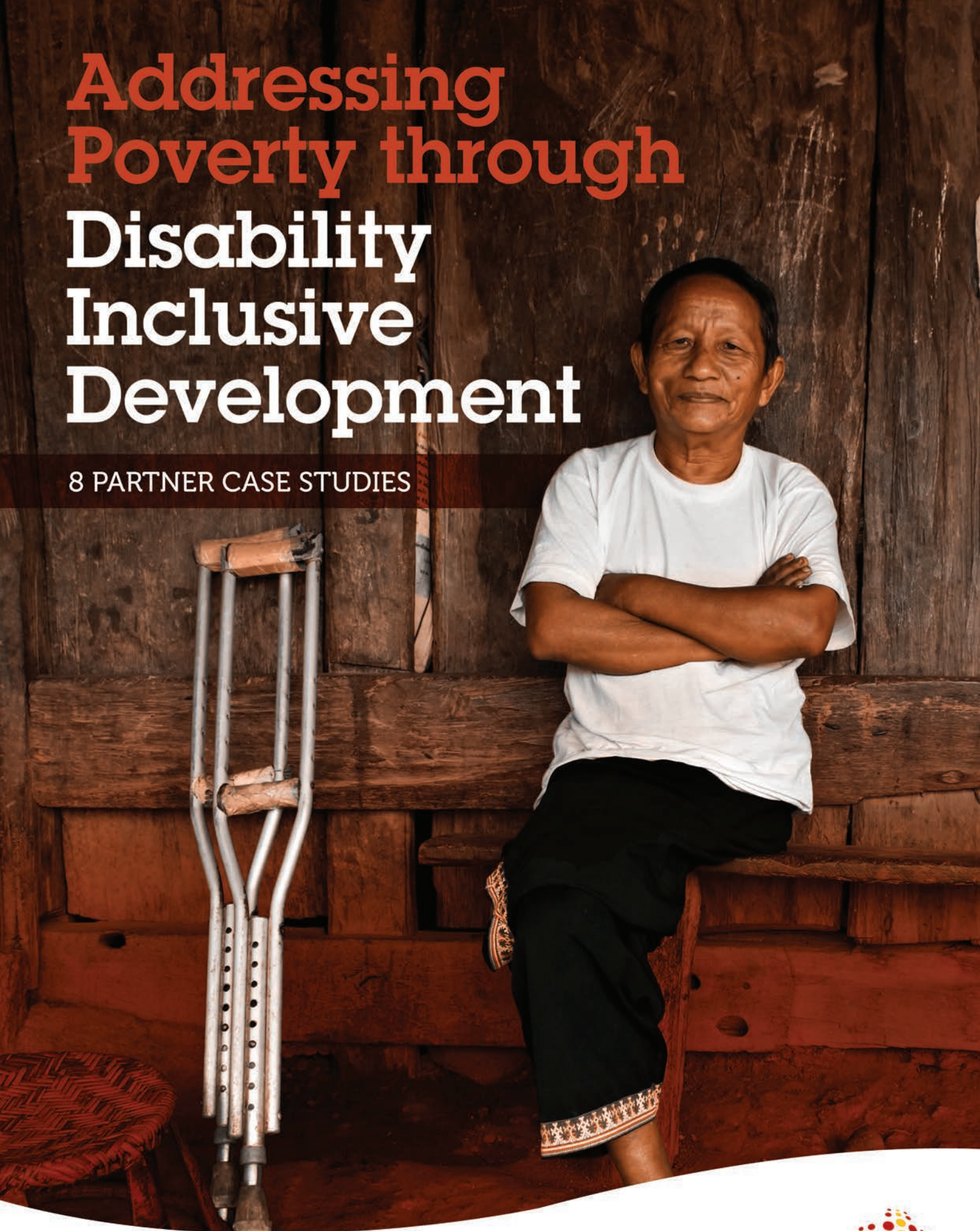


# Addressing Poverty through Disability Inclusive Development

8 PARTNER CASE STUDIES



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## OVERVIEW

This booklet shows what disability inclusive development for poverty alleviation looks like in a range of settings and with different challenges through eight case studies of projects funded by CBM Australia through the Australian Government NGO Cooperation Program (ANCP).

Disability inclusive development actively includes people with disability and their families in development processes and programs. The disability inclusive approach to poverty reduction recognises that including people with disabilities creates more accessible and inclusive communities and results in more successful and sustainable development for all.<sup>1</sup>

The case studies provide an honest reflection on the inclusion of people with disabilities and their families in development initiatives with the aim of bringing sustained poverty alleviation. Successes, challenges and lessons from each of these eight partner organisations are shared. It is hoped these case studies will inspire new ideas and encourage reflection on our own practice.

To develop this booklet, a large number of case studies were collected from CBM's partners globally. CBM was looking for project examples that demonstrate successful or unique practices that effectively contribute to poverty reduction through disability inclusive development. Of these, eight projects were selected as key case studies. Each case study was then developed through the review of project documents including project plans, narrative reports and project monitoring reports. The desk review was complemented with in-depth discussions with project partner staff who were able to ensure their accuracy.

<sup>1</sup> AusAID, 2008, 'Development for all: Towards a disability-inclusive Australian aid program 2009-2014'

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## RESOURCES

There are many resources available to help organisations implement disability inclusive development. As a starting point, the key reference materials that CBM recommends are:

**World Health Organisation CBR Guidelines, 2010**

<http://www.who.int/disabilities/cbr/guidelines/en/index.html>

**Inclusion Made Easy:**

**A Quick Program Guide to Disability and Development, 2012**

<http://www.cbm.org/Inclusion-Made-Easy-329091.php>

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

<http://www.un.org/disabilities/default.asp?id=150>



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Varsha runs her own beauty salon after training through the BPA Project.

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A group of classmates from a school in Gujarat, India, which now has 18 students with a disability enrolled and attending class.

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## THE CYCLE OF POVERTY AND DISABILITY

Of the world's seven billion people, 15 per cent have a disability – that means over one billion people face the challenges of disability every day.<sup>2</sup> People with disabilities exist in every society and play an important role in everyday life, bringing diversity and abilities to their communities.

Eighty per cent of people with disabilities live in developing countries.<sup>3</sup> Often this means they are confronted with a severe lack of access to education, health care, employment, decision making power and participation in community life. In many communities these struggles are compounded by discrimination, social exclusion and human rights abuses.

CBM's experience of working in poor communities has shown that poverty and disability go hand in hand: people with disabilities tend to be the poorest of the poor, and people living in poverty are far more at risk of acquiring a disability in their lifetime. This makes people with disabilities the poorest, most excluded population in developing countries today.

<sup>2</sup> World Health Organization & World Bank. (2011). *World Report on Disability*, Geneva: World Health Organization, p.7.

<sup>3</sup> United Nations Enable. (2006). *Factsheet on Persons with Disabilities - August 2006*. Retrieved 14 August 2013 from <http://www.un.org/disabilities/convention/pdfs/factsheet.pdf>

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# KEY FACTORS FOR EFFECTIVE DISABILITY INCLUSIVE DEVELOPMENT

While effective disability inclusive development looks different in each setting, projects can have many things in common. Five key factors for effective disability inclusive development are shown across the eight case studies. These factors are highlighted as a framework to learn from and enable reflection. The five factors are:

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## **1. Empowering people with disabilities to advocate for their rights**

These initiatives seek to build the capacity and self confidence of people with disabilities and their families to organise themselves to lobby and advocate for change and make informed decisions about their needs.

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## **2. Advocacy to build awareness of and support for disability inclusion**

Advocacy and awareness raising activities aim to challenge the negative attitudes towards people with disabilities, raise awareness of rights and build government and community support for inclusion of people with disabilities.

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## **3. Building capacity of governments, institutions and service providers to implement disability inclusive approaches**

If people with disabilities are to be meaningfully included in mainstream development programs and community activities, it is crucial that governments, institutions and service providers have the knowledge and skills to adapt their programs accordingly. This factor emphasises the importance of building the capacity of others to implement disability inclusive approaches.

