶

...CAHD makes disability a development issue

CAHD builds a bridge between the specialised disability sector and mainstream development. The needs and rights of people with disabilities are the same as of every human being. Therefore, the existing governmental or non-governmental services in fields such as health, education, gainful work or human rights are supported and strengthened to be inclusive. Concurrently, specialised services for people with disabilities will always be needed in any society. It is in consonance with international standards and legislative initiatives. CAHD thus follows the twin-track approach¹⁷ of strengthening mainstream and specialised services for people with disabilities.

...CAHD targets local communities

Inclusion implies the use of existing resources, whether human, institutional, organisational, financial, political, material or others. The establishment of effective networks is required, through which each and every member of the community contributes with his/her own means to the process of creation of equal opportunities for people with disabilities. The governmental structures in all countries play a crucial role in sustaining such networks for inclusion.

...CAHD catalyses social change

In striving towards equal rights, comprehensive inclusion and poverty alleviation, the disability issue is a vector for community development, which concerns society as a whole. The CAHD approach enrolls in the general development of a country by preparing and accelerating the processes of change.

...CAHD is cost-effective

Without creating a separate structure of programme delivery, CAHD promotes effective use of existing community resources and adds value to operational services and programmes.

¹⁵ Stated by Bengt Lindquist, former special reporter for disability for the United Nations.

¹⁶ European Commission. 2003. *Guidance Note on Disability and Development for EU Delegations and Services*.

¹⁷ For more information about the twin-track approach consult for example:

Department for International Development. 2000. *Disability, poverty and development*. London: Department for International Development.

International Disability and Development Consortium. 2005. *Inclusive Development and the Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*.

CAHD Pilot Projects

Background

To support and promote societal change through comprehensive inclusion of people with disabilities in society, Handicap International and Christoffel-Blindenmission reinforced CAHD on a pilot basis in four Asian countries from 2001 onwards. Selection criteria for the seven pilot projects were as follows:

- To gain experience of implementing CAHD in different geographical and cultural settings.
- All four countries present similar patterns of societal attitudes, leading to exclusion of people with disabilities from groups, services, opportunities and the non-recognition and violation of rights.
- The selected organisations were already competent and experienced in community-based development projects.
- The selection of the four countries also stemmed from the understanding that general development actors in these countries, were willing to include the disability issue into their programmes, but lacked the requisite knowledge, skills and tools to do so.



Sharing experiences for developing CAHD pilot projects

CAHD Initiating Organisations

Bangladesh	Centre for Disability in Development (CDD)
Nepal	Network of 40 development organisations, with the Resource Centre for Rehabilitation and Development (RCRD) and the Community Based Rehabilitation Services (CBRS) functioning as key partner training organisations
India	Voluntary Health Association of Tripura (VHAT) Ferrando Rehabilitation Centre (FRC) UNNATI – Organisation for Development Education
Philippines	KASAMAKA Community Based Rehabilitation Foundation, Inc. Philippine Service of Mercy Foundation, Inc. (PSMFI) Simon of Cyrene Children's Rehabilitation and Development Foundation, Inc. (SCCRDFI)

The above-mentioned organisations take a leading role in initiating, co-ordinating and facilitating activities under CAHD, in the seven pilot project areas. The implementation of activities at the local level is carried out by their respective partner organisations.

Situation of Inclusion – Baseline Findings

As a first step in project initiation, baseline studies for situational analysis were carried out to provide comprehensive understanding of the project target area and to monitor the progress of individual projects. For this purpose, baseline studies were conducted in sample areas of the projects between 2001 and 2004. The selection of these study areas was based on jointly agreed criteria: (i) the population was representative of the target population of the organisations' work, (ii) the area had not been exposed to Community-Based Rehabilitation programmes or disability-specific projects earlier and (iii) the number of the population surveyed was approximately 10,000 or more.

Baseline studies assessed the inclusion of people with disabilities in social and economic life, education and professional skill training. Qualitative and quantitative findings were generated. From a quantitative viewpoint, the total enrolment of the local population in community groups, schools and training courses in the research sample areas was compared to the enrolment of people with disabilities in the same groups. This scenario was compared to the prevalence rate of people with disabilities in the study area. Opportunities for people with disabilities in the local society were analysed accordingly.

Table 1: Prevalence in the different study areas

Country/location of target area	Bangladesh	India Tripura	Nepal	Philippines Malinao
Organisation responsible for baseline study	Centre for Disability in Development	Voluntary Health Association of Tripura	Handicap International	Simon of Cyrene
Total sample population	7,690	16,829	18,186	9,257
People with disabilities identified	308	207	496	260
Prevalence rate	4.00%	1.23%	2.69%	2.81%

¹⁸ Schools in the study sample area included many children who lived outside this area.

Prevalence – Table 1

The prevalence rate of people with disabilities as found in the sample areas of the four countries is the highest in Bangladesh, at 4 percent. According to the baseline studies, the prevalence rate is 2.8 percent in Malinao, Philippines; 2.7 percent in Nepal; and only 1.2 percent in Tripura, India.

Table 2: Enrolment of children with disabilities in education

Country/location of target area	Bangladesh	India Tripura	Nepal	Philippines Malinao
School education available for children from the sample area	Pre- and primary to high school	Pre-school to college/ university	Pre-school to secondary	Pre-school to high school
Ratio of children with disabilities to total enrolment	90 : 6,132 ¹⁸	39 : 2,844	52 : 4,050	17 : 4,434
Enrolment rate	1.50%	1.40%	1.30%	0.40%

Education – Table 2

In the 12 sample areas across Bangladesh, 6,132 children were enrolled in schools, of whom only 90 children had disabilities. This number included children living outside, but attending schools in the sample areas. Even though most of the villages had schools, poor attendance of teachers, overcrowded classes, lack of textbooks and irregular classes were very common and made education difficult.

In Tripura, India, within a sample population of 16,829, the general level of education was low. Only 2,844 children went to schools and 39 of them had any form of disability. The enrolment rate for children with disabilities was higher in pre-school activities in comparison with the primary, middle or high schools. No child with disability was enrolled in higher secondary classes or college, even if available. This was representative of the prevailing situation in the other project countries also.

The situation in Nepal was comparable to that in India and Bangladesh, due to similarities in poor infrastructure and educational facilities, especially in rural areas, and with respect to exclusion of children with disabilities in mainstream education.

In the sample area in Malinao, Philippines, 4,434 children were enrolled in schools. However, out of the 47 children with disabilities identified in the sample area, only 17 children went to pre-, primary and high schools. The enrolment rate was far below even one percent.

Vocational Training – Table 3

Skill training was barely available in Bangladesh. Only 8 percent of the total sample population covered in the baseline study had received any kind of skill training. In the 12 sample villages, five types of skill training courses existed, out of which three had 11 people with disabilities. However, it is important to indicate that all the inclusive courses were found to be operational only in one village. In the other study villages, the opportunities for people with disabilities to enrol in vocational training were negligible.

Vocational training courses were almost non-existent in the sample area of Tripura, India. Only one computer course of four month's duration existed, with four trainees with disabilities of the 350 enrolled. Generally, the opportunities of receiving formal skill training in the region were already very low for young people; they were extremely rare for persons with disabilities.

In Nepal, the high enrolment rate in professional skill training courses deserves appreciation. However, it might also indicate an exception in a particular geographic area, and thus requires further investigation.

Table 3: Enrolment of people with disabilities in vocational training

Country/location of target area	Bangladesh	India Tripura	Nepal	Philippines Malinao
Professional skill training courses	5 courses (3 inclusive)	1 course (1 inclusive)	8 courses (8 inclusive)	8 courses (1 inclusive)
Ratio of people with disabilities to total enrolment	11 : 615	4 : 350	19 : 485	1 : 231
Enrolment rate	1.80%	1.10%	3.90%	0.40%

In the Philippines, although eight different skill training courses were offered in the sample area of Malinao, the opportunities for people with disabilities were extremely limited. Only one trainee with a disability was enrolled, out of 231 trainees.

In the study areas in all the four countries, despite the availability of inclusive vocational courses, employment opportunities remained scarce and almost non-existent for people with disabilities. Very few people with disabilities were formally employed.

Table 4: Inclusion of people with disabilities in community groups

Country/location of target area	Bangladesh	India Tripura	Nepal	Philippines Malinao
Community groups	Women's, men's, youth and others ¹⁹	N.A.	Women's, religious and others ²⁰	Women's, youth, senior citizen's and others ²¹
Ratio of people with disabilities to total enrolment	24 : 992	N.A.	57 : 2,099	51 : 3,394
Enrolment rate	2.40%	N.A.	2.70%	1.50%

¹⁹ Such as: credit schemes and recreation clubs.

²⁰ Such as: self-help, saving and credit and users' groups; sports and child clubs; political parties.

²¹ Such as: loans and credit groups; irrigators', farmers', tricycle operators' associations; religious groups; cooperation and livelihood groups; other service groups such as community-based resource management programme.

Community Groups – Table 4

The baseline studies indicate that, in general, wherever community groups were found in the sample areas of the four countries, people with disabilities had opportunities for participation in these groups. However, it has to be mentioned that the groups were very often not active; hence they did not form effective forums for exchange and community development. Consequently, enrolment of people with disabilities in these groups does not necessarily imply active participation in community life. Alternatively, the enrolment of people with disabilities was relatively high in religious groups, and rather low in micro-credit groups.

Saving and Micro-credit Groups – Table 5

An appraisal of the enrolment of people with disabilities, particularly in saving and micro-credit groups, establishes that

the prospects of people with disabilities to obtain micro-credit and loan schemes, in order to engage in self-employment or support their small businesses, were meagre. Only a few individuals were included in saving and micro-credit groups. The lack of access to micro-credit and loans hindered the opportunities for people with disabilities to engage in professional income-generating activities and self-employment. This aspect was underlined in the baseline studies of the various projects.

In Tripura, India, people with disabilities did not enrol in mainstream saving and micro-credit/loan groups because the State Government provided specific concessions for self-help groups formed exclusively by people with disabilities and their families. Hence, it was financially more advantageous for people with disabilities to form their distinct groups.

Table 5: Enrolment of people with disabilities in saving and micro-credit groups

Country/location of target area	Bangladesh	India Tripura	Nepal	Philippines Malinao
Savings and micro-credit groups	Credit schemes	N.A.	Self-help, saving and credit groups	Loans and credit groups
Ratio of people with disabilities to total enrolment	12 : 791	N.A.	17 : 943	2 : 204
Enrolment rate	1.50%	N.A.	1.80%	0.98%

The above discussion offers a glimpse on the status of inclusion of people with disabilities, where there were no programmes to address their specific issues. However, these baseline findings only reflect a continuum of research activities envisaged in the project areas. Section B concentrates on the strengths of inclusive initiatives undertaken by the seven pilot projects.

Successful Inclusive Practices

Project Experiences

Bangladesh	Transforming Capacities across the Country
Nepal	Enriching Young Minds for a Change in Attitude
India	Surmounting Ethnic Conflicts
	Successful Promotion of Accessibility to Public Spaces
Philippines	Empowering People's Organisations for Social Responsibility
	Expanding the Networks of Inclusion
	Strengthening Government Ownership for Community Change





The Centre for Disability in Development in Bangladesh has transformed a situation where disability issues were not a priority among development organisations into a scenario where the demand for training in disability management, inclusive education and income-generation for people with disabilities is high.

Transforming Capacities across the Country

Background

The Centre for Disability in Development (CDD), is a leading national non-governmental development organisation of Bangladesh and has been in operation since 1996. CAHD processes have been initiated in partnership with other rural and urban development organisations to extend services to people with disabilities in six divisions of the country. CDD is a dynamic force in lobbying the Bangladesh Government for mainstreaming disability across its services in the country.

Implementation Process

CDD functions primarily as a training and resource organisation on CAHD. It offers training for staff members, from the managers to the fieldworkers of development organisations, operating at local, district, national and international levels.

Partner Selection

Development organisations interested to work on disability issues in various parts of Bangladesh apply to the Centre for training. A majority of these organisations focus primarily on micro-finance activities. In its selection process, CDD stringently screens the key resources and capacities of the applicant organisation in terms of institutional and management structures, funds, human resources, and project planning, monitoring and evaluation systems.