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## **4. Provision of disability specific supports and services to enable participation of people with disabilities in the community**

This factor refers to the provision of rehabilitation, assistive devices and medical services to assist people with disabilities to improve their level of functioning and reach their maximum potential.

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## **5. Working together with government and networking with other community based organisations for coordinated, sustainable projects**

Developing partnerships with other organisations is vital to ensure a coordinated and effective approach to disability inclusion. This factor considers how different organisations work in partnership to minimise duplication and maximise the use of existing local resources.

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## CASE STUDY SNAPSHOT

	CASE STUDY NAME	ORGANISATION	LOCATION
1	Leading change with local partners in Bangladesh	Centre for Disability in Development (CDD)	BANGLADESH
2	A matrix of change – inclusion in India	Mobility India	INDIA
3	Putting disability on the agenda in Cambodia	Cambodian Development Mission for Disability (CDMD)	CAMBODIA
4	Breaking barriers to inclusion – rehabilitation and education in Ethiopia	Rehabilitation and Prevention Initiative Against Disability (RAPID)	ETHIOPIA
5	Breaking chains of discrimination – mental illness in Nigeria	Amaudo Community Mental Health Program	NIGERIA
6	Local ownership creates sustainability in the Philippines	NORFIL Foundation	PHILIPPINES
7	Village leaders pave the way towards inclusion in India	Blind People’s Association (BPA)	INDIA
8	Networks break barriers in Cameroon	Cameroon Baptist Convention (CBC)	CAMEROON



Inclusive self help group in Gujarat, India

**FACTORS FOR EFFECTIVE DISABILITY INCLUSIVE DEVELOPMENT HIGHLIGHTED IN THE CASE STUDY**

Empowering people with disabilities to advocate for their rights	Advocacy to build awareness of and support for disability inclusion	Building capacity of governments, institutions and service providers to implement disability inclusive approaches	Provision of disability specific supports and services to enable participation of people with disabilities in the community	Working together with government and networking with other community based organisations for coordinated, sustainable projects
X			X	X
X			X	
X				X
	X		X	
	X			X
X		X		
X		X		
	X	X		X

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# EFFECTIVE INCLUSIVE DEVELOPMENT IN PRACTICE – ANALYSIS OF FIVE FACTORS ACROSS CASE STUDIES

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## **1. Empowering people with disabilities to advocate for their rights**

Projects adopt a range of strategies to empower people with disabilities to advocate for their rights.

A common approach is to strengthen self help groups to establish themselves as a place where people with disabilities can come together for mutual support and build a collective voice for disability inclusion in their communities.

Each case study took a different approach to the establishment of self help groups. For instance, the Blind People's Association (BPA) invited all community members to join their self help groups, not just people with disabilities. This inclusive approach helped to

prevent further segregation of people with disabilities within their communities and provided a platform for whole communities to come together to identify and address challenges to poverty alleviation.

The Centre for Disability in Development (CDD) has an alternative approach; instead of establishing self help groups directly, CDD invests its time and resources in rights and advocacy training for people with disabilities. Then, after the training is complete, they support people with disabilities to establish their own self help groups in their own community. This approach increases local ownership of the groups and ensures each new group has a strong focus on advocacy right from the beginning.

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## **2. Advocacy to build awareness of and support for disability inclusion**

Most case studies demonstrate the importance of advocacy and awareness raising in gaining or building on government support for disability inclusion and changing family and community attitudes towards people with disabilities. In projects where advocacy is not a strong component, government ownership and involvement tends to be weaker, which can compromise the project's potential sustainability.

A common observation across the case studies is that government agencies and community members respond very positively to advocacy messages from a person with a disability or from someone, such as a family member, affected by disability. This approach shows how powerful and influential personal stories of exclusion and discrimination can be. The case studies also show that consistent, repetitive messages targeting the government at national, provincial and local levels support the success of advocacy initiatives.

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## **3. Building capacity of governments, institutions and service providers to implement disability inclusive approaches**

While all the case studies show some level of advocacy, only some organisations combine their advocacy efforts with capacity building of governments, institutions and service providers to implement disability inclusive approaches. The Cameroon Baptist Church (CBC) uses media to improve community awareness of the right of children with disabilities to attend school and advocates to the government to prioritise education for children

with disabilities. The project simultaneously provides intensive training to teachers on strategies for supporting children with disabilities and develops resources to help the process.

Combining education and advocacy efforts has similarly proved to be effective in Ethiopia. The Rehabilitation and Prevention Initiative against Disability (RAPID) sends field workers to meet with school principals and teachers to advocate for disability inclusion. Their efforts resulted in the provision of training to develop teaching strategies and the establishment of school disability awareness clubs.





A local self help group undergoes training.

#### **4. Provision of disability specific supports and services to enable participation of people with disabilities in the community**

Each project works to provide rehabilitation, medical services and provision of assistive devices, either directly or through referrals to other services. The projects that were most effective included a combination of the two approaches; they would provide some local, reliable rehabilitation support and refer people to other specialist services for further medical intervention or assistive devices. Getting this balance right is important; implementing a large range of rehabilitation services often increases the cost of the project and can reduce sustainability, whereas relying exclusively on referrals can be limited by the availability of services in local communities.

There are also other factors that make the provision of rehabilitation an effective strategy for disability inclusive development. Some organisations such as Mobility India and NORFIL Foundation focus on training parents or community members to provide home based rehabilitation. This helps to increase the sustainability of rehabilitation support and increases effectiveness as rehabilitation exercises can be conducted in between visits by field workers. Some projects also provide rehabilitation support as part of a broad range of community activities that simultaneously aim to improve community attitudes and create an environment where people with disabilities are valued and respected.

#### **5. Working together with government and networking with other community based organisations for coordinated, sustainable projects**

All of the case studies show the importance of developing strong relationships with other organisations and implementing partners to improve the overall effectiveness of each project. Most partners found that establishing clear roles and responsibilities, signing formal partnership agreements and working with established partners over an extended period of time has helped make these relationships successful and long lasting.

Networks are particularly important for the provision of rehabilitation, medical services and assistive devices. BPA in Gujarat, India, established district information centres so that community members had one central information hub. Here community members can be introduced to a wide range of other organisations working to support people with disabilities. This approach ensures there is a broad range of assistance available for people with disabilities.

# CHALLENGES

While the case studies each show tremendous progress towards disability inclusive communities seeking equitable development outcomes for all, it is important to understand and recognise the challenges

to assist us to improve our initiatives. A number of common challenges appear across the case studies. Each project adopts a variety of strategies to respond to these issues with varying degrees of success.

## Sustainability

Organisations applied a range of techniques to improve sustainability. Some organisations established community based rehabilitation (CBR) committees and conducted advocacy activities; others focused their efforts on building relationships with the government and improving the capacity of partner organisations. Despite these efforts, the case studies still show sustainability is a significant challenge, particularly in gaining a commitment from government to directly continue project implementation or contribute financially to its continuation.

Among the organisations that achieved the greatest commitment from government, a number of common factors emerge. If the government was involved as a key stakeholder at the planning phase of the project and then continued its involvement throughout implementation, its dedication to the project was heightened. It seems the earlier and greater role governments play, the stronger their overall commitment to see the project succeed.

The use of field workers, both paid and voluntary, is also seen to influence the sustainability of projects. While relying on volunteers reduces implementation and future funding costs, the case studies show it can be difficult to maintain motivation. NORFIL Foundation shows how training and building the capacity of community volunteers can encourage engagement and improve their ability in a longer term role.

Using CBR committees was a strategy employed by RAPID and the Cambodian Development Mission for Disability (CDMD). The committees were established to increase awareness of the importance of disability inclusion amongst local stakeholders and, in the case of CDMD, resulted in a number of commune councils giving greater priority to disability inclusion. While the CBR committees have the potential to increase sustainability, further support from the government is generally needed to strengthen the influence of the committees beyond the boundary of the community.

## ACRONYM LIST

<b>BPA</b>	The Blind People's Association	<b>DPO</b>	Disabled People's Organisation
<b>CBC</b>	Cameroon Baptist Convention	<b>MHAP</b>	Mental Health Awareness Program
<b>CBR</b>	Community Based Rehabilitation	<b>NGO</b>	Non Government Organisation
<b>CDC</b>	Community Disability Committees	<b>RAPID</b>	Rehabilitation and Prevention Initiative Against Disability
<b>CDD</b>	Centre for Disability in Development	<b>SEEPD</b>	Socio-Economic Empowerment of Persons with Disabilities
<b>CDMD</b>	Cambodian Development Mission for Disability		
<b>CEC</b>	Community Education Centres		

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### **Involvement of people with disabilities**

The majority of organisations recognise the importance of participation of people with disabilities in all aspects of the project. However, achieving this in practice is often a challenge. All organisations consulted people with disabilities or their families during the planning and design phase of their project. Several organisations used focus groups. Others (such as CBC, CDMD and CDD) gave people with disabilities the opportunity to play a more active role in designing project activities. However, each of these case studies highlights the difficulty in including children with disabilities, people with intellectual impairments and people with mental health problems in the

development and implementation of projects. This was identified for many of the organisations as an area that requires improvement.

CBC, CDMD and RAPID show great success in including people with disabilities in stakeholder committees or CBR committees. This helps to ensure that their voice and viewpoint can influence the direction of initiatives. Mobility India, CDD, CDMD and BPA all went a step further and employed people with disabilities or recruited them as community volunteers. In each case, the partners witnessed significant change, both to the communities where people with disabilities were able to work and show their value, and in the self confidence of people with disabilities.

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### **Supply and demand**

While referring to existing services can significantly reduce the costs of implementation, in most cases organisations found existing services were not able to cope with the additional demand created by

their projects. This highlights partners' success in raising awareness. Most partners sought to address the challenge of increased demand by increasing advocacy efforts to the government to leverage additional funding for rehabilitation services.

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# CASE STUDY FROM THE CENTRE FOR DISABILITY IN DEVELOPMENT (CDD)

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## LESSON 1

Working through local partners based in communities means there is stronger support on the ground in the communities that need it.

## LESSON 2

When evaluating a training program, it is important to look not only at who attended the training, but also who could not attend the training.

The Centre for Disability in Development (CDD) found women with disabilities were not as well represented as men with disabilities. In response, CDD divided the training program into two blocks of time to help women and men balance family and economic responsibilities at home and encourage participation. This also meant they gained confidence from the first block (10 days) to return for the second (17 days).

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## LEADING CHANGE WITH LOCAL PARTNERS IN BANGLADESH

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### Disability in Bangladesh

It is estimated that some 16 million people are living with a disability in Bangladesh.<sup>1</sup> With little awareness of disability throughout the country, especially in rural areas, the effects upon quality of life are marked. Studies show disability negatively impacts marriages, and the ability to gain an education and employment,<sup>2</sup> which are crucial in the fight against poverty.

<sup>1</sup> [www.cdd.org.bd](http://www.cdd.org.bd)

<sup>2</sup> Mitra, Sophie, Posarac, Aleksandra & Vick, Brandon C, 'Disability and poverty in developing countries: A snapshot from the World Health Survey' (April 2011). World Bank Social Protection Working Paper No. 1109. Access at: [http://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=1908128](http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1908128)



Zolekha (centre) meeting with other members of the self help group they formed following training through CDD's project.

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### **CDD's approach to disability inclusive development**

The Centre for Disability in Development (CDD) established the Promotion of Human Rights of Persons with Disabilities in Bangladesh project to develop capacity building resources and build the leadership qualities of people with disabilities. The project seeks to ensure people with disabilities not only participate in but also lead development initiatives.

The project is implemented in partnership with twelve partner organisations (four DPOs or organisations led by people with disabilities and eight mainstream development NGOs) located in ten districts. CDD undertake the majority of training, resource

development, national level advocacy and lobbying in Dhaka.

Partners focus on working at the local community level to help determine the needs and priorities of people with disabilities and what type of capacity building is needed to empower people with disabilities to become leaders.

The project also focuses on therapeutic rehabilitation, referrals and provision of assistive devices to increase the functional capacity and mobility range of people with disabilities. All of these activities are developed to support the inclusion of people with disabilities and empower them to act as leaders and rights agents.

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The General Secretary of Notun Jibon self help group in Gaibandha, Bangladesh.

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### **How is the project implemented?**

In each new area, CDD spends time listening to the experiences of local people with disabilities, their families and any local organisations that work with people with disabilities.

This learning is used to help plan the project. In each area, CDD seeks to partner with a local organisation that has undergone some prior disability inclusion training with CDD.

Once selected as a partner, the local organisation then receives additional training about disability rights and inclusion, action planning, advocacy and campaigning, gender and child protection. Each partner is supported to employ two full time staff members (which must include a woman and a person with a disability), to fulfil the roles of a community disability rehabilitation officer and a community mobiliser. The community mobiliser works to create a disability friendly attitude within the community and supports the rehabilitation officer to establish community based self help groups.

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The partner is asked to identify and invite people with disabilities from their local community to attend a 28-day leadership training. This training is run by CDD in Dhaka and aims to build the capacity of people with disabilities to become leaders and advocate for their rights. The local partner assists the participants to travel to Dhaka to attend the training program, and then works with them upon their return to establish self help groups of people with disabilities and educate the community about disability inclusion. The partner also helps set up an apex body, with two representatives from each self help group in the project area. The key purpose of the apex body is to ensure a coordinated approach to local advocacy work.

CDD oversees advocacy activities at the local, district and national levels. They identify the key issues for people with disabilities through discussions with partners, self help groups and apex bodies, and work with partners to organise advocacy events with speakers who have a disability.

# PROGRESS TOWARDS INCLUSION

- Self help group members now meet with local government representatives and interact with other community members.
- Local governments have increased the budget allocated to schemes for people with disabilities.
- Self help group meetings are now held in government offices.
- Some self help groups have started to see encouraging changes in the attitudes of government with the construction of public housing for people with disabilities.
- Following advocacy efforts, five acres of government land was allotted to one self help group. The group has used the land to cultivate vegetables and shares the profits among the group.
- Project staff have noticed a significant change in the confidence of people with disabilities. People with disabilities are standing up for themselves and fighting for their rights to be upheld. Community members call people with disabilities by their names instead of taunting them with offensive names.

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## What is most effective?

Instead of directly implementing projects, CDD builds the capacity of existing organisations to support people with disabilities. By acting as a facilitator, CDD leverages their strong relationships with partner organisations and communities to create lasting change where disability inclusion becomes a priority for all development efforts. This approach is effective because it utilises the credibility local organisations have within their communities while providing much needed on the ground support to people with disabilities. It also means CDD can focus on training more organisations to become disability inclusive as their energy is spent on capacity building rather than project implementation.

By overseeing and guiding partners and organisations instead of directly implementing projects, CDD is able to invest time in developing the specific resources required for disability inclusion that can be used consistently across training programs and for national level advocacy and lobbying. These resources are used by the self managed self help groups to ensure they have the right support to lead their own initiatives and continue to be run by the people they exist to support. This 'hands off' approach is effective in building leadership skills, empowering people with disabilities to advocate for their own rights collectively. Importantly, it gives the group members a strong sense of control and ownership over the direction of their activities.

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## What are the challenges?

- It is difficult to include people with all types of disabilities in the self help groups, particularly those with hearing, speech or intellectual impairments, as locally developed sign language is limited to basic vocabulary. CDD hopes to address this issue by providing basic training on sign language to self help group members. CDD also plans to conduct exposure visits together with partner organisations to learn new strategies focused on including people with intellectual disabilities and mental illness.
- The 28-day leadership training program, undertaken in one block in Dhaka, was too long for some people with disabilities to be away from home, particularly for women who had family responsibilities. As a result, the project adapted the training into two modules. This has enabled more women to attend.

- In rural areas there are no adequate services to provide rehabilitation. This is particularly an issue for some medical or therapeutic interventions that need to be provided frequently such as physiotherapy or speech therapy. CDD is seeking to address this issue by lobbying the Ministry of Health to extend services into unreached districts and by developing a referral directory to help field workers make appropriate referrals.
- Transport for self help group members to attend meetings and events is costly, particularly for representatives of the apex bodies who often need to travel long distances. Rather than covering these costs in the long term, CDD is working with self help groups to develop strategies to meet these costs internally.