Training Courses

Three main training courses, on Programme Design and Implementation Management (PDIM), Social Communication on Handicap and Disability (SCHD) and Community Handicap and Disability Resource Person (CHDRP) form the preparation for implementation of inclusive strategies. Other courses such as Management of Income Generating Activities and Integrating Children in Non-Formal and Mainstream Education develop skills and techniques of partner organisations and teaching institutes for inclusion of people with disabilities in livelihoods and education respectively. In addition, refresher and advanced training courses are offered by the organisation.



Mr. Swokat Ali, represents one among the thousands of loan takers, who now enjoy economic independence

CDD is also building capacities in various additional areas such as sign supported Bangla for hearing impaired people, and Information and Communication Technologies (ICT) for visually impaired people to ensure that all disability groups are included in mainstream development.

After the training, the Centre also provides follow-up and monitoring support to the partner organisations.

Social Communication Materials and Dissemination

CDD produces a large and varied number of social communication tools and resource materials for community dissemination and raising awareness on disability issues. Visual communication features and films are also produced by the organisation for promotion in the national media.

Network and Strategic Alliances

CDD facilitates and participates in national and regional informal networks of CAHD partner organisations to share resources and experiences as well as undertake joint efforts to address issues of common interests. Currently, regional networks are functional in the divisions of Rajshahi (north-west), Khulna (south-west), Chittagong (south) and Sylhet (east).

CDD plays a leading role in the National Forum of Organisations Working with the Disabled (NFOWD), a formal platform of disability organisations. This has enabled the promotion of relevant issues from the grassroots to the national level.

The Centre also builds strategic alliances with government agencies to strengthen the inclusion of disability issues in



Flashcards, posters and films raise community awareness on prevention of disabilities

government programmes. A strong working relationship with the National Foundation for the Development of the Disabled People (NFDDP) under the Ministry of Social Welfare of the Government of Bangladesh has been established.

Achievements

CAHD programme interventions are gradually, yet steadily, bringing changes at all levels of society. The change in attitude is particularly tangible in the increased commitment of organisations and in the respect for rights of people with disabilities. This is specifically reflected in the services made available by the local communities, development organisations and the government for people with disabilities. The different resource materials developed by CDD have also impacted the development of positive attitudes, especially with increased access to information by people with disabilities and their families, and by service providers.

Strengthening Partnerships and Capacity Building

CDD has been established and recognised as an apex disability resource organisation at the national level with large-scale training capacity. This also includes capacity building of trainers within the organisation. It has developed the capacity to provide over 20,000 person-days of training on different disability issues annually. The Centre continually receives requests for additional training support from trained organisations. The number of requests has risen from 50 in 1997 to 300 in 2004. It is estimated that organisations trained by CDD deliver services to people with disabilities at the grassroots in about 8,000 villages, covering approximately 12 percent of the country's villages.

As a result, the disability issue is considered an integral part of development by a large number of development organisations. Well-established organisations operational at the country level as well as smaller and younger development organisations are realising the importance of integrating disability issues into their interventions. These organisations recognise the need for skilled human resources, appropriate information and resource materials, and technical support on the disability issue that are provided by CDD. The Community Handicap and Disability Resource Persons (CHDRPs) are known for their commitment and international and national organisations in the country request for services, specifically from resource persons with training from CDD.

With the effective facilitation of CDD training programmes, 'Primary Rehabilitation Therapy' (PRT) services are now available from CDD-trained partner organisations working in various parts

Key Highlights

Capacity Building

291 development organisations trained

- 3,914 persons received certificate training
- 537 Community Handicap and Disability Resource Persons (CHDRPs) trained
- 295 Social Communicators trained

90 teachers from the organisation BRAC trained

340 carpenters trained in local production of affordable assistive devices at community level

340 Social Service Officers oriented on disability issues

Specialised Services

Trained organisations identified 84,510 people with disabilities and rendered services to 52,350 persons, of whom:

- 19,817 received primary rehabilitation services
- 12,862 were referred to specialised centres
- 11,664 received assistive devices

Inclusion

28,537 people with disabilities included in development processes, of whom:

- 13,640 people with disabilities are involved in income-generation activities
- 13,615 people with disabilities are included in savings and micro-credit groups
- 7,036 people with disabilities received vocational training
- 8,021 children with disabilities are directly enrolled in education

of Bangladesh. The initiation of inclusive approaches by CDD-trained organisations has led to the inclusion of thousands of people with disabilities in education, social and livelihoods development processes. Specifically, the enrolment of children with disabilities in mainstream and non-formal education systems has been a considerable achievement.



Adequate training spreads competence and commitment across Bangladesh

Stimulating Government Commitment

The effective alliance-building of CDD with government agencies has led to increased national commitment for developing institutional systems to ensure equal opportunities for people with disabilities. Through NFOWD's representation in the Selection Committee of the National Foundation for the Development of the Disabled People (NFDDP), the Centre plays a pivotal role in facilitating the outreach of government funds to deserving disability organisations. The experience over the last three years indicates that development organisations with staff members trained by CDD have better chances of being selected for government funds. In 2004, 90 percent of the benefiting organisations were partner organisations and members of the national informal CAHD network.

The Government of Bangladesh recognises the importance of inclusion of children with disabilities in mainstream education for the success of its 'Education for All' programme. The Government Task Force, with technical support from CDD, has initiated programmes for inclusive education.

National Foundation for the Development of the Disabled People

NFDDP has been established under the Ministry of Social Welfare of the Government of Bangladesh with the consistent initiatives of NFOWD. A special fund deposit in the Bangladeshi National Bank generates an annual interest of US \$250,000 or approximately BDT 16,500,000. The NFDDP grants this sum of money to non-governmental organisations working on disability. More than 100 organisations benefit from this grant annually and are selected by a committee, composed of three members – the Foundation’s Managing Director, the NFOWD Secretary (currently CDD Executive Director) and the Director General of the Department of Social Welfare. A maximum sum of US \$3,000 or approximately BDT 200,000, is granted annually to individual organisations.

The increase in the government’s commitment on disability issues is also reflected in the national media. Various television spots produced by CDD are regularly broadcast on National Bangladesh Television such as ‘disabled people in disaster situation’, ‘fever management’ and disability awareness video songs.



Bangladesh Government takes ownership of inclusive education

Existing Challenges

- The efforts and services of CAHD implementing organisations in Bangladesh have enabled families, communities and other development organisations to acknowledge the importance of services for the inclusion of disability issues and people with disabilities in mainstream development. This growing appreciation for services requires expansion of the effort, and at the same time increases the need for more skilled human resources. However, meeting the financial costs of training and implementation is a recurring challenge, since the majority of the local organisations are heavily dependent on donor funds and external monetary support. It is difficult for local NGOs to raise funds from within the country to meet all the costs for implementation of CAHD activities adequately.
- The CAHD project experience has encouraged CDD to reinforce its current capacities as well as upscale and expand disability-related services to meet the growing demands of its partner organisations. Therefore, the improvement of the quality of services delivered by CDD partners and other institutions is one of the key priorities of the Centre. In this direction, development of appropriate quality-monitoring benchmarks and standards of programme delivery is important. It is a challenging task, involving intensive follow-up of partner organisations, field activities and evaluation of the CAHD implementation process.

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Through the innovative concept of inclusive child clubs, the CAHD project in Nepal has succeeded in creating a child-friendly environment in many communities, involving children with disabilities in all aspects of community life and enabling them to become self-reliant advocates for community development.

Enriching Young Minds for a Change in Attitude

Background

The CAHD pilot project in Nepal was initiated through Handicap International in 2001. The project is being implemented in 12 districts in Nepal through a network of 40 partner organisations. Partners include six international non-governmental organisations (INGOs), one government agency, eight disabled people's organisations, two community based rehabilitation (CBR) organisations, two training institutes, three organisations providing specialised services and 18 non-governmental organisations (NGOs).

In the 12 districts, the project functions through 237 Village Development Committees (VDCs) reaching a total population of 1,230,823. A total of 10,054 people with disabilities have been identified during the project period.²²

Four different models of project implementation were initiated under the CAHD project to facilitate the large outreach of comprehensive inclusion of people with disabilities in mainstream development processes. One of the four models, the "Child Clubs", was initiated in 2002 in partnership with Save the Children, Norway, to specifically address inclusion and rights of children with disabilities. The experiences of the CAHD project, as discussed hereunder, focus on the Child Clubs model.

Child Clubs

The concept of child clubs has been in existence in Nepal for more than 50 years. In the past, child groups were involved in organising creative, welfare and development activities in urban and rural communities. Under the CAHD project, inclusion of children with disabilities in such child groups was promoted.



Differently abled – the child to child approach eradicates stereotypes about vulnerability

²² As shown in Section A, the baseline study covered only three representative VDCs with a total sample population of 18,186, where 496 people with disabilities were identified. Therefore, a prevalence rate of 2.69 percent was established.

CAHD Implementation Models

- INGO model: INGOs support inclusive activities through local development organisations.
- NGO model: Inclusive activities are implemented directly by local NGOs.
- District Development Committees (DDCs) model: Inclusive activities are implemented through local government agencies.
- Child Clubs model: Children promote inclusive activities in their communities.

Amongst the 12 CAHD districts, the Child Clubs model has been introduced through six community-based organisations (CBOs), in 36 VDCs of three districts – Palpa, Tanahun and Bhaktapur.

Implementation Process

The CAHD processes facilitate information and training for sensitisation on disability issues and inclusion of children with disabilities among the child clubs and CBOs.

Training of Partners

The two partner training organisations – Resource Centre for Rehabilitation and Development (RCRD), Bhaktapur and Community Based Rehabilitation Services (CBRS), Pokhara – provide three basic CAHD training courses for the management and staff members of CBOs. These include capacity building of Community Disability Workers (CDWs), Social Communication training and Disability Awareness for Managers (DAM). Social Communicators (SCs) play a crucial role in supporting the child clubs directly in all their activities. Alternatively, CDWs play the role of catalysts for inclusion and comprehensive rehabilitation of people with disabilities in general.

In every child club, one child and a supportive adult from the local community are trained as child club facilitators. The child facilitators are selected by the CBOs according to their skills in leadership and community mobilisation.

The child facilitators receive a specially-adapted Social Communication training of seven days, imparted by representatives from RCRD and CBRS as well as Save the Children, Norway and Handicap International. In particular, a module on ‘Child Rights Convention’ is also imparted to the trainees. The project has also developed a large variety of awareness-raising and sensitisation materials (posters, flash cards, booklets, guidebooks, etc.) to support child club activities. A set of seven posters on inclusive education has been especially produced for use in the clubs.

Child Clubs Mobilisation

Child clubs are organised groups of 25-35 children, in the age group of 8-16 years. They prepare their own constitutions and are governed by Executive Boards consisting of 7-11 members.

Management of the club and its activities is ensured through regular meetings, collection of local resources, distribution of membership, preparation of an annual plan and implementation of activities. In some clubs, membership fee is approximately US 50 cents or NPR 20 per annum and token penalty is charged for unexcused absences.

Most of the clubs do not have a legal entity; however, some of them are registered with the local governments, while some others are affiliated with a children’s forum at the central level.

Government Support to Child Rights

- Nepal ratified the International Convention on the Rights of the Child (CRC) in 1990. The Central Child Welfare Board (CCWB) and District Child Welfare Boards (DCWBs) were established in all 75 districts of Nepal under the Ministry of Women, Children and Social Welfare, as provisioned for in the Children’s Act 1992.

Child Clubs Activities

- Educational activities: child-to-child classes, debates, quizzes, publication of wall magazines, excursion visits and training of child club facilitators.
- Entertainment and child development activities: games, competitions, drama and cultural shows.
- Advocacy activities: counselling and sensitising the community on disability and child rights issues, organising meetings, rallies and celebrating international days.
- Community development activities: water source and school premises cleaning, tree plantation, and sanitation and personal hygiene.

Achievements

Changing Levels of Inclusion

The increase in the participation of children with disabilities in the child clubs is remarkable. From no membership of children with disabilities in child clubs in 2002, there has been a phenomenal change, with the inclusion of 381 children with disabilities involved in 306 clubs after the implementation of CAHD processes. Similarly, an increased number of children with disabilities in schools and their involvement in social and developmental activities is also clearly visible in CAHD project areas where the child club approach has been implemented.