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### **Inclusive development in practice**

The project highlights three key factors for effective inclusive development:

#### **1. Empowering people with disabilities to advocate for their rights**

Through the apex bodies, CDD focuses on providing opportunities for people with disabilities to directly voice their concerns to government officials, policy makers and institutions, rather than always speaking on their behalf. CDD has found that policy makers respond more positively when they directly interact with people with disabilities.

#### **2. Provision of disability specific support and services to enable participation of people with disabilities in the community**

While many organisations have started self help groups in Bangladesh, CDD is taking a different approach

by training people with disabilities to start their own self help groups with their own objectives. In doing so, CDD is increasing the capacity of people with disabilities as leaders, and improving the ownership and sustainability of the groups.

#### **3. Working together with government and networking with other community based organisations for coordinated, sustainable projects**

Instead of directly implementing activities, CDD is working in partnership with strong, established local organisations in each community. These organisations are known in the communities they work in and have ongoing relationships with community members. Importantly, the organisations are already operating in the community and will continue to implement their projects, with improved capacity, after CDD's training is complete.



### **Learning and reflection**

How is your project building the capacity of people with disabilities to advocate for their own rights? How could you better support people with disabilities to directly advocate for their own rights?

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How does your project ensure that people with all types of disabilities are considered, targeted and included? Do you consider barriers beyond disability such as gender?

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A meeting of the Songram self help group in Gaibandha, Bangladesh.

## CASE STUDY FROM MOBILITY INDIA

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### LESSON 1

Mobility India has found it is important to first establish self help groups that are focused on building self confidence and empowerment. Then, once there are strong group dynamics, livelihood or advocacy activities can be introduced.

### LESSON 2

Community Education Centres not only offer educational opportunities for children with disabilities but also a friendly and safe environment to interact with other children and strengthen social skills.

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## A MATRIX OF CHANGE – INCLUSION IN INDIA

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### The cycle of poverty and disability in India

Disability is both a cause and consequence of poverty. In India this is seen in the slums of Bangalore and in rural areas where access to adequate health services is weak. With a population of over one billion people, there are many disadvantaged groups across India, yet people with disabilities are often the most vulnerable

and excluded. With children turned away from school and adults unable to attain employment, it is the stigma associated with disability that truly 'disables' people. Although the Indian attitude to disability is slowly changing, discrimination still prevents people with disabilities from having equal opportunities and full participation in community life.

## PROGRESS TOWARDS INCLUSION

- Three people with disabilities and two family members have been elected to the panchayat (local government).
- Disability has become an important agenda item in panchayat meetings, with people with disabilities being invited to speak and share their views.
- Approximately half of all people with disabilities identified in Anekal (the project area) are now members of self help groups.
- People with disabilities are treated more like equal members of the community and are invited to social functions such as weddings and housing ceremonies.
- The cooperative society in Anekal has developed a partnership with a local company to assemble pens, and is receiving a management fee to coordinate their assembly. As a result, 52 people with disabilities now have a regular income.
- Most local government offices, courts, police stations and local schools in the project areas have been adapted to be more physically accessible. Some schools have even painted murals on their walls promoting inclusion of people with disabilities.

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## The Anekal CBR program's approach

Mobility India is an independent disability and development organisation that focuses on supporting people with disabilities through rehabilitation services and poverty alleviation with the goal of achieving an inclusive community. Mobility India leads a community-based rehabilitation (CBR) project in Anekal, Bangalore, that supports people with disabilities, working across all five domains of the CBR matrix: health, education, social, empowerment and livelihood.

### Health

To address the limited quality and supply of aids and appliances available through the government, Mobility India has established its own physical rehabilitation workshop (prosthetics, orthotics, assistive devices and therapy services) in Bangalore City. The project in Anekal provides home based rehabilitation and refers patients to the service in Bangalore when extra support is needed.

### Education

Children with disabilities in India are approximately five and a half times more likely to be out of school than other children their age.<sup>1</sup> This means increasing access to education is a key priority for the project. To increase demand for education, awareness raising activities such as street plays are used to show parents the benefits of enrolling their children with disabilities in school. At the same time, the project is reducing barriers to education within the classroom by providing training on disability inclusion to teachers, school development committees and local government authorities.

The project also establishes Community Education Centres (CECs) at the village level that are staffed by volunteer tutors from the community. CECs are designed to support children with disabilities who may not receive an effective education solely through a mainstream school. They also provide an opportunity for children with disabilities to get to know other children in their village and engage with them in play and learning.

### Social

Children's parliaments are a popular way of enabling children from marginalised communities to have a voice in issues that affect their lives. Children are elected as ministers in areas such as education and health and are set the task of developing an action plan to address issues raised in their group. In Anekal, Mobility India works with other development organisations to ensure children with and without disabilities can take part in the children's parliament meetings and discuss issues important to them and their village.

### Empowerment

To foster an environment of mutual support and encouragement the project established self help groups in communities across Anekal. The groups receive information about relevant government schemes and training on leadership and human rights, partake in recreational and cultural activities, and conduct awareness raising activities to change community attitudes. Once established, Mobility India supports the self help groups to set up Disabled People's Organisations (DPOs). The DPOs are trained in all aspects of the CBR program, with the intention that they will run the CBR program in the future. A federated DPO has been established, with representatives from each DPO. It works to provide a united voice promoting the rights of people with disabilities.

### Livelihood

In Anekal, Mobility India assists representatives across multiple self help groups to establish a cooperative society. Each individual self help group member can choose to pay a small fee to become a shareholder in the cooperative. These funds are used to provide low interest loans to self help group members and also contribute towards payment of the CBR project managers. The cooperative (originally trained by Mobility India) provides business skills training and mentoring to all loan applicants.

<sup>1</sup>Singal, N. 'Education of children with disabilities in India.' *Background paper for the Education of All Global Monitoring Report, 2010, p. 8.*

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## How is the Anekal CBR program implemented?

The CBR program is implemented in Anekal through a network of field workers selected from local communities. Where possible, people with disabilities are recruited for these positions to encourage ownership and self advocacy and to

increase community understanding of their abilities in a powerful way. Once people with disabilities are identified and assessed in the community, an individual rehabilitation plan is developed. The plan looks at rehabilitation across all five domains of CBR to support the individual to participate and flourish in community life.

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### What is most effective?

Mobility India's comprehensive CBR approach ensures all aspects of disability inclusion are considered. People with disabilities receive home based therapy and assistive devices as needed, while field workers support people with disabilities to form self help groups and advocate with schools, employers and community members to increase their participation in the community and the economy. The success of these individual approaches is how they complement each other: no approach is as effective without the other. This comprehensive method of rehabilitation is coordinated by a team of therapists and CBR workers who work together to develop individual intervention plans.

Beyond individual plans, the project has been successful on a wider community scale through children's parliaments. Children with disabilities are starting to raise issues of concern and these are being addressed by other children. For example, at one children's parliament in rural Bangalore, a wheelchair user noted she was having difficulty attending school because the road was not accessible. The children's parliament raised this issue with the local government which agreed to improve the road. At the institutional level, largely due to the work of the Anekal DPO and self help groups, disability has become an important agenda item in panchayat (local government) meetings, where people with disabilities are now invited to speak and share their views.

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### What are the challenges?

- Initially some communities were resistant to the project's support; they were let down in the past by other NGOs and did not trust that Mobility India would fulfil their commitments. Over six months the project team built rapport and confidence within the community to gain the trust of local people and encouraged their participation in the project's activities.
- The establishment of Mobility India's own physical rehabilitation aids and appliances workshop, while meeting the immediate need of people with disabilities for quality assistive devices, has not been successful

in encouraging the government to increase its own supply or improve the quality of the assistive devices it provides to its constituents. This raises a challenge for the long term sustainability of provision of aids and appliances in Bangalore and across India.

- The training of field workers and provision of rehabilitation services is expensive and hinders the sustainability of the program. By building strong networks with local hospitals and increasing the capacity of local DPOs and the cooperative society, it is hoped the work of the project will continue long after the funding period.

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Employees of Mobility India (women with disabilities) making prosthetic feet.





A meeting of the Kozhipalaya village Community Education Centre group.

**Inclusive development in practice**

The Anekal project highlights two key factors for effective inclusive development:

DPOs where they can undertake and lead advocacy work about issues that concern them and their community on a grander scale.

**1. Empowering people with disabilities to advocate for their rights**

Mobility India takes a two-step approach to empowerment. The first step is through self help groups; where they seek to build the self confidence of people with a disability and address other issues experienced as a result of years of discrimination and exclusion. It is through this support mechanism that people with disabilities come to recognise they should have the same rights as others in the community. The next step is supporting people with disabilities to join

**2. Provision of disability specific supports and services to enable participation of people with disabilities in the community**

Mobility India has established and operates a large medical rehabilitation service in Bangalore that resources CBR programs across the region. This service was established to support Mobility India's belief that by improving people's functional abilities, people are more able to actively participate in their communities.

**➔ Learning and reflection**

If your organisation does not directly provide rehabilitation services or assistive devices, how can you make sure people with disabilities still receive the type of comprehensive support highlighted in this case study?

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Mobility India implements the five components of CBR. Why might it be important to address all five aspects of CBR? How could your organisation utilise this approach?

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If your organisation has developed a successful approach to CBR, how could you support other organisations to implement a similar approach?

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# CASE STUDY FROM CAMBODIAN DEVELOPMENT MISSION FOR DISABILITY (CDMD)

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## LESSON 1

Ensuring people with disabilities are active participants in project implementation not only provides opportunities to improve self confidence, but also challenges community perceptions about the contributions people with disabilities can make in their community.

## LESSON 2

Establishing Community Disability Committees (CDCs) with influential community members is key to creating change at both the community and government level.

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## PUTTING DISABILITY ON THE AGENDA IN CAMBODIA

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### Disability in Cambodia

While data can vary considerably, Cambodia is estimated to have one of the highest rates of disability for a developing country,<sup>1</sup> with more than half a million people<sup>2</sup> living with disability, one-fifth of whom have amputations.<sup>3</sup> People with disabilities have very limited access to appropriate treatment, rehabilitation services

and vocational training. This makes it incredibly difficult for people with disabilities to participate fully and equally in community life.

<sup>1</sup> [http://www.dfid.gov.uk/r4d/PDF/Outputs/Disability/PolicyProject\\_Cambodia.pdf](http://www.dfid.gov.uk/r4d/PDF/Outputs/Disability/PolicyProject_Cambodia.pdf)

<sup>2</sup> <http://www.cdmdcambodia.org>

<sup>3</sup> <http://www.redcross.org.au/cidi.aspx>

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### CDMD's approach to disability inclusive development

The Cambodian Development Mission for Disability (CDMD) has a long history of providing rehabilitation and supporting people with disabilities in Cambodia. In 2009, the loss of a major funding source as a result of the global financial crisis led CDMD to re-evaluate its program design. CDMD's new approach was to adopt a more comprehensive, rights-based approach to disability inclusion. The new approach meant the focus shifted from just providing rehabilitation to working

with communities, partners and the government to encourage disability inclusion.

To design the project, CDMD facilitated a workshop with staff from CDMD, people with disabilities and their families, disability organisations and representatives from the government. Together, they discussed the challenges facing people with disabilities in Cambodia and developed strategies to support these issues. It was these findings that guided CDMD's approach to disability inclusive development.

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# PROGRESS TOWARDS INCLUSION

- In the two & a half years of project implementation over 800 people with disabilities or their family members have taken part in vocational training.
- Of these people, almost 95 per cent continue to work in that vocational field today.
- More than 1100 people with disabilities received a livelihood loan in the past two & a half years. Close to all loans have been repaid or partially repaid.
- The 2012 evaluation found that people with disabilities living in the five provinces where CDMD works are now generally living in the same

conditions as, or better conditions than, people without disabilities.

- The Cambodian Ministry of Social Affairs, Veterans and Youth Rehabilitation is so impressed by the changes created by self help groups and Community Disability Committees, they are developing national standards and guidelines to promote their creation in all communes.
- Thirty-three commune councils have agreed to include disability issues in their development plans.

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## How is the project implemented?

Community level: Today, the project has approximately 150 community volunteers (of which 23 are people with disabilities) who raise awareness of disability, identify people with disabilities and assist people with disabilities to access education and healthcare and earn an income. Community supervisors, many of whom were field workers with CDMD prior to the program redesign, support the establishment of self help groups. These groups provide a space within communities where people with disabilities can come together to share experiences, learn advocacy techniques and communication skills, and work together to earn an income through seed grants.

Government level: Establishing strong links with the government is crucial to ensure a sustainable approach to disability inclusive development in Cambodia. At the commune level (this is the third level of organisation in Cambodia; national then district

then commune) CDMD works with local government to establish Community Disability Committees (CDCs). These committees have five members: a person with a disability, a representative from the health centre, a school master/teacher, a religious leader, and a member of the commune council. With training support from the community supervisors, the CDCs develop action plans towards disability inclusive practices and advocate to Commune Councils to develop disability inclusive commune development plans. The religious leader in the group conducts awareness raising activities to reduce stigma and discrimination within the community.

Working together: The 36 established CDCs work with the network of community volunteers. For example, if a member of the community requires a wheelchair they may approach the CDC, who will then work with a community volunteer to source the wheelchair or refer them on to a service where wheelchairs are available.

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## What is most effective?

CDMD strives to ensure disability is on the agenda at both the community and national level. This has helped more children with disabilities to attend school and has reduced stigma within communities, enabling people with disabilities to participate in community life.

Beyond the changes seen in the community, one of the successes of CDMD's work is the way they engage people with disabilities to deliver their work. Over 15 per cent of CDMD community volunteers have a disability. Molika is one such volunteer; at five years of age Molika was referred by CDMD for surgery to improve his vision impairment. Although the surgery was not successful, Molika has maintained an

ongoing relationship with CDMD since then. Today, at 24 years of age, he is an active community volunteer with CDMD and role model for people with disabilities. After receiving training, he took on the community volunteer role as an opportunity to challenge the misconception that people with disabilities can't do anything. He saw it as a chance to support others in the way CDMD supported him.

Molika's story shows how CDMD strives to find positive outcomes for people with disabilities. By ensuring active participation in project implementation, CDMD is improving the self confidence of people with disabilities and helping challenge community perceptions thereby reaping strong benefits for the individual and the wider community.



Producing hammocks as an income generation activity.

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### What are the challenges?

- CDMD has found the high levels of poverty in Cambodia make it difficult for volunteers to spend significant time undertaking unpaid work. To help motivate and maintain volunteers, CDMD pays a small per diem to cover transport costs and one meal for each day spent volunteering.

- While CDMD takes steps to actively involve people with disabilities in the implementation of the project, the majority of people with disabilities involved are visually impaired or have minor physical impairments. CDMD has specialist skills supporting the visually impaired, yet is focused on widening its reach to support people with a range of disabilities and high support needs. This challenge is also seen in the gender breakdown of CDCs: CDMD encourages equal numbers of women and men, yet only 15 per cent of CDC members are women.

- One of the successes of CDMD's work is the progress they have made in supporting schools to be more physically accessible. However CDMD doesn't yet have the capacity to work with teachers to improve their skills for teaching children with disabilities. In some cases, children have been placed in mainstream schools without the relevant support to ensure they receive a good quality education. CDMD is linking up with inclusive education NGOs to place children with disabilities in schools where they have the appropriate support.

- Sustainability is an ongoing challenge for CDMD. Despite building strong relationships with the government, CDMD has found it difficult to secure ongoing government funding. Without this support, costs to support the CDCs and community volunteers will not be met beyond the life of the project. In response, CDMD will engage in more targeted advocacy with national level bodies in the next phase of the project.