Innovations in Child Empowerment and Leadership

The Child Clubs approach is innovative, participatory, cost-effective and directed towards child development. In particular, the child clubs have been recognised as effective and appropriate forums for socialisation, empowerment and overall development of children with disabilities. The clubs' membership reflects a



The rhythm of life poses no barriers among children

distinct gender balance and inclusion of children from minority castes. Additionally, they serve as an effective space to develop creativity and exhibit the talents of children with disabilities.

Child clubs provide a secure environment for the sharing of ideas and experiences between children, building their capabilities and instilling a sense of voluntarism. They not only create a fun-filled learning environment for the children, but also help them in their socialisation process and to work collectively in groups. There has been a perceptible change in the inter-personal and leadership skills of children with disabilities after joining the clubs. It is obvious that children with disabilities are more willing to talk and share their feelings with their peers. This situation, therefore, provides an opportunity to other children to learn about the problems faced by their disabled friends. Often, these problems are taken as issues for wider awareness generation and advocacy.

Table 6: Inclusion of children with disabilities in child clubs

Indices	2002	2003	2004
Districts	2	3	3
VDCs covered	25	30	36
Child Clubs	253	275	306
Children in the clubs	7,394	8,164	8,554
Children with disabilities in the clubs	0	69	381
Percentage of children with disabilities in the clubs	0%	0.84%	4.45%

Chandra Jyoti Child Club

The Chandra Jyoti Child Club in Palpa co-ordinates tuition for young girls of classes V-VIII. Three children of this Club received training on HIV/AIDS, child-to-child approach and leadership skills through Palpa CBR, their partner organisation. The Club developed an hour-long street drama named 'Send Children to School'. This drama has been very effective in promoting enrolment of children in schools. In one village, only 5-6 children used to be enrolled in schools. However after the presentation of the play, 10-15 children of the village got motivated to enrol in schools and not even a single household in the village has kept its children out of school.

Linking Community Responsibility with Child Rights

The Child Clubs approach has promoted a positive change in attitudes of the parents and local communities towards children with disabilities. It has proved an effective medium for extending the voice of children to the adult society. The child clubs have been instrumental in awareness-raising and advocacy for child rights, education and community development amongst the children and their community.

Existing Challenges

- Expanding the scope of child clubs and schools to include children with all types of disabilities continues to challenge the project outreach. Predominantly, children with moderate orthopaedic impairment are included in child clubs and schools, whereas children with visual and hearing disabilities, and those with intellectual disabilities are barely represented. Some of the reasons identified are:
 - ♦ Some parents are reluctant to accompany their children with disabilities (even pre-school age) to school. Only those who can walk on their own attend schools.



Limited access to schools and child clubs for children with sensory and intellectual impairments continue to confront the project

- ♦ Some teachers are not proactive or fail to provide adequate attention to the needs of children with disabilities, especially the hearing impaired children who have difficulties in communicating with their teachers and peers.
- ♦ Teachers feel that the pass rate decreases if children with disabilities are included. If the pass rate decreases, the financial contribution received from the Central Government also gets reduced.

The project has facilitated several interventions to address some of the above challenges. These include building knowledge, skills and practices of Community Disability Workers (CDWs), thus preparing the ground for improved access for children with sensory and intellectual disabilities to child clubs and schools.

For Children with Visual Disabilities

- ❖ To enable the CDWs to effectively promote services for children with visual disabilities, the project involved the National Association of the Blind (NAB) to conduct training for managing such children.

For People with Speech and/or Hearing Disabilities

- ❖ CDWs are trained in knowledge and basic skills for speech therapy. In the project area of Palpa, for example, a specialist from Kathmandu Teaching Hospital imparted this training.
- ❖ In the neighbouring areas, the project has facilitated sensitisation for teachers and assistants in Early Childhood Centres for Development (ECCD). In the past two years, the partner organisations have been organising sign language classes for children with disabilities, adults and family members, teachers and CDWs. As a result, some schools are now accepting enrolment of children with speech and hearing disabilities.

Success Story

Transforming Children into Role Models

Ram Chandra is a 15-year-old boy, studying in class X in the Ram Shah Higher Secondary School, Tanahun. He is the Chairperson of the Aanbu Khaireni Child Club and also the resource person of a child resource group. He is not only active in his club but also one of the better students in his school. Ram Chandra's friendly disposition has made him popular among his friends. The teachers also appreciate his presence in the school because of his helping attitude and active participation in extra-curricular school activities.

But Ram Chandra was not always such a model child. He had contracted polio at the early age of three that affected his left limbs. Although he could perform his daily living activities with a little difficulty, his deformity made him face a lot of discrimination from the neighbourhood children. This made him a gloomy and an introvert child, distancing him from his peer group.

After the sensitisation activities facilitated by the CAHD project, Ram Chandra was encouraged to join the local child club. He began to make friends and participate in different club activities. The socialisation process in the clubs gave him the opportunity to participate in different training courses such as child club management, leadership building and disability awareness, and he was gradually promoted to the position of a facilitator. He has confidently facilitated several awareness sessions and presented the club activities in different forums. He has now been elected the Chairperson of his club. His isolation has ended. In fact, his popularity has grown and he has been elevated to a role model in his school and neighbourhood, for other children with disabilities – an enviable achievement!

For People with Intellectual Disabilities

- ❖ The project targets imparting an advanced training course for CDWs on people with intellectual disabilities and cerebral palsy. In particular, in the project area of Palpa, the CDWs have received advanced training on managing children with intellectual disabilities.
- In addition to these focused interventions, developing an improved system for decentralised technical support and field based follow-up remains a recurring challenge to increase the impact of SCs and CDWs in the project area.



In Annual Plans, child club members address their concerns and challenges

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In challenging working conditions rife with ethnic conflicts, this project has been particularly research intensive. As an inbuilt component, monitoring and research activities are carried out throughout the project cycle, to support the implementation of activities and enhance their impact on the target population.



Surmounting Ethnic Conflicts

Background

The Voluntary Health Association of Tripura (VHAT), a network of non-governmental organisations (NGOs) in the state of Tripura, has been working in the area of reproductive and child health, as well as community development in rural and urban settings, since 1988.

In 2001, the CAHD project was initiated in 10 villages in the Bagafa Rural Development Block, in the south district of Tripura, in partnership with seven community development organisations (CDOs) and micro-credit groups. As part of the project design, a research team was organised to undertake continuous research activities during the entire project period and support the other CAHD activities.

The research process, initiated at the outset of the project, is still ongoing. Data analysis is presently in progress; therefore this project experience highlights key findings of the research and the various interventions facilitated in the project area so far.

In 2005, the responsibility of the CAHD project was handed over to the Ferrando Rehabilitation Centre (FRC), operational in Agartala, Tripura, since 2000.

Implementation Process

Research Process

The research and monitoring component is an in-built element in the CAHD project of Tripura. The project is designed to establish baseline data, ensure that research findings continuously feed into the activities for better implementation and impact monitoring, and to make mid-course modifications, if required.

The research team, independent of the project implementation team, was set up to ensure that the research process is systematic, in-depth and unbiased. The research process has covered the entire population of 23,566 in 5,319 households in the 10 villages of the project. The research



Intellectually impaired members of Priya self-help group are gaining self-confidence and social recognition

methodology combined the study of primary and secondary data, door-to-door surveys, questionnaires, in-depth interviews and observation. The research tools were also useful for advocacy and community sensitisation.

Research Findings

The research findings indicate that characteristics of villages in the south of Tripura are different from the villages in other states of India, as mostly migrant populations from neighbouring Bangladesh inhabit the former. Typically, the local communities lack strong kinship networks.

About 88 percent of the families in the project area live below the poverty line.²³ In addition, 6 percent of the total population in the productive age group reported to be without any occupation.

Prevalence and Services

During the research process, 405 people with disabilities were identified, indicating a prevalence rate of 1.72 percent.²⁴ Of them, 45 percent were identified with orthopaedic disabilities; 15 percent with psychiatric disabilities and 9 percent with intellectual disabilities. A further 12 percent were visually impaired; 11 percent were hearing impaired; while 4 percent had speech impairments.

No specialised medical support or systematic referral services existed for people with disabilities in the project area.

The government offers stipends and pensions to people with disabilities through Panchayati Raj Institutions (PRIs – institutions of local self-governance) and covers them under the Integrated Child Development Schemes (ICDS). The Vocational Rehabilitation Centre for the Handicapped (VRCH) in Agartala offers professional skill training courses for people with disabilities. However, 37 percent of the people with disabilities in the productive age were without any occupation.

Attitudes towards People with Disabilities

The research indicates that the majority of the respondents reflected a strong social belief that disability was either a curse or a result of the sins committed by the parents (particularly of the mother) in their previous births. It was also considered a

consequence of one's own deeds in the previous life as well as the effect of an eclipse on the pregnant women. The underlying belief among this group of respondents was that disability cannot be treated. In contrast, only a negligible number of persons were aware that disability can be overcome.

Some of the respondents considered people with disabilities as of no use to the society, since they could not work. They felt that such people could only engage in begging for their survival and thus should not marry or lead a normal life. The level of social stigma and discrimination was evident in reservations against accepting any article touched by a person with disability or the employment of people with disabilities in restaurants or eating-houses. Some of them expressed that children with disabilities should not be admitted in schools, and that they would neither like their own children to study in the same class nor allow their children to interact or play with children with disabilities.

A small number of respondents, however, expressed no reservation against engaging people with disabilities. Some of them also indicated willingness to betroth their daughter to a person with disability, provided the groom was financially secure.

Steps towards Inclusion

Towards the end of 2001, CAHD activities were initiated in three villages after the completion of data collection. Subsequent project interventions were expanded to the remaining project villages, post baseline data compilation. In this process, eight



Overcoming social discrimination, Debbarma symbolises the potential of adapting rich tribal traditions

²³ According to the World Bank, for countries like India, the minimum required earning to live above poverty line is US\$ 1 per person/day or approximately INR 45 per person/day. The Government of India (GOI) stipulates a minimum of INR 10 per person/day, according to which the proportion of households living below poverty line would then be considered 17 percent in the project area.

²⁴ As shown in section A, the baseline data collection, initiated as part of the research process, covered a total sample population of only 16,829 and identified 207 people with disabilities, indicating a prevalence rate of 1.23 percent.

Increasing Numbers of Inclusion

People with disabilities identified	405
People included in long-term (6 months) vocational training	45
People included in short-term (1-7 days) vocational training	91
Children included in schools	43
Children receiving stipends with help from VHAT/FRC	58
People included in functional self-help groups (with 5-6 members each)	103
People included in different income generating activities	62
People receiving disability certificate with help from VHAT/FRC	202
Eye camps organised	18
People attending eye camps	1,752
Eye screening tests organised	48
People attending eye screening tests	3,107
People having received cataract operations	59
Primary rehabilitation therapy received	135
Referrals	143
Assistive devices received and fitted	110
Cultural programmes organised	38
Community meetings organised	1,737

master trainers received training from CDD in Bangladesh. A key focus of the project has been on facilitating CAHD training through the master trainers for the partner CDOs, with separate courses for managers and community fieldworkers.

To enhance community participation, the project emphasises on social communication and awareness-raising through innovative mediums such as puppet shows. In addition, access for people with disabilities to income-generating programmes is facilitated. People with disabilities are provided professional skill training and organised into self-help savings groups.

Achievements

Equalising Education Opportunities

The inclusion of children with disabilities in schools has increased in the project areas. There is a distinct attitudinal change in

behaviour towards children with disabilities. There are fewer reservations among children about playing with children with disabilities or sitting next to them in the classroom. They willingly help their disabled peers in reading, writing and completing exercises. School authorities and teachers also treat children with disabilities normally. Certain school buildings have also been made accessible. An example is the K. C. Para High school in Shantirbazar, where ramps have been constructed and drinking water taps lowered to ensure independent accessibility by children with disabilities.

Community Ownership of Disability Services

The awareness in the community about the various facilities offered by the government and the rights of people with disabilities has specifically improved in the project areas. Many people with disabilities have started coming forward for obtaining disability certificates from the government. People with disabilities also indicate better understanding of their eligibility for the various schemes and their benefits. There has also been a visible increase in the requests from people with disabilities for registration with VRCH and accessing employment opportunities through the Centre.