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### **Inclusive development in practice**

CDMD highlights two key factors for effective inclusive development in its work:

#### **1. Empowering people with disabilities to advocate for their rights**

CDMD adopts strategies that seek to empower people with disabilities to advocate for their rights and gain skills that enable them to have greater control over their lives. As of July 2012, CDMD had established 105 self help groups with 7 to 15 members each. Self help groups have developed advocacy skills, received small loans for livelihood activities, networked with local governments and participated in community activities. While this is a strong foundation, the 2012 evaluation notes that additional capacity building will be required for the self help groups to function independently of CDMD.

CDMD also works with existing Disabled People's Organisations (DPOs) operating at the district level, and plans to build the capacity of these organisations to set up self help groups, rather than doing this directly. DPOs have received training in rights, project cycle management, proposal and report writing and disability law. They are aiming to advocate to government for inclusive education and inclusion of disability issues in commune development plans. CDMD is developing a partnership with the national level DPO, Cambodian Disabled People's Organisation, which will be important to increase sustainability and avoid duplication of efforts.

#### **2. Working together with government and networking with other community based organisations for coordinated, sustainable projects**

CDMD clearly shows the benefits of working closely with government ministries and other organisations. Through building relationships at all levels of government, CDMD has built strong support for its activities within the Ministry of Social Affairs, Veterans and Youth Rehabilitation. The Ministry recognises CDMD as an important partner and recommends that self help groups and CDCs be promoted in all communes. Unfortunately, this support from government has not yet resulted in a financial contribution towards the project.

At the local level, establishing the CDCs has proved to be a successful strategy for disability inclusion. With some initial training on disability inclusion, CDCs have begun addressing barriers to inclusion within their local communities. Strategically selecting members of CDCs who are influential within the community has helped to make these committees effective. What has resulted is a small network of champions within each commune who can advocate for disability inclusion within their own spheres of influence. With some additional support, the CDCs have potential to become sustainable structures for disability inclusion at the local level.



### **Learning and reflection**

How could CDMD work with and support a wider range of people with disabilities with varying support needs?

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Have you developed a relationship with local and national government? How is your project linking in with government plans and priorities?

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# CASE STUDY FROM REHABILITATION & PREVENTION INITIATIVE AGAINST DISABILITY (RAPID)

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## LESSON 1

The quality of the Rehabilitation and Prevention Initiative Against Disability (RAPID) program is reliant on the skills and knowledge of the CBR field workers. To maintain a high standard, it is crucial field workers receive training and ongoing mentoring.

## LESSON 2

Empowering Disabled People's Organisations (DPOs), parents' groups and individuals to advocate for themselves was the most effective way to change community attitudes towards people with disabilities.

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## BREAKING BARRIERS TO INCLUSION – REHABILITATION AND EDUCATION IN ETHIOPIA

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### PROGRESS TOWARDS INCLUSION

- During 2012 activities to raise awareness of the causes and prevention of disabilities reached over 51,000 community members.
- Project staff estimate that up to 80 per cent of people are now aware of disability issues and recognise the abilities of people with disabilities.
- Between 2006 and 2009 almost 900 children with disabilities received home based rehabilitation. In 2012, 392 children with disabilities received rehabilitation services.
- In 2012, 736 people were referred for medical treatment.
- During 2012, 468 people were supported to receive assistive and mobility devices.
- 210 people commenced income generation businesses during 2012.
- All parents with a loan interviewed during a 2009 evaluation reported earning a better income.
- Increased numbers of people with disabilities are participating in decision making processes.
- Accessibility of health centres has improved with sign language training so staff can communicate with deaf people.
- Health centres are providing free treatment for people with disabilities.
- A government funded bus now provides transport to rehabilitation services.

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## The cycle of poverty and disability in Ethiopia

In Ethiopia disability is commonly associated with a curse. Therefore people with disabilities are regularly excluded from Ethiopian society and discriminated against by their families and communities. There are close to 5.3 million people with disabilities in Ethiopia

and only 0.7 per cent have historically had access to educational services.<sup>1</sup>

<sup>1</sup> *Agegnehu, Etenesh. 2000. 'Inclusion of CWD: situational analysis of Ethiopia.' International Special Education Congress 2000. [http://www.isec2000.org.uk/abstracts/papers\\_a/agegnehu\\_1.htm](http://www.isec2000.org.uk/abstracts/papers_a/agegnehu_1.htm)*

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## RAPID's approach to disability inclusive development

Recognising the extreme challenges facing people with disabilities in Ethiopia, the Rehabilitation and Prevention Initiative Against Disability (RAPID) began establishing community based rehabilitation (CBR) programs from 2005. The CBR programs are designed to change negative community attitudes and support children and youth with disabilities to participate and contribute as equal members of their community and economy. Today, the CBR programs have reached over 450,000 people in Adama, Assela, Dera and Iteya with CBR activities.

RAPID is working, special classes are provided for students with disabilities where they learn to use Braille, sign language and other skills to prepare them for transition into mainstream classrooms. Teachers are taught to respond to the needs of students, infrastructure is in place to support students with a disability and a disability club is run for all students, aiming to build understanding and acceptance. Now, when children with disabilities are ready to move into mainstream classrooms, they are welcomed with the right support. In addition to schools, RAPID also supports inclusive practices for livelihood programs, health services, hospitals and local government.

**Change at home:** RAPID's CBR programs focus on children under 15 years of age with disabilities, so support is often provided to families in their homes. In Adama, 22 local field workers were trained to help families learn about and understand disability. The field workers conduct rehabilitation in homes, refer children for medical treatment and provide assistive devices to support children to participate in their community. Some parents are given loans and training to help them earn a sustainable income and support their children to go to school.

**Change in the community:** With field workers supporting change in the homes of children with disabilities and teachers embracing disability inclusion in schools, it is important that disability is recognised in the wider community. RAPID has found the most effective way to change community attitudes towards people with disabilities is to focus efforts on training and empowering DPOs, parents' groups and individuals to advocate for themselves. In each community where the project is run, a CBR committee is set up with parents of children with disabilities, government representatives and local members of DPOs. Together they work to ensure disability is on the community agenda and that people with disabilities have a voice in decision making.

**Change at school:** Opening school doors to children with disabilities is one step towards gaining an education, but ensuring they have the right facilities, are accepted and can thrive at school is another. At Adama No.2 Elementary, one of the schools where

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## How is RAPID implemented?

RAPID commences CBR work in each new town by asking local stakeholders to identify the greatest barriers to the inclusion of children and youth with disabilities in their community. The project focuses on four key elements to achieve greater inclusion of children and youth with disabilities:

1. Provision of comprehensive physical rehabilitation services to cater for the poorest children and youth with disabilities.
2. Development and implementation of initiatives to ensure schools are inclusive of children and youth with disabilities.

3. Delivery of awareness raising activities to help the community learn about the causes and effects of disability, and to advocate for the implementation of existing government policies regarding disability issues.

4. Creating opportunities for youth with disabilities and their families to access livelihood and mainstream financial resource opportunities.

In response to these elements, RAPID looks at establishing and supporting in-home rehabilitation at the same time as networking with mainstream institutions and medical services for the inclusion of children and youth with disabilities.

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### What is most effective?

A leading strength of the program is the quality of training for field workers who support families with rehabilitation in homes. Each field worker participates in an initial six weeks of training on how to identify disability, develop individual rehabilitation plans, train parents on disability management skills and conduct awareness activities. RAPID's field workers engage in continual learning, meeting monthly to share challenges and successes.

The referral system across Adama and Addis Ababa links CBR programs, hospitals, medical clinics, schools and training institutions that are inclusive of children and youth with disabilities. This includes cost-sharing arrangements with some service providers to help make rehabilitation more affordable. The referral system ensures that field workers have a variety of referral options and that the program can be proactive in educating medical professionals and community

members about referral mechanisms, helping to ensure sustainability.

RAPID's approach to achieving inclusive education is designed to provide informal education through field workers at the same time as working with 15 elementary schools to improve access for children with disabilities. RAPID field workers meet with school principals and teachers to advocate for disability inclusion, provide training in teaching strategies and offer assistance in establishing school disability awareness clubs. Activities undertaken by the disability awareness clubs include theatre on disability inclusion, discussions and debates about inclusion, and organising celebrations to recognise people with disabilities. RAPID's approach to inclusive education supports children with disabilities to develop foundation skills to ease their transition into a school that is more equipped to provide an inclusive learning environment.

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### What are the challenges?

- While the referral system is cost effective, RAPID's decision to refrain from providing services directly means that field workers are reliant upon existing services, which are not always adequate. Some services are located a long distance from project areas, which can lead to additional accommodation and transport costs.
- It can take time for parents to confidently apply the physiotherapy and disability management techniques.

In response, the field workers now support the parents with additional visits and training.

- The project faces difficulties involving children with disabilities, especially young children and those with high support needs, in project planning and implementation. In response, RAPID is developing strategies for children's involvement through participatory planning processes alongside their parents and has started to involve children in the development of their own rehabilitation plans.

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A mother carrying out daily therapy with her child, as trained by a field worker.





Children with and without disabilities at school together.

**Inclusive development in practice**

RAPID’s approach highlights two key factors for effective inclusive development:

**1. Provision of disability specific supports and services to enable participation of people with disabilities in the community**

RAPID recognises that physical rehabilitation and provision of assistive devices are vital steps to enable inclusion of youth and children with disabilities in their communities. By providing disability specific support, a strong referral system and services within a wider CBR disability inclusion program, RAPID is making progress towards genuine inclusion and meaningful participation for children and youth with disabilities.

**2. Advocacy to build awareness of and support for disability inclusion**

RAPID’s work with schools is a good example of how utilising a number of strategies can increase awareness and remove barriers blocking disability inclusion. By supporting parent groups, teachers and DPOs to include children and youth with disabilities, and empowering individuals to advocate for themselves according to their own priorities, the project is strengthening the voice of people with disabilities across the community.

**➔ Learning and reflection**

How could children with disabilities be more actively involved in project planning and implementation?

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How could RAPID work towards improving the quality of existing service providers in the referral network?

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# CASE STUDY FROM AMAUDO COMMUNITY MENTAL HEALTH PROGRAM

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## LESSON 1

Building a project within existing government systems can result in more sustainable change. However, to ensure projects are inclusive, these activities must be coupled with strong advocacy with the government to ensure people with disabilities have opportunities to fulfill project implementation roles.

## LESSON 2

Making time to raise awareness at the beginning of the project and harness the support of community leaders and members of the government helps to create a strong sense of community ownership.

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## BREAKING CHAINS OF DISCRIMINATION – MENTAL ILLNESS IN NIGERIA

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### **Mental illness in Nigeria**

In Nigeria stigma towards those with mental illness is a strong barrier to inclusion and a challenge for communities. At a local level, there is little known about mental illness. As a result views of mental illness are often fuelled by myths. In many Nigerian communities it is believed mental illness is caused by witchcraft or is the result of divine punishment.

Consequently communities have been known to chain people with mental illness or hide family members affected by mental illness as a result of the stigma.<sup>1</sup>

*<sup>1</sup>Ukpong, DI & Abasiubong, F. 'Stigmatising attitudes towards the mentally ill: A survey in a Nigerian university teaching hospital', South African Journal of Psychiatry, Vol 16, No. 2, 2010.*

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### **The Mental Health Awareness Program's approach to disability inclusive development**

The Amaudo Community Mental Health Program is the only community based mental health service in south eastern Nigeria. The project provides accessible, affordable and professional care to people with mental illness through a network of clinics and directly to homes. The project found educating communities and challenging traditional beliefs about mental illness is an essential part of supporting people with mental illness.

As part of the program, the Mental Health Awareness Program (MHAP) was developed to educate community workers and families and provide them with the tools and knowledge to support people with mental illness in their community. MHAP is a five-year program delivered to the four states where the Community Mental Health Program operates.

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# PROGRESS TOWARDS INCLUSION

- The MHAP has led to significant increases in the number of referrals to the Community Mental Health Program.
- Village health workers have reported powerful examples of working with families to release people affected by mental illness from chains and support them to receive mental health care.
- Village health workers have carried out awareness raising activities in churches, mosques, schools and community meetings.
- Children with epilepsy who were initially excluded from schools are now returning and the attitudes of teachers and classmates are changing.
- Some village health workers have found that people in communities are approaching them for advice about mental health.

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## How is MHAP implemented?

Recognising that access to good health care is an important first step towards community inclusion, the project arranges training for community psychiatric nurses and other government health professionals. Once trained, they deliver awareness and education programs about mental illness and human rights to village health workers who directly support people affected by mental illness in their communities. In each area the government recruits 15 voluntary

village health workers to support approximately 200,000 people. The village health workers learn positive messages about mental health and advice on how to identify, refer and support people with a mental illness in the community. In raising awareness about mental illness and encouraging those with mental health problems to attend CMHP clinics, the village health workers are helping to change community beliefs and prevent discrimination.

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## What is most effective?

In the six months leading up to the project's start in a new area, communities are heavily involved in the development of the project. This means meeting with influential community members and government officials to share the importance of mental health. By the time the project officially launches in each community, the community psychiatric nurses, other government health staff and 15 village health workers have already attended training, key community members are supportive of the project and there is a strong sense of community ownership.

Mr Omo is a village health worker for the MHAP. In his spare time he visits the traditional leaders in local villages to explain his role and provide information about mental illness, support services and the importance of community inclusion. Each village health worker maintains a close relationship with a psychiatric nurse, and Mr Omo is no exception. He has a strong relationship with the community psychiatric nurse, who supports him, and he requests their support when he has any questions.

Mr Omo found that as more people access mental health care the community has become more supportive as they can see the results for themselves. People are now starting to approach Mr Omo from other communities because they have heard about his work and are hopeful that mental health problems can

be treated. This is an important first step in starting to change community attitudes and increase participation of people with mental illness in the community.

Village health workers do much more than provide referral services; they also help people with mental illness take part in community life. They encourage family reconciliation and visit schools and workplaces where people with mental illness are no longer able to attend. In these homes, schools and workplaces they teach people about the challenges of mental illness and the importance of disability inclusive practices. This component of the project is a vital step towards reintegrating people with disabilities who have experienced discrimination.

The MHAP monitoring processes are integrated into the existing Community Mental Health Program's monitoring where possible. A monitoring and evaluation team is established at the beginning of each period of village health worker training with the aim of reviewing attendance, content and the quality of training. This team conducts pre- and post-training tests to assess the change in attitude and knowledge of the village health workers. Information, including the number of referrals made to clinics and awareness raising activities in the community, is also collected by community psychiatric nurses from each village health worker.



Community Mental Health Program nurse and field workers.

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### What are the challenges?

• One of the key challenges for the project is that mental illness is often not a priority for state and local governments. As a result, gaining government support takes considerable time and effort. Although there are many benefits to having government staff support the project, high staff turnover at local government level has impacted the reach of the project.

• Community psychiatric nurses provide ‘refresher’ training sessions for village health workers every six months. However, it has still proved difficult to maintain village health worker motivation. To help foster a positive working environment the project provides incentives to cover the costs of transport and has introduced a prize for village health workers who have the highest number of successful referrals in their local government area.

• Although people with disabilities (primarily mental illness) are direct beneficiaries of the project and were involved in the project design, they have not been given the opportunity to help implement activities and create change in their community. The project will continue to advocate to the government to consider selecting people with disabilities as village health workers.

• A key component of MHAP is to establish self help groups in each local government area to bring people with mental illness together for peer support and to undertake advocacy activities. Yet not many people have come forward to join the groups. This is likely to be because of the stigma associated with mental illness. Active participation in a self help group may result in discrimination against them or their family members.

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Community Mental Health Clinic



Psychiatric nurse

**Inclusive development in practice**

The Amaudo MHAP highlights two key factors for effective inclusive development:

**1. Advocacy to build awareness of and support for disability inclusion**

Before working in new local government areas, project staff spend six months building awareness and support for the project. This includes meeting with government officials, the primary health care director, local chiefs and religious groups to share the importance of the project. This helps each community understand mental health and feel part of the project. It is also a crucial step to ensure community psychiatric nurses, village health workers and other government health staff are trained and ready to start work when the project launches in their community.