Convergence of Specialised Facilities

Since the project interventions, several specialised facilities have been developed for people with disabilities. A referral system has been established to address the lack of specialised services for people with disabilities. In addition, Voluntary Health Association of Tripura, in partnership with Christoffel-Blindenmission, developed a specialised eye hospital in Agartala. Similarly, Ferrando Rehabilitation Centre and Christoffel-Blindenmission are in the process of establishing a comprehensive rehabilitation centre. As part of this initiative, a speech and hearing centre as well as a school for hearing impaired children has been set up in Agartala.

Existing Challenges

- The effective implementation and operation of development projects in remote areas of Tripura poses considerable challenges for the project team. The long-standing ethnic conflict between the tribal and the non-tribal local communities in Tripura as well as the insurgency situation in the State has impacted the local communities and development organisations working in the region. One of the causes for psychiatric disabilities in the local population has been attributed to the persisting insurgency and instability in Tripura. In many places, the rebels put a lot of pressure on the local population and force them

Success Story

Social Communicators Catalysing Change

Ms. Simple Reang belongs to the tribal population of Tripura. Under the CAHD project, she was trained as a Social Communicator and Community Handicap and Disability Resource Person by VHAT.

In early 2003, a pulse polio immunisation camp was being organised in the tribal area of Laugang village, in one of the CAHD project areas. Ms. Reang, together with the other members of the project implementation team, went to the village to sensitise the local community on pulse-polio immunisation of the children. The local tribal population did not receive the team well. The villagers felt that the sensitisation campaign was a conspiracy by the Bengali people against the tribal community to decrease its reproductive health and thus eradicate the tribal ethnic groups in Tripura. Through the communication efforts of the team, and especially the effective mediation of Ms. Reang, who identified herself as belonging to the same ethnic group, one family from Naigya Mog Para was convinced to send their children for immunisation.

In the following few months, the community observed these children closely. As the community members did not find any strange or different behaviour, they started believing in the importance of polio vaccination for their children's health. Six months later, many tribal families sent their children to the next immunisation camp.

to support their groups, resulting in people's migration. In the existing environment of unrest, concerns of risks and safety of development workers' mobility to remote villages pose many operational constraints. Gaining trust and confidence of communities towards development programmes in such difficult situations requires consistent interventions over long periods.

- In projects where the research team is independent and external to the project implementation team, ensuring co-ordination and convergence between them is challenging. It requires (i) clearly defined terms of reference and deliverables, (ii) roles and responsibilities of both teams to be defined at the very outset of the project and (iii) mutual co-ordination by both teams in the planning process and transparency as well as accountability with regard to both components.



Increasing outreach of vocational rehabilitation reduces deprivation among marginalised communities

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UNNATI has facilitated the formation of an 'Access Group', led and monitored by people with disabilities, aimed at creating awareness about the need for barrier free and accessible public spaces. This is transforming public understanding and commitment for integrating accessibility features in the built environment.



Successful Promotion of Accessibility to Public Spaces

Background

UNNATI – Organisation for Development Education has been actively engaged in community development since 1990. The organisation has strong expertise in participatory rural appraisals (PRAs), awareness raising, information collection and dissemination as well as advocacy and development education.

In 2001, UNNATI, together with other partners and stakeholders, initiated processes towards social inclusion and democratic governance through civil society participation in five districts of Gujarat, namely Vadodara, Ahmedabad, Sabarkantha, Patan and Kutch.

Implementation Process

The Initiative for Social Inclusion focuses on a multi-pronged approach for promotion of accessibility in public spaces to facilitate equal opportunities and rights of people with disabilities. Reducing physical barriers is crucial for access to human rights. It includes the key components of awareness-raising, building networks and strategic alliances, capacity building and advocacy.

Awareness-Raising

Building awareness and participation of the civil society in mainstreaming issues related to accessibility and inclusion of people with disabilities, involves various activities such as public events, media sensitisation, resource material development and dissemination.

At the beginning of the initiative, a large public event was held at Law Garden, Ahmedabad – a visible, frequently visited and reasonably accessible public park. It was a collaborative venture led by people with disabilities and included specialised disability organisations, development organisations and government bodies, together with professionals and concerned citizens, for promoting barrier free accessible spaces and built environment. Though about 250 people participated in the event, the



Making disability issues public is the first step to civil society awareness

total outreach extended to over 100,000 people through the mainstream local print as well as electronic media.

The media plays a vital role in creating mass awareness and mainstreaming disability and accessibility issues. In this direction, documentary films, articles and exhibitions, and collaborations with media networks are developed. In addition, a wide range of communication materials for creating greater awareness and knowledge on accessibility are prepared and circulated.

Networks and Strategic Alliances

One of the key strategies of the initiative has been the creation of an 'Access Group' – a multi-disciplinary human resource pool, including people with disabilities. The members of the Access Group are architects, town planners, designers and representatives of professional institutions, development organisations and academic institutes. The Access Group plays an important role in conducting access audits of existing public buildings. It demonstrates how access can be created through minor modifications in offices and other public spaces such as building ramps, widening doors, ensuring sufficient light, eliminating physical obstacles, adjusting the position of switches, door handles, handholds, including signage, etc. In addition, accessibility features are suggested in architectural plans for new buildings and spaces.

UNNATI facilitates the access audits and takes the initial responsibility for approaching and sensitising the building owners. After the submission of the audit reports, it undertakes joint review and monitoring with the clients.

The Access Group meets frequently to define roles and responsibilities of various members, and ensures strategic planning with follow-up on action points.

Capacity Building and Advocacy

To strengthen the capacities and orientation of the different stakeholders, UNNATI facilitates audit-training workshops and media sensitisation programmes.

In addition, advocacy interventions with many prominent governmental agencies such as the Public Town Planning Authorities, the State Disability Commissioner and the Airports Authority are promoted for greater accessibility of people with disabilities in public spaces.

The audit reports, building by-laws, technical material and the Persons with Disabilities Act, 1995 serve as useful tools in training and advocacy.

Building Capacities on Accessibility

In collaboration with a Development Media Network, media representatives from different districts were sensitised on the issues of disability and development. These focused on accessibility and needs of people with different types of disabilities, e.g. visual, hearing and speech impairment, from a rights-based and inclusion perspective. As a result, a series of articles are being featured on disability as a development issue, to promote positive image-building and field level interventions.

In July 2003, a series of workshops were organised for professionals of the service industry, academic institutes, NGOs, media, architects/planners and designers on access audits.

To sensitise and build capacity of the Access Group, workshops were organised with the support of Samarthyaa (Centre for Promotion of Barrier Free Environment for People with Disabilities, New Delhi):

- Sensitisation workshop for Disabled People's Organisations' representatives and Disability Rights Network members, in October 2003.
- Access Audit training workshops for Access Group members from Vadodara, Ahmedabad and Kutch, in March 2004.

Achievements

Information Dissemination

The Social Inclusion Initiative has successfully led to the development of effective communication resources and materials on accessibility for wide dissemination and use in the public domain. The partnership with print and media networks has generated public interest documentation on barrier free spaces and accessibility.

Mainstreaming Accessibility

The consistent efforts of the Access Group has resulted in many requests for auditing buildings, building plans and spaces for accessibility in several districts of the target area. The Access Group has conducted audits of several public buildings belonging to renowned institutes, companies and agencies as well as government offices and departments. In many cases, the Group's recommendations have led to the incorporation of modifications and changes, while some are in the process of being implemented.

A significant achievement has been the facilitation of construction of barrier free public buildings by UNICEF following an accessibility sensitisation workshop. In this direction, UNICEF has constructed several schools, pre-school centres, primary and community health centres and medical dispensaries in Kutch. Similarly, Save the



Access Audit in process

Children, UK has also constructed accessible public buildings in the Rapar block of Kutch.

Existing Challenges

- Lack of awareness about accessibility is a major hindrance in convincing people to construct accessible buildings. Planners, designers, builders and government officials are not adequately sensitised to the problems of people with disabilities. The Access Group experienced that many public spaces lacked accessibility features since many designers and planners were not exposed to disability concerns and lacked contact with such user groups.

Communication Resources

- A pamphlet about needs for and available accessibility, in English and Gujarati.
- Photo exhibition depicting barriers and examples of barrier free spaces, with captions in Gujarati and English.
- Multimedia presentation titled 'Towards a Barrier Free Environment' with visuals, English script and Gujarati narration.
- A manual titled 'Design Manual for a Barrier Free Built Environment' in print version and as an interactive CD. A number of architecture schools have expressed interest in integrating this information in their curriculum. This manual is a ready technical reference for builders and architects.
- Documentary film 'The Freedom of Being' – a 20-minute film on the need for accessibility – how it affects all, the ways and means of achieving accessibility, with examples of how it has been achieved in various places. The film is woven around comments and interviews with multiple stakeholders, including people with disabilities, access activists, architects, persons from special institutions and the government.
- District-level resource directories with information on various disability and development organisations.
- Simplified version of the Persons with Disabilities Act, 1995 for easy comprehension by the general public.

Access Audits Conducted

Ahmedabad

- The public park Law Garden: the concerned authorities agreed to the Access Group recommendations (ramps, railings, Braille signage, etc.). Most of the changes have already been incorporated.
- Sardar Patel Institute of Public Administration (SPIPA) : the authorities have accepted all the Access Group recommendations and the budget for the modifications has been approved.
- Eklavya School
- Planet Health – a drug store: immediately built a ramp and removed obstruction at the entrance upon the recommendations of the Access Group.
- ICICI Bank
- Ahmedabad Railway Station
- Nature Care Centre, Mehsana

Kutch and Gandhinagar

- Kutch Town Hall auditorium
- Zilla Panchayat (district administration) building, Bhuj
- Proposed Office of the Commissioner of Disabilities, Gandhinagar

Vadodara

- Sayaji Garden, Kamatibaug
- Keshav Udhyan public park
- Office of the District Social Defence Officer
- Narmada Bhavan 'C' Block
- General Post Office (GPO)
- District Collector's Office
- Raopura public toilet facility – 'Sulabh Sauchalaya'
- 'M Cube' shopping mall: the builder of M Cube took the initiative to make it barrier free.

- Changing the attitudes of the builder and government lobby, in favour of a barrier free environment is a persisting concern. Even though the concept of accessible buildings and spaces is well-accepted and respective audits are conducted, problems



Increasing accessibility for people with disabilities

persist, in the partial implementation of the suggested changes and modifications. The builders, owners and government officials share the attitude that structural modifications are extra costs with negligible returns. They also opine that since the number of people with disabilities using public buildings is small, the investment in improving accessibility is not cost-effective.

- Another challenge is regarding the existing by-laws on accessibility. In most of the cities and states, they are neither implemented nor enforced. In some states, such laws are not even mandatory, reflecting the lack of political and social motivation to work on disability issues.
- The lack of a fully-accessible model site that is visible and highly-frequented has led to the idea of developing such an urban location to conduct access audits and demonstrate architectural modifications to the user and designer groups.

Success Story

Changing Government Policies

Raja Mahendra Pratap had one of his worst experiences with the Western Railways’ staff on duty. He was allotted an upper berth in the train, which he could not reach due to his orthopaedic disability. In spite of the request for a lower berth, the railway staff refused to make any changes in the distribution of berths and gave the lower berth to someone else on payment of premium. Mahendra could have travelled only if some sensitive co-traveller had agreed to exchange his berth with him.

Advocacy was initiated with media support and the case taken up with the Railway authorities. In response, the authorities not only took action against the concerned staff but also made necessary changes in their policies, stating that lower berths had to be allotted for persons with ‘locomotor disabilities’.



The Design Manual exemplifies universal design of signage

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CAHD has helped KASAMAKA to broaden its perspective and empower the community in pursuing its goal of sustainable development, involving the provision of access to services for people with disabilities and mainstreaming them in decision-making processes.

Empowering People's Organisations for Social Responsibility

Background

KASAMAKA Community Based Rehabilitation Foundation for Disabled People and their Families, Inc. started its initial interventions in 1989 as a church outreach programme. In 2003, KASAMAKA introduced CAHD initiatives in a pilot area, targeting the four urban barangays (smallest administrative units) of Singkamas, Tejeros, Carmona and Kasilawan of Makati City, with a total population of about 33,000 people. During the project implementation period, 566 people with disabilities have been identified.

Implementation Process

Community Organisation Model

KASAMAKA's model for community organisation and rehabilitation is unique, since it emphasises on the phases of implementation from the start of the programme to phase-out from the communities. People with disabilities and their families enter into a formal contract with KASAMAKA to establish collaboration in training and orientation, and commitment for facilitating the principles of community-based rehabilitation (CBR). People with disabilities and their families, together with community members and barangay health workers (BHWs), are recognised as volunteer core-groups. Core-group members are trained by KASAMAKA to develop their competencies for spearheading capacity building processes to motivate other community members to participate in training and build community awareness.

Core-group members initiate the formation of People's Organisations (POs). POs are composed of people with disabilities and their family members. They are empowered to take responsibility for the implementation of the programme and lobby for equal rights and inclusion.

Training

Training and capacity building of partner organisations is a priority focus of KASAMAKA. Over the years, the organisation has been monitoring, evaluating and re-designing training modules and orientation strategies to meet the evolving needs of the various stakeholders.



Barangay Captain Mr. Ison, supports special games for children with disabilities

Training of Community Members

All members of the People's Organisations are trained to gain knowledge, and develop skills and confidence. Training sessions include:

- Message of the Magna Carta for Disabled Persons on education and employment
- CBR orientation
- Early detection of disability
- Special education training and orientation on inclusive education
- Facilitation and inhibition techniques
- Use of assistive devices
- General rehabilitation skills

To build the managerial capacity of individual members and the People's Organisations, specific orientations are imparted on:

- Transfer of skills to people with disabilities and family members
- Personal development
- Community education
- Advocacy
- Income-generating activities
- Vocational training
- Proposal writing and resource mobilisation

CAHD has helped KASAMAKA in capacity building, by streamlining its model of community organisation and rehabilitation through systematic cascade training. The quality and flexibility of the training approach is ensured with the adoption of the 'block' method that recognises different adult learning styles as well as the time and resource availability in the community.

The objective of participatory training of core-group members is to facilitate continuous inclusion services through a pool of trained rehabilitation community volunteers.



In interactive workshops the capacity of core-group members is strengthened

Phase-out

KASAMAKA is very strong on preparing the PO on its phase-out from the community, after about four years of project implementation. The PO members and KASAMAKA jointly assess the capacity of the organisation, according to phase-out indicators linked to governance, project implementation, advocacy, network and funding base. After the phase-out, KASAMAKA continues to support the PO in an advisory role.

Achievements

Catalysing Community Voluntarism

The training and orientation sessions facilitated by KASAMAKA have certainly intensified advocacy about disability, especially at the community level. Currently, twenty-five volunteers invest their time in actively making home visits to people with disabilities.

A significant achievement is the increased visibility of people with disabilities within the community and the growing numbers of people with disabilities who voluntarily identify themselves. This change is also apparent in their increased participation in sensitisation sessions, orientation and training programmes, conferences and special events organised by KASAMAKA.

Directing Impact on Local Communities

Out of 566 people with disabilities:

- 24 children were enrolled in regular classes
- 53 children joined special education classes in mainstream schools
- 18 persons with disabilities or their family members received micro-credits and started their own business
- 215 were assessed by occupational therapists or physiotherapists
- 238 received individualised counselling at home
- 335 participated in eye screenings and subsequently 70 received eye check-ups
- 22 participated in an audiometric assessment
- 88 received assistive devices
- 53 were referred to specialised services, among whom six underwent cleft palate operation, two had cataract operations and one had a hernia operation

Cumulatively, these have impacted the enhanced awareness of the programme outside the pilot area, in other districts such as Makati District II and also increased the community demand for collaborations with KASAMAKA to enhance delivery of comprehensive rehabilitation services. KASAMAKA has recently entered the Municipality of Pilar and the City of Balanga in the Bataan province on the other side of Manila Bay. A total of 465 people with disabilities have been identified in these areas.

Building Social Responsibility

The strength of the CAHD programme is that KASAMAKA has successfully transferred social responsibility to other partner organisations and groups such as people with disabilities and their families, POs, the Local Government Units (LGUs), civil society groups, church groups, and other NGOs and forums, like

NORFIL, which extends micro-credit to women with disabilities and SYNERGIA for Education for All. As preparation for inclusion in mainstream schools, six schools at the elementary and secondary levels, include special education classes accepting children with physical and intellectual disabilities.

Existing resources of civil society groups, development organisations and LGUs have been mobilised through effective cooperation, networking and strategic alliances. The close collaborative efforts with the local government (from the Village to the Municipal Council levels) have led to the sharing and propagation of facilities and expertise, at the community level. Such multi-pronged partnerships expand the access of KASAMAKA and community volunteers' to a vast range of stakeholders that represent a critical mass in lobbying for rights and inclusion.

Captains at Work

In 2005, the City Social Welfare and Development Office co-ordinated with KASAMAKA a training workshop on early detection of disability and intervention. Target participants were day-care workers and barangay health workers from two districts of Makati City. This was an initial effort to manage children with disabilities in pre-school.

The Barangay Captains (head of the barangays) have played a crucial role in the cooperation between the LGU and the project. Barangay Captains from Singkamas and Kasilawan, for example, have made financial resources available for particular needs of people with disabilities. Both Captains make the government vehicle available for emergency trips to the hospital and medical or referral centres.



Remedios (centre), after cataract operation, received micro-credit and is now a successful entrepreneur

Existing Challenges

- Despite considerable achievements, the processes of building effective alliances with various government stakeholders continue to be challenging for KASAMAKA. In particular, the relationship with the Makati City Government needs to be carefully nurtured, since it has started recognising KASAMAKA's expertise and acknowledges KASAMAKA as a strong community-based rehabilitation partner organisation. It has included KASAMAKA in conferences hosted by the Makati City Social Welfare and Development Office. However, partnerships with various government agencies need to be consistently strengthened, with mutual understanding and clarity of roles and responsibilities.

- Relevant networks of contacts and prospective partners must be established for generating funds and supplementing donor contributions. Alternative sources of funding from corporate and government sectors to enhance social responsibility and sustainability of activities need to be systematically explored.
- Increasing the availability and accessibility of prefabricated devices to meet the conclusive needs of people with disabilities and their families is required. This is emphasised as the local production of assistive devices is still in a nascent stage.

Lessons Learned

- CAHD has enlarged KASAMAKA's vision to a wider community development perspective. The CAHD initiative, through its systematic and synchronised activities, including baseline data collection and inventory of resources, has enabled KASAMAKA to build strategic alliances and strengthen its innovative development strategies such as core-group formation and empowering POs.
- However, community empowerment is a slow process, reflected in the inherently programmatic approach of CAHD. As one of its principles is the symbiotic cooperation between the different stakeholders, the Makati City Social Welfare and Development Office and other civil society groups now meet regularly and share experiences.

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From addressing specific concerns in medical and rehabilitation services, the Philippine Service of Mercy Foundation, Inc. has undergone a paradigm shift towards the establishment of a large network of professionals and organisations for resource mobilisation, leading to enhanced inclusion of people with disabilities.

Expanding the Networks of Inclusion

Background

The Philippine Service of Mercy Foundation, Inc. (PSMFI) operating in the province of Misamis Oriental (Mindanao) is a development organisation specialising in the disability sector. It started its initial interventions in 1973 through the Philippine Band of Mercy. In September 2001, PSMFI opened its Developmental Centre for Children with Special Needs (DCCSN) to address the specific requirements of children with disabilities.

In 2002, PSMFI adopted CAHD in its activities in Agusan, one of the 80 barangays (smallest administrative units) in Cagayan de Oro City, in Northern Mindanao. The National Census of 1998 surveyed 11,515 people in 2,279 households in Agusan. During the CAHD project baseline study in 2002, 169 people with disabilities were identified. Subsequently, an additional 181 people with disabilities have been identified in Agusan.

Identified Needs of Children with Disabilities

In 2001, an informal field investigation by PSMFI identified 15 children with disabilities who could benefit from PSMFI's Developmental Centre for Children with Special Needs. However, the study highlighted a number of challenges that could affect children's visits to the Centre:

- Accessibility to transport
- Availability of caregivers to accompany the child
- Financial constraints
- Limited support of the Local Administrative Units
- Low awareness levels on disability issues
- Difficulties of parents to grasp the rationale and strategies in rehabilitation, early intervention and special education



Trained resource teachers, like Mary-Anne, extend personalised support to autistic children enrolled in regular school programmes at Pilgrim Christian College

CAUSE

In 2002, community volunteers of Agusan formed Committed Agusanons for Unity and Societal Empowerment (CAUSE). By 2005, it had 21 members – the majority of whom were women – comprising people with disabilities and their family members as well as the Social Welfare Officer, representing the Barangay Council. The official registration of CAUSE with the Security Exchange Commission (SEC) is under process.

Implementation Process

In June 2001, PSMFI's consultative meetings with the local community generated information on the felt needs, lacking resources and challenges faced by people with disabilities in Agusan. As a result, community members organised themselves into a volunteer group. PSMFI trained these volunteers on the identification of disabilities and a rehabilitation group was formed to deliver physical rehabilitation services to people with disabilities. An office space was provided by the Barangay Council.

In 2002, 12 members of the volunteer group were oriented on CAHD. The orientation addressed concepts of disability and

handicap; roles of non-governmental organisations, community and people's organisations; funding sources; as well as situation analysis and baseline study.

The CAHD orientation processes catalysed the volunteer group to form a community-based organisation named 'CAUSE' – a core-group of volunteers represented by people with disabilities and their family members.

Mobilising Community Participation

With the adoption of CAHD, PSMFI established two separate departments – direct services and community development services – to widen its outreach at the community level.

To energise processes of community participation, PSMFI partners with CAUSE core-group volunteers to enhance community orientation in identification of people with disabilities, interventions and referrals, as well as facilitation of basic services. Orientations are imparted to barangay health workers (BHWs), barangay day care workers, women's organisations, volunteers and parents' groups, teachers, development councils, as well as members of business clubs.

Additionally, to strengthen community capacities, the organisation facilitates training and skill development of various stakeholders in prevention of disability, treatment, referral and inclusion strategies, and facilitates integration of the disability issue into the programmes and services of other development agencies.

PSMFI Departments

The Direct Services Department provides:

- Training to parents and family members on the care of people with disabilities
- Prevention of secondary impairments
- Inclusion of people in family and community activities
- Primary rehabilitation

The Community Development Services Department focuses on:

- Community organisation
- Awareness raising through regular orientations on impairment and disabilities
- Networking and partnership
- Training and capacity building
- Facilitation of service delivery systems
- Promotion of inclusion efforts and programmes

Advocacy on Inclusion and Rights

PSMFI lobbies and networks with various stakeholders at several regional forums for greater awareness on inclusion and rights of people with disabilities. Advocacy initiatives on the rights perspective and mainstreaming issues also include training and orientation sessions for the community, BHWs, day-care workers, members of municipal and barangay councils, parents' groups and rights-based groups.

With PSMFI's membership in government councils, viz., the Regional Development Council – Social Development Council (RDC-SDC) and the Regional Council for the Welfare of Disabled Persons (RCWDP), the organisation advocates the accessibility of people with disabilities in government housing projects and public structures, as well as course curricular adaptation, inclusive education and transition courses for professionals enrolled in advanced studies in special education programmes, respectively. In this regard, elementary school teachers have been

oriented and trained on legislation for people with disabilities. In addition, PSMFI has also developed special training modules on initial approaches to special education and shared them with key stakeholders such as parents and relatives of people with disabilities, community volunteers and teachers.

To promote inclusion of children with disabilities, PSMFI facilitates two innovative strategies – ‘Adopt a Special Child Programme’ and ‘Summer Camps for Children with Exceptionalities’. The ‘Adopt a Special Child’ initiative is a programme where families of children enrolled in private schools adopt a child with disability for one day in December.

Achievements

The increased inclusion of children and people with disabilities in mainstream development processes spells success for PSMFI’s initiatives in CAHD. (Refer to Key Highlights)

Existing Challenges

- Most of the key secondary and tertiary levels’ stakeholders and decision-making bodies are located outside the pilot area of barangay Agusan. Therefore, partnerships for successful implementation of the CAHD strategy need to be widened beyond Agusan, to involve important stakeholders and policy-makers of Cagayan de Oro.

Key Highlights

- Initiation of disability-related programmes through the Local Government Unit. In 2005, the Council allocated 0.5 percent of its internal revenue allotment for the programmes of CAUSE.
- Impairment, disability and handicap issues have been included in the agenda of the RDC-SDC.
- The City Social Welfare and Development Office identified community volunteers for identification and referrals from 80 barangays in Cagayan de Oro.
- Three barangays in Cagayan de Oro allocate office space for rehabilitation centres for people with disabilities.
- Four municipalities in Misamis Oriental have established and developed rehabilitation centres.
- Three development centres have been opened in Cagayan de Oro through non-governmental organisations and private agencies.
- Nursery schools in Cagayan de Oro are including children with disabilities.
- Pilgrim Christian College includes children with disabilities in their regular elementary school programme.
- Three universities – the Xavier University, Northern Mindanao Polytechnic State College and Pilgrim Christian College in Cagayan de Oro – offer modular classes for professional teachers on ‘Advanced Studies in Special Education’.
- Four hundred teachers have taken up ‘Advanced Studies in Special Education’.
- Eleven private schools in Cagayan de Oro include children with disabilities in their regular classes and participate in the ‘Adopt a Special Child Programme’.
- Two technical and vocational schools are open for people with disabilities under scholarship from the Technical and Educational Skills Development Authority.
- Alsons Cement Corporation, a cement factory in the Municipality of Lugait, Misamis Oriental, conducts regular ear screening programmes for their 300 employees.
- Capitol University in Cagayan de Oro included ear screening for all their students in Maritime and Nautical Education Programme 2004-2005.
- The Maria Reyna Hospital undertook an ear screening and deafness prevention programme in two barangays in Cagayan de Oro.
- Six socio-civic organisations include programmes for people with disabilities.
- Two banks and a department store are generating financial support for the sponsorship of rehabilitation activities for people with disabilities.

Success Story

The CAUSE of Smiles

Freddie Pinabelia Magdayo is a 15-year-old boy who was born without lower limbs. He lives with his brother in barangay Agusan. Freddie's physical condition had affected his self-esteem and enrolment in school.



Freddie was identified by the CAUSE volunteers, trained on interacting with people with disabilities and on bringing them into the mainstream of life. They assisted Freddie in receiving a wheelchair from the City Social Welfare and Development Office. With the initiatives of CAUSE, Freddie was also invited to join the summer camp for children with disabilities. The summer camp proved a great healer of Freddie's personal inhibitions and he started to open up to the community.

The CAUSE volunteers also facilitated Freddie's enrolment in the elementary school in Agusan. The school principal and teachers were oriented by CAUSE during Freddie's admission. As a result, the teachers treat Freddie just like other children and his classmates are also very supportive. They consistently encourage Freddie to join and participate in class and school activities, which has elevated his self-esteem.

The CAUSE community sensitisation efforts have made the Agusan people aware of the needs of people with disabilities and facilitated their social inclusion in community groups. Freddie regularly receives invitations to gatherings and activities of the local community.

He has made more friends and frequents the basketball court, where he trains to shoot balls from his wheelchair. Freddie's friends, neighbours and CAUSE volunteers encourage and fully support his desires to complete his formal education and become physically and financially independent.

- The resource mapping exercise based on the CAHD activity framework adopted by PSMFI at the project outset, identified important gaps in inclusive education in schools at the municipal and regional levels. Subsequent resource mapping clearly indicates that the inclusion of the disability issue in regional and national policies and programmes remains a key challenge to be addressed by PSMFI.
- PSMFI has widened its perspective through its own interventions and institutional learning. CAHD has strengthened its institutional capacity in terms of recruitment of people with disabilities and their integration in organisational management. However, consistent focus is required for strengthening cooperation with the Local Government Unit, especially for regular application of disability policies and financial allocation for people with disabilities.

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The productive partnership that Simon of Cyrene Children's Rehabilitation and Development Foundation, Inc. has forged with the local government in rural barangays has focused on a sustainable implementation structure, better awareness of rights and inclusion, capacity building of health workers and community members, and improved access to mainstream services for people with disabilities.

Strengthening Government Ownership for Community Change

Background

Simon of Cyrene Children's Rehabilitation and Development Foundation, Inc. (SCCRDFI) was registered in 1982 in the province of Albay. In 2001, in partnership with the Local Government Unit (LGU), the organisation piloted the CAHD approach in three rural barangays (smallest administrative units) of Balading, Estancia and Labnig. The three barangays are situated in the Municipality of Malinao, with a total population of about 10,000. The baseline study, at the outset of the CAHD project, identified 260 persons with disabilities in the three barangays.

Implementation Process

Right at the start of the negotiation with the local government, it was established that Simon of Cyrene would be the initiating organisation, while the local government would play the role of the implementing organisation. The Government accepted the ownership and management of the programme.

The Municipal Council for the Welfare of Persons with Disabilities (MCWPD), headed by the Mayor, brings together the different line agencies in the LGU-Malinao. The CAHD Technical Team acts as the Executive Committee of the MCWPD. The government representatives in the technical team are empowered to initiate changes in programmes and policies within the government agencies to enhance accessibility of services to people with disabilities. The Municipal Social Welfare Officer, designated 'CAHD Co-ordinator', guides the technical team and manages the needs' identification, implementation, monitoring of activities, co-ordination among the various stakeholders and the mobilisation of resources to support the programme.

The participation of the local communities in the key decision-making processes is ensured through formation of 'People's Organisations' (POs), represented by people with disabilities, their family members, community volunteers and barangay health workers (BHWs). The PO in each barangay comprises designated committees for education, livelihood and rehabilitation.



With skilled members, like Julius Retorta, the Cooperative of Persons with Disabilities produces quality school furniture to meet the bulk demands of the Education Department

CAHD Technical Team

Members of the CAHD Technical Team include:

- The Municipal Social Welfare Officer designated CAHD Co-ordinator
- Representatives from:
 - ◆ Department of Education
 - ◆ Public Employment Services
 - ◆ Municipal Health Office
 - ◆ Department of Interior and Local Government
 - ◆ People’s Organisations of the three barangays
 - ◆ Local communities
- Barangay Captains
- CAHD Project Co-ordinator, Simon of Cyrene

Simon of Cyrene facilitates, assists and delivers technical support through the ‘CAHD Project Co-ordinator’ as well as its Programme and Training team. The CAHD Project Co-ordinator also strengthens the linkages between the government agencies and the POs.

Achievements

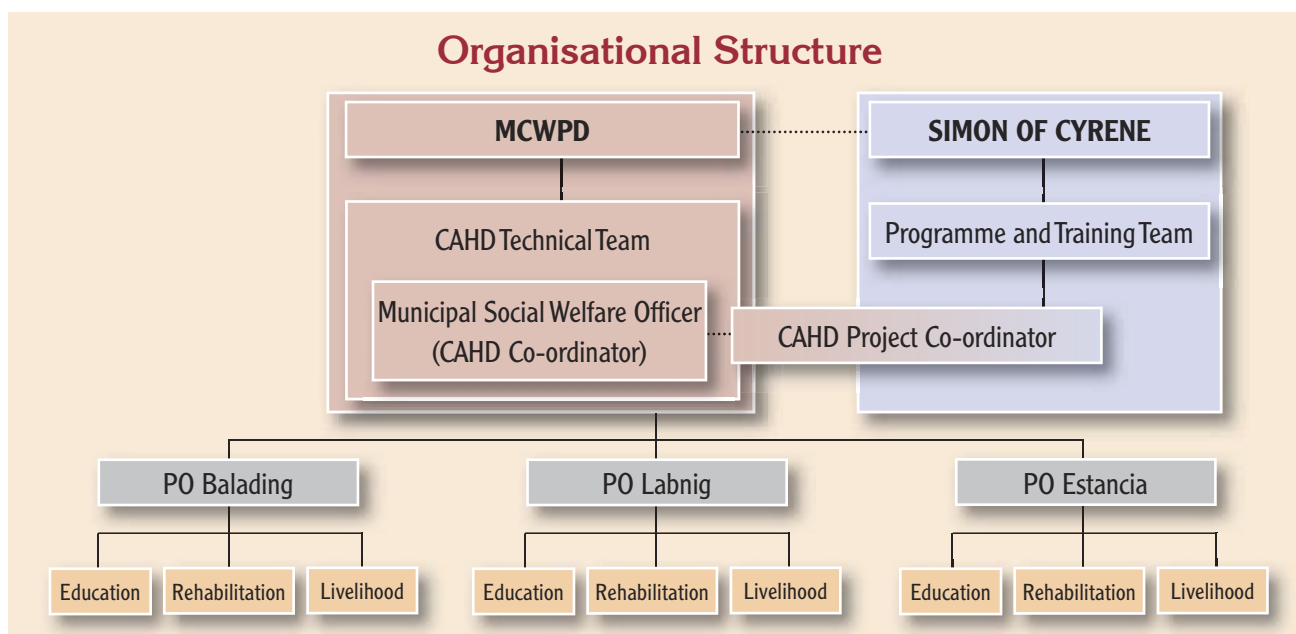
Strengthening Capacities of Barangay Health Workers

The participatory processes adopted during the baseline study, with the inclusion of the BHWs in the research team, laid a favourable ground for community ownership of the project. To develop greater awareness of the programme and services, Simon of Cyrene facilitated several orientation and training programmes on CAHD for the technical team members, BHWs and parents of people with disabilities. The BHWs serve as volunteer ‘Social Communicators’ in

the three pilot areas. During the programme implementation, these volunteers are continually trained to meet the needs of people with disabilities. To further strengthen their capacities, exposure visits to other community rehabilitation programmes implemented by local governments have been successfully organised. In addition, their regular monthly meetings have integrated effective planning, review and monitoring processes within the project, with periodic reporting on the status of the clients served and the training or rehabilitation activities conducted.

Energising Social and Economic Inclusion

There is an increase in the inclusion of children with disabilities in education and people with disabilities in mainstream social organisations and economic development processes in the CAHD project areas.



The effective partnerships and linkages of Simon of Cyrene with various vocational training organisations and loan associations like the ‘Socio-Economic Development Programme’ (SEDP) of the Social Action Centre has facilitated the engagement of people with disabilities in micro-credit activities and livelihood projects. For example, several people with disabilities have been involved in income-generation activities such as ‘ukay-ukay’ (selling of used clothing), ‘padyak’ (pedicab transportation) and ‘sari-sari store’ (community store). Additionally, a few people with disabilities have also been trained in professional skills of massage techniques, manicure-pedicure, haircutting and podology-reflexology.

Simon of Cyrene also exposes its staff members to successful inclusive economic models to explore alternative income-generation activities for gainful employment of people with disabilities.



Innovative adaptation of his tricycle makes Ricardo Arciga successfully overcome his locomotor disability

Targeting Specialised Rehabilitation Services

The LGU of Malinao provided medical assessments, medicines and financial support for assistive devices to meet the special

Key Highlights

Capacity Building

- 35 BHWs trained as Social Communicators
- 42 BHWs' and Parents' exposure visit to community-based rehabilitation project at Ligao City and school chair production centre
- 18 BHWs participated in eye-care education sessions
- 20 Simon of Cyrene staff members exposed to successful income-generation practices of people with disabilities in Cebu and Bohol
- 25 PO members trained in organisational management
- 34 community volunteers trained for expansion areas

Inclusion & Rights

- 40 children with disabilities in the ages of 4-16 years identified, of whom:
 - 17 integrated in schools
 - 16 under ‘Early Intervention Programme’
- 30 people with disabilities trained in income-generation skills
- 22 people with disabilities involved in income-generation activities
- 7 people with disabilities integrated in the school furniture production unit under the Cooperative of Persons with Disabilities
- 12 people with disabilities are members of community development organisations

Medical Rehabilitation

- 373 persons screened for eye problems, of whom:
 - 61 persons referred to Legazpi Eye Centre
- 76 people with disabilities received medical evaluation
- 20 people with disabilities of barangay Estancia had medical examination, of whom:
 - 16 received primary rehabilitation services



Adequate assessment, therapeutic services and assistive devices... prerequisites for inclusion in education

rehabilitation needs of all the people with disabilities in the pilot area. In 2005, a Satellite Rehabilitation Centre with physiotherapy services was inaugurated and will be maintained and funded by the LGU. The LGU has submitted a proposal to the Provincial Government for the construction of a more spacious building for the Centre.

Expanding beyond the Pilot Barangays

In 2005, the CAHD Technical Team decided to expand the CAHD initiatives to 27 other barangays in the Municipality of Malinao as a result of the considerable impact of the project in the pilot barangays and the model cooperation between the LGU and Simon of Cyrene.

Existing Challenges

- Economic independence of people with disabilities, i.e. earning a regular income and also remaining competitive, is a consistent challenge. As employment opportunities for inclusion of people with disabilities in the corporate sector are rare, alternative income-generation avenues need to

be explored. In the three barangays, there is presently only one factory in Balading that employs several people with disabilities.

- Greater focus is therefore required on enhancing technical skills and exposure of project staff to alternative income-generating activities and successful economic models for people with disabilities.

Lessons Learned

- Inclusion and rights-based perspective has been reinforced in the community through CAHD, since all the services for people with disabilities emanate from their inherent right to equal opportunities and inclusion in the various spheres of community life. However, there is a felt need to regularly inform and empower people to sustain advocacy with the LGU and government agencies, to accord priority to disability programmes in the government development plans.
- The components of CAHD have been smoothly aligned with the fields of activities emphasised earlier by Simon of Cyrene, namely: Social Marketing (Social Communication), Technical Assistance and Training (Management and Inclusion and Rights) and CBR Services (Rehabilitation). CAHD has also been easily adapted to the organisational structure of Simon of Cyrene as well as of the LGU in Malinao. The government structure could be adapted in order to ensure better inclusion of disability concerns across development services.
- The participatory methods adopted in the baseline study made the community aware of the existing conditions and developed community ownership of the CAHD project. The central involvement of the local government agencies and barangay representatives in programme implementation, through systematic partnership with Simon of Cyrene, ensures government commitment and accountability. Moreover, the sustainability of CAHD implementation is further prepared with the government representatives in the CAHD technical team playing a primary role.

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Promoting Inclusion for All

Lessons Learned
Recommendations
The Way Forward



Lessons Learned

The implementation of activities under the CAHD approach through the seven pilot projects has changed the attitudes of people and organisations over the last few years.

Lessons can be drawn from the changes that were brought about in the CAHD initiating organisations, and as an effect, in the community, in the policies and implementation of other development organisations as well as in the government sector. These changes had a direct influence on the quality of life of people with disabilities and their families. Key aspects are presented hereunder.²⁵

CAHD Initiating Organisations

- The CAHD approach has helped all project partners to broaden their perspective on initiation, co-ordination and implementation of activities.
- Playing a model role has helped initiating organisations to gain and maintain credibility as resource organisations.

The model role includes accessibility²⁶ to office spaces, inclusive organisational and recruitment policies, programmes, activities and terminology.

- Development activities can be synchronised with CAHD and systematic processes of data collection can be integrated in the projects.

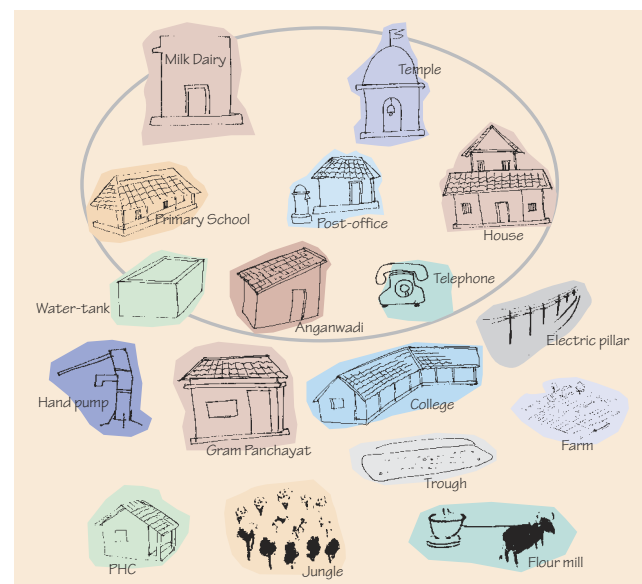
This has strengthened the structures, implementation models and alliance-building strategies of partner organisations.

Communities

- Participatory learning techniques have proved useful in the interaction between local communities and people with disabilities. However, there is a paucity of user-friendly information on rights and services at the community level.

Communication strategies adapted to different groups facilitated recognition on the potential of people with disabilities and their contribution to the community.

- Project experience indicates difficulties in building effective partnerships with migrant target communities, especially in situations of insurgency. The general situation of mistrust makes it far more time-consuming to build rapport and confidence with the local communities.



In India, participatory resource mapping has increased local commitment on the services for people with disabilities

²⁵ The presentation of lessons learned cannot be understood as exhaustive. It reflects areas of discussions highlighted by representatives of the seven pilot projects at the end of the pilot phase in November 2005.

²⁶ Accessibility concerns people with all types of physical as well as sensory disability.



The right touch of professional masseurs in Philippines and not their eyesight, prove the potential and success of people with disabilities

Development Organisations

- Resistance to disability issues in mainstream development organisations is often due to ignorance of, and lack of exposure to disability rather than poor motivation for inclusion of disability.
- Limited number of models for successful inclusive practices and scarcity of information on such models hinders the promotion of inclusion among development organisations.
- It is sometimes difficult for specialised organisations in the disability sector to enter the mainstream development field. Alternatively, community development organisations also face difficulties in being accepted as resource organisations for inclusion of people with disabilities.
- Acceptance of initiating organisations as credible resources for promotion of inclusive practices is crucial. This is a prerequisite for the effective provision of technical inputs and guidance to other development organisations.

Professional communication, sharing of adequate information and transfer of technical support has helped initiating organisations to enhance their reputation.

Government

- Government's attention and commitment has been leveraged through presentations of baseline study results and project success stories.
- Government ownership of project activities has been strengthened through:
 - ◆ Charismatic and influential persons identified to communicate with governments at local levels.
 - ◆ Memorandum of understanding with the local chief executive.
 - ◆ Technical or project management team with representation of government line agencies and local communities.
 - ◆ National networks of development organisations.

These factors have facilitated structural changes within the government agencies and engendered greater transparency and accountability.

- Potential for sustainability of project activities is considered high if the government takes ownership of the project from the beginning.

However, collaboration with the government requires continuous advocacy, personalised communication and sharing of information.

People with Disabilities and their Families

- Projects were able to extend their outreach through cooperation with other development organisations.
- Vocational training for people with disabilities has been successful with thorough selection of trainees, research on requirements of local markets and inclusion of business management skills.
- Successful cooperation with private schools served as precedents for government schools to include children with disabilities.

Special training to teachers by some projects positively impacted their knowledge and skills and facilitated removal of attitudinal barriers for successful inclusion.

Recommendations

Based on the experiences of the seven pilot projects, a group of project representatives worked out recommendations to facilitate the success of inclusive development practices worldwide.²⁷

Priority recommendations have been grouped into themes and presented hereunder. These recommendations shall be disseminated as widely as possible, as they provide information on ways to initiate comprehensive inclusion successfully.

CAHD Initiating Organisations

- ‘Initiators’ MUST adopt a comprehensive approach.

Having a comprehensive approach implies, considering the needs of the target population in a larger perspective and addressing disability in the context of general development. It is not about delivering all development services through one single organisation, but also enabling others (community, disabled people’s organisations, government groups, etc.) and sharing responsibility with them.

- For sustainability the ‘Initiators’ MUST motivate, empower and enrich community groups, and local governments to take responsibility and ownership from the first day of the initiative.

- ‘Initiators’ MUST ensure that disability concerns are integrated into the mandate and existing programmes of the organisation.

- ‘Initiators’ MUST commit towards people with all types of disabilities.

- ‘Initiators’ MUST refer people with disabilities to appropriate services.

- ‘Initiators’ and their collaborators MUST be familiar with disability laws and government systems.

They should use them for lobbying with governments for policy change and resource allocation to the disability sector.

- Training courses for various stakeholders MUST involve a module on rights, legislation, and government processes, systems and policies.



Inclusive decision-making processes are central to our organisational standards

²⁷ The recommendations were worked upon by representatives from the seven pilot projects as well as from Christoffel-Blindenmission and Handicap International, during an experience-sharing meeting in November 2005. The agreed list of recommendations, as presented in this publication, is not exhaustive. All areas of interventions are not conclusively reflected; only select recommendations are highlighted. The usage of ‘MUST’ in the recommendations was emphasised by the participants to convey the importance of their views.

- ‘Initiators’ MUST ‘WALKTHE TALK’.

Initiators should be an example for the community in terms of accessibility, knowledge, skills, use of terminology, etc. ‘Initiators’ MUST market the credibility of their organisation, by building a simple and practical model of accessibility and empowerment²⁸, and encourage their partner organisations to do the same.

- ‘Initiators’ MUST make a paradigm shift and modify their constitutions (if necessary) to accommodate the present recommendations.
- International non-governmental organisations (INGOs) MUST take these recommendations into account, as crucial criteria in their selection process of partner organisations.

Community

- Interaction between people with disabilities, their families and community MUST be facilitated using appropriate strategies for improved understanding of their respective needs.
- Recognise equal rights of people with disabilities to be involved in all decision-making and planning processes.
- Key stakeholders from civil society and government sector with potential to influence the quality of life of people with disabilities and their families MUST be identified.

Their roles should be articulated and capacities built by the initiating organisation.

Appropriate techniques such as participatory methods (social and service mapping for collecting information) should be used.

- ‘Initiators’ MUST collect context-specific, quantitative and qualitative data of the community and share the information with other development agencies.

Qualitative data collection of the community should include information on their attitudes, belief systems and relations. In this process, changes at the community level due to project interventions can be progressively measured and monitored.

- Abilities of people with disabilities MUST be identified and highlighted for community mobilisation and their involvement in a proactive role.

The objective is to demystify disability and change communities’ beliefs towards the abilities of people with disabilities. The skills, competencies and success stories of people with disabilities shall be demonstrated to strengthen their proactive role in the community.

²⁸ Empowerment in all respects:

e.g. in-house learning on documentation and systematic data profiling for monitoring and evaluation, etc.

²⁹ Levels determined by administrative structures, e.g. state level in India.

Development Organisations

- ‘Initiators’ MUST identify areas where technical inputs are required by other development organisations.

- ‘Initiators’ MUST identify where additional skills and capacities are required and organise training accordingly.

To ensure that training addresses specific needs, appropriate training needs assessment tools shall be developed, upgraded and standardised.

- ‘Initiators’ MUST identify and involve professional agencies, organisations and networks at appropriate levels²⁹ to influence policy change.

Key contacts of these organisations and networks shall be oriented on disability concerns.

- ‘Initiators’ MUST present the CAHD approach to appropriate forums of policy/decision-makers of development organisations.

- ‘Initiators’ MUST bring the issue of disability in development up to the sub-national and national levels, and to government structures such as National Disability Councils.

- Creation of key alliances is recommended.

Government

- Recognise disability as a cross-cutting issue, relevant across different departments and ministries.

- Invest in inclusive programmes, services, facilities and studies to ensure economic contribution of people with disabilities in society.

- Accept the expertise and inputs of various sections of society to promote and address the inclusion, rights and needs of people with disabilities.

- Create or strengthen national, regional and local initiatives for monitoring and co-ordination of implemented activities.

- Support and enforce the implementation of existing legislation and policies.

- Ratify and adopt international conventions, declarations, resolutions and recommendations concerning the rights of people with disabilities.

The above recommendations should be taken into consideration in a comprehensive manner. Ratifying and adopting international declarations, conventions, resolutions and recommendations is a fundamental step, but effective only if the appropriate investments in programmes, services, facilities and studies are concurrently executed. Investment is also important in the field of prevention of disability. Governments should be convinced about the long-term benefits of such investments.

People with Disabilities and their Families

Improving the quality of life of people with disabilities and their families is a challenging field of activities and initiatives. It must be based on the premise that the target groups' opinions have been considered in-depth. Recommendations that are considered particularly relevant to organisations at all levels, and that directly impact the quality of life of people with disabilities, have been prioritised.

Addressing Livelihoods

- Baseline studies **MUST** address the target groups' opinions, with a particular focus on the family income.
- Efforts **MUST** be made to promote livelihoods or income-generation for people with disabilities.
- While providing professional skills training, organisations and institutes **MUST** look beyond pure skills training and
 - ♦ study the socio-economic environment in which trainees will operate
 - ♦ select trainees thoroughly
 - ♦ professionally market the labour or product
 - ♦ study alternative income-generating activities
 - ♦ explore accessibility to credit or seed capital
 - ♦ include entrepreneurship and business management modules
 - ♦ provide follow-up support at regular intervals to the trainees

The above recommendations are important since many organisations get involved in skill training without studying the economic and market realities. Skilled people then find it difficult to sell their expertise and/or products and either return to an earlier occupation (if any) or get in even more economically difficult situations than prior to the training.



Public signs of government ownership...

Addressing Education

- To promote inclusive education, the enrolment of children with disabilities **MUST** be combined with:
 - ♦ Awareness about educational policies and legislation, Individual Education Plan (IEP)
 - ♦ Enhancing teachers' capabilities to handle children with disabilities
 - ♦ Accessibility and infrastructure of the educational establishments
 - ♦ Availability of teaching and learning materials
 - ♦ Activities for ensuring basic needs of children and their families such as health, transport and nutrition

The situation of children with disabilities and their families needs to be comprehensively perceived. For example, children with disabilities can be included in regular schools but if the schools do not have proper hygienic facilities, parents would be hesitant to send their children to schools. Similarly, proper transport facilities are needed. Only if these factors are addressed simultaneously, can accessibility and inclusion be effective.

The above key recommendations are a selection and far from exhaustive. Some areas of interventions have not been reflected, such as (a) training in CAHD, (b) promotion of accessibility in general, (c) medical rehabilitation and steps to be taken to ensure people with disabilities have equal access to preventive, curative and rehabilitative services and (d) raising community awareness through social communication. However, these areas of interventions are of equal importance for comprehensive inclusion of people with disabilities. Future initiators and implementers are invited to work out recommendations accordingly and disseminate them among development organisations.

The Way Forward

The pilot phase of Community Approaches to Handicap in Development (CAHD), as exemplified by the joint Handicap International and Christoffel-Blindenmission support programme, has come to an end. There is a significant volume of anecdotal evidence, in the form of project experiences, which demonstrate that inclusive ways of meeting the needs of people with disabilities and addressing their human rights can be effective. The experience of CAHD in South Asia is a central learning point as the pilot projects are concrete actions of mainstreaming, creating credible, tangible links between our field experiences and advocacy activities. It is a time for reflection on what Handicap International and Christoffel-Blindenmission have learned from a relatively short and experimental programme, and how the lessons learned will be integrated in our practices internationally and taken on board by a wider range of community development organisations.

Since the CAHD experience started in Asia in 1996, Christoffel-Blindenmission, Handicap International and partner organisations from the region have shown that CAHD can be sustainable with the involvement of the community. This has been particularly reflected in the change in understanding among development and disability organisations about the causes of problems faced by people with disabilities. The CAHD approach thus initiates a change in attitudes and recognises the need for cross-cutting activities in all sectors of society and development. It is an efficient way to fight the marginalisation and invisibility of people with disabilities and other vulnerable groups.

It is therefore crucial to encourage organisations of community-based rehabilitation and people with disabilities to widen their scope of action and take on the role of catalysts for social change and inclusion. Such agents in the role of advocates and social mobilisers are ideally placed to work with local governments and municipalities to ensure that the rights and needs of people with disabilities are met, in word and in deed. Concurrently, every effort must be made to sensitise and encourage central governments to ensure that people with disabilities are not excluded from the mainstream of development.

At an international level, Handicap International and Christoffel-Blindenmission promote comprehensive inclusive practices as an approach of 'Disability in Development', regardless of specific nomenclature. Internationally, the strategy of Community Based Rehabilitation (CBR) has today been widely accepted and its terminology recognised. The development of new CBR guidelines is currently in process through World Health Organization (WHO) in cooperation with a high-powered working group, comprising experienced personnel from the UN agencies, Handicap International, Christoffel-Blindenmission and other international NGOs, as well as Disabled People's International (DPI). The CAHD experiences in the pilot project countries feed this international discussion, leading, for the first time, to a commonly-agreed multi-layered approach to CBR, having as its goals human rights, socio-economic development and poverty alleviation. Underpinning this are the principles of participation, sustainability, self-advocacy and inclusion.

Furthermore, Christoffel-Blindenmission and Handicap International are advocating for 'Disability in Development' through their participation in the UN Convention International Disability and Development Consortium (IDDC) Task Group. A reflection paper on Inclusive Development and the Comprehensive and Integral International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities has been produced. Both organisations are involved in the campaign to link inclusive development for people with disabilities and the Millennium Development Goals (MDGs). As part of IDDC, both organisations are involved with the European Disability Forum (EDF) and acted as advisors in the elaboration of the guidance note on disability and development for the European Commission (EC). The guidance note provides information on how to address disability issues effectively within the development cooperation activities of the EC delegation and its services.

Though Handicap International and Christoffel-Blindenmission are fully committed to supporting mainstreaming initiatives worldwide, they both underline the significance of following a 'twin track approach'. 'Mainstreaming' cannot be the only answer to disability related barriers. Conditions should be present to foster the individual empowerment of people with disabilities from birth onwards, and to facilitate the creation of organisations from the community-level upwards. Specific support towards people with disabilities and their families will always be required. However, CBR in future will be less involved with direct service provision, and much more involved in 'social marketing', and in empowering groups of people with disabilities, which would themselves be the main driving forces for positive change and inclusion.

In order to lend greater credibility to inclusive approaches, strong evidence is still needed to convince other agencies to sign up. Therefore, systematic research and the development of good baseline data is critical for empirical measurement of significant changes. Christoffel-Blindenmission considers educational attainment and the degree of economic empowerment reached, as the two key indicators of success.

The CAHD experience, apart from helping Handicap International to review and develop its internal practices to disability in development, has also provided the organisation with a framework for emergency response. The approach has been valuable in disaster situations, as it is an excellent framework which can be utilised for both emergency responses as well as for preparing the ground for post-emergency and development phases. Using such an approach ensures that responses are not only immediate one-off activities but take into consideration long-term development issues, e.g. the consideration of universal design principles in reconstruction, the linking of children with disabilities to mainstream education at camp level, etc.

Although this phase of CAHD has drawn to an end, Christoffel-Blindenmission and Handicap International reaffirm their strong commitment to their partner organisations in promoting and helping to develop inclusion as a 'rights-based approach to disability in development', at local, national and international levels.

Christoffel-Blindenmission and Handicap International

Useful Resources

Documents

Albert, B. 2004. *Is disability really on the development agenda? A review of official disability policies of the major governmental and international development agencies*. Disability KaR. Department for International Development.

Albert, B. 2005. *Lessons from the Disability Knowledge and Research Programme*. Disability KaR. Department for International Development.

Blind People's Association, UNNATI and Handicap International. 2004. *How can the Rights of Persons with Disabilities be Protected?* Ahmedabad: Blind People's Association, UNNATI and Handicap International.

Department for International Development. 2000. *Disability, poverty and development*. Department for International Development.

Erb, S and Harriss-White, B. 2002. *Outcast from social welfare: disability in rural India*. London: Sage.

Handicap International and Christoffel-Blindenmission. 2001. *Bad winds will never blow again*. Lyon: Handicap International.

Handicap International, Christoffel-Blindenmission and Centre for Disability in Development. 2001. *Understanding Community Approaches to Handicap in Development (CAHD)*. Lyon: Handicap International.

Handicap International, Christoffel-Blindenmission and Centre for Disability in Development. 2001. *CAHD Toolkit CD Rom*.

International Labour Organization, United Nations Educational, Scientific and Cultural Organization, and World Health Organization. 2004. *CBR – a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities – joint position paper*. Geneva: World Health Organization.

Leonard Cheshire International. 2005. *Inclusive development*. London: Leonard Cheshire International.

Perry, D. (ed.). 2003. *Moving Forward: Toward Decent Work for People With Disabilities – Examples of Good Practices in Vocational Training and Employment from Asia and the Pacific*. Bangkok: International Labour Organization.

Thomas, P. 2005. *Disability, Poverty and the Millennium Development Goals: Relevance, Challenges and Opportunities for DFID*. Disability KaR. Department for International Development.

World Health Organization and Swedish Organizations of Disabled Persons International Aid Association. 2002. *Community-based rehabilitation as we have experienced it ... voices of persons with disabilities, parts 1 and 2*. Geneva: World Health Organization.

World Health Organization. 2001. *International classification of functioning, disability and health (ICF)*. Geneva: World Health Organization.

Websites

Organisations and Networks

Access for All Campaign: <http://www.accessforall.lk>

Asia Pacific Development Centre on Disability (APCD):
<http://www.apcdproject.org>

Centre for Disability in Development (CDD):
<http://www.cdd.org.bd>

Centre for Services and Information on Disability (CSID):
<http://www.csidnetwork.org>

CBM Christoffel-Blindenmission Christian Blind Mission e.V.:
<http://www.cbm.org>

Community Based Rehabilitation (CBR) Network:
<http://www.cbrnetwork.org.in>

Department for International Development (DFID):
<http://www.dfid.gov.uk>

DFID Disability Knowledge and Research Project:
<http://www.disabilitykar.net>

Disabled People's International (DPI): <http://www.dpi.org>

Handicap International: <http://www.handicap-international.org>

Id21 Communicating Development Research: <http://www.id21.org>

Inclusion International: <http://www.inclusion-international.org>

International Disability and Development Consortium (IDDC):
<http://www.iddc.org.uk>

SOURCE – International Information Support Centre:
<http://www.asksource.info>

Swedish Handicap Institute: <http://www.hi.se>

United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP): <http://www.unescap.org>

UNNATI – Organisation for Development Education:
<http://www.unnati.org>

Papers

European Commission.2003. *Guidance Note on Disability and Development for EU Delegations and Services*:
http://europa.eu.int/comm/development/body/theme/human_social/docs/health/03-11_guidance_note_disability_en.pdf

IDDC. 2005. *Inclusive Development and the Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*.
http://www.iddc.org.uk/dis_dev/key-issues/inc_dev.doc

IDDC. *Community Based Rehabilitation (CBR)*:
http://www.iddc.org.uk/dis_dev/strategies/cbr.pdf

United Nations. *Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*:
<http://www.un.org/esa/socdev/enable/rights/adhocom.htm>

United Nations. 1993. *The Standard Rules on the Equalization of Opportunities for Persons with Disabilities*:
<http://www.un.org/esa/socdev/enable/dissre00.htm>

United Nations Economic and Social Commission for Asia and the Pacific. 2002. *Biwako Millennium Framework for Action*:
<http://www.unescap.org/esid/psis/disability/bmf/bmf.html>

Emergency

Handicap International. *How to Include Disability Issues in Disaster Management – Following Floods 2004 in Bangladesh*:
http://www.handicap-international.org/esperanza/site/page_type/bangladesh.asp

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Swedish Cooperative Body of Organisations of Disabled People. 2001. *Agenda22 – Local Authorities. Disability policy planning instructions for local authorities*:
<http://www.programmavcp.nl/agenda22/agenda22engels.pdf>

Training Centres

Three Training Centres provide CAHD orientation and training courses:

In Bangladesh

Centre for Disability in Development (CDD)
D-55/3, Talbag, Savar
Dhaka - 1340, Bangladesh.
E-mail: cdd@bangla.net
Web: www.cdd.org.bd

In Nepal

Community Based Rehabilitation Services (CBRS)
P.O.Box 293, Pokhara, Nepal.
E-mail: cbrs@fewamail.com.np
Resource Centre for Rehabilitation and Development (RCRD)
Indrayani Pith, Khauma - 15,
P.O. Box 34 BKT, Bhaktapur, Nepal.
E-mail: rcrdnepa@ntc.net.np