**2. Working together with government and other service providers for coordinated, sustainable projects**

The MHAP works closely with the government in two ways: it is linked with existing government services and is supported by government staff. The MHAP works to strengthen existing services the government is already committed to providing. This approach helps to build the longevity of the services offered for people with mental illness. In terms of staff, rather than employing new project staff the project utilises existing government staff such as community psychiatric nurses to implement the project. Government systems are used to recruit, train and supervise village health workers. By building the project into the government health structure, the services for people with mental illness remain the responsibility of the government, are not dependent on donor funding and have a greater likelihood of continuing beyond the time frame of the project.

**➔ Learning and reflection**

How does your organisation manage the difficulties of project implementation in an environment where stigma and discrimination are widespread?

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What more could the MHAP do to ensure people with mental illness are involved in the implementation of the project?

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What techniques could they use to support and encourage people with mental illness to participate in self help groups?

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# CASE STUDY FROM NORFIL FOUNDATION

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## LESSON 1

Working with local government by assisting and equipping them to implement services and support for people with disabilities achieves strong local ownership of the program.

## LESSON 2

Change takes time – it is important to dedicate enough time to build the capacity of parents instead of rushing to build large support groups. Parents’ Associations need to first equip parents to better support their own children, then gradually introduce parents to wider networks such as support groups.

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## LOCAL OWNERSHIP CREATES SUSTAINABILITY IN THE PHILIPPINES

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### **The cycle of poverty and disability in the Philippines**

Disability is a growing concern in developing countries like the Philippines where discrimination and prejudice present major challenges for people with disabilities, especially in poverty affected areas. In the province of Batangas, where 2.2 million people live, people with disabilities are amongst the poorest in the community. They are often marginalised from mainstream society and lack access to health care and rehabilitation.

For children with disabilities the likelihood of going to school is extremely slim, with only a few schools in the province accepting children with disabilities and very few special education classes. The cascading impact of this is seen in the limited opportunities people with disabilities have to access skills training and employment. There is also the lost income opportunity for parents who need to stay at home to care for their children with disabilities, further exacerbating poverty.

# PROGRESS TOWARDS INCLUSION

- Ownership of community based rehabilitation (CBR) activities has increased substantially at both provincial and municipal levels.
- Local government units are now routinely planning to meet the needs of people with disabilities in their communities and budgeting for these activities.
- Ordinances have been passed within the local government units for the establishment of special classes in mainstream schools, resulting in over 400 children with disabilities attending mainstream schools in the Batangas Province in 2011.
- Physical accessibility laws concerning public infrastructure have been passed.
- Some local government units have organised livelihood training for people with disabilities, or have arranged for people with disabilities to be included in mainstream livelihood programs.
- In 2011, the provincial government led an annual reflection that showed the government's readiness to lead the CBR activities in Batangas.
- AKAPIN Batangan (parent association) has over 2000 members and is actively supporting the 19 municipal level parent groups.
- AKAPIN Batangan is receiving government funding and is seen by government as a key partner in implementing disability related initiatives.

## NORFIL Foundation's approach to disability inclusive development

NORFIL Foundation is a non-government organisation based in the Philippines focused on the needs of children and young people with disabilities and their families. In 2002, NORFIL designed the Batangas community based rehabilitation (CBR) project to address the societal barriers preventing the inclusion of children with disabilities as equal members in their community.

The initial focus of the project was on providing home-based education and rehabilitation services for children with disabilities and helping prepare children to attend day care and mainstream schools. In addition, the project established a parents' association, AKAPIN Batangan, which encouraged parents of children with disabilities to form support groups.

The provision of these important initiatives heavily relied on NORFIL Foundation. As a result, the aim of the next phase of the project was to ensure mechanisms are in place to support the continuation of the CBR project after NORFIL Foundation phases out. With this aim in mind, NORFIL Foundation is working to strengthen the capacity of local government units and the AKAPIN Batangan parents' association by:

- Lobbying for the establishment of a Committee for Disability Affairs to oversee the implementation of programs and services for people with disabilities at the local government unit level.
- Strengthening the parents' association, AKAPIN Batangan, and the relationship between the association and local government units.
- Training additional government volunteers to extend the provision of rehabilitation services.

Disability inclusion training for students in a local school.



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## How is the project implemented?

To ease the handover of CBR activities, NORFIL Foundation's first priority is to increase local government ownership of CBR activities. To do this, NORFIL Foundation lobbies for and supports the establishment of a Committee for Disability Affairs to oversee the CBR activities in each local government unit within the Batangas Province.

**Establishment:** Each committee is set up with 15 members, including representatives from government line agencies (in areas such as health, social services and education), registered NGOs, civil society organisations, Disabled People's Organisations and self help groups.

**Monitoring:** In the Philippines the committees are designed as the coordinating and monitoring arm of the local government units for the implementation of disability related initiatives. They formulate local policies, draft ordinances for the approval of the legislative assembly and ensure local government development plans are inclusive of people with disabilities.

**Capacity building:** NORFIL Foundation, through AKAPIN Batangan, works alongside the committees to improve the capacity of government line agencies to implement disability inclusive programs. An AKAPIN Batangan representative attends every committee meeting to support the local government unit to achieve its CBR commitments. For example, when one committee was successful in having an ordinance passed to include children with disabilities in mainstream schools, AKAPIN Batangan trained

teachers and provided technical advice to mainstream schools on how best to include children with disabilities.

NORFIL Foundation also focuses on building the capacity of AKAPIN Batangan and strengthening its relationship with local government units to increase sustainability. NORFIL Foundation supported AKAPIN Batangan to become a registered organisation, conducted awareness raising sessions on CBR, trained 25 AKAPIN Batangan officers as CBR trainers, and trained parents to become volunteer peer counsellors. NORFIL Foundation also assisted AKAPIN Batangan to establish 19 parent groups (one in each local government unit) to extend AKAPIN Batangan's membership base and increase its presence within municipalities and its connection with local government units. The parents' groups meet monthly and are trained in advocacy and the provision of rehabilitation in the home.

All of these activities rely on a range of community volunteers to implement community based activities. As NORFIL Foundation phases out of Batangas it is important that the existing volunteers and networks established in the government structures are strengthened. For example, NORFIL Foundation, through AKAPIN Batangan members, provided training on disability inclusion to volunteer community health workers, nutrition scholars and day care workers. The community volunteers were trained to identify people with disabilities, refer them to services and include people with disabilities in their regular community work and responsibilities.

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## What is most effective?

Establishing and supporting the Committees for Disability Affairs within the existing government structures to take over primary responsibility for coordinating CBR activities in each local government area has enabled the smooth phase out of NORFIL Foundation from the Batangas Province. This included developing a counterpart scheme with the local governments to help initially share costs and limit dependency on project funding. For example, NORFIL Foundation paid for the provision of epilepsy medication for one year only; the next year it was included in the government budget. This helped to remind the government that responsibility for supporting people with a disability should sit within

the community and be an ongoing priority of local government units.

Structuring the Committees for Disability Affairs so representatives from AKAPIN parents' groups are included as members in each committee has also been effective in holding the committees to account and ensuring that disability inclusion is considered in the government's annual investment plans.

In preparation for the phase out, NORFIL Foundation gradually implemented fewer activities directly, and primarily focused on providing technical advice and support to local government units and AKAPIN Batangan when required.



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**What are the challenges?**

• Establishing the government as primary coordinators of CBR activities through the Committees for Disability Affairs can be challenging due to potential for government representatives to change. As elections are called every three years in the Philippines any change in government means extra work to sensitise the new representatives to the needs of people with a disability.

• In order to ensure sustainability and maintain momentum to coordinate CBR activities the government committees will need ongoing support. While AKAPIN Batangan will be able to provide much of this, there may be cases where NORFIL Foundation will need to provide technical support to local government units.

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**Inclusive development in practice**

The project highlights two key factors for effective inclusive development:

**1. Building capacity of governments, institutions and service providers to implement disability inclusive approaches**

NORFIL Foundation’s goals are to ensure local government units implement project activities and provide services and support for people with disabilities. These goals were developed in response to lessons from previous projects where NORFIL had not fully involved the government until the phase out period, resulting in a lack of ownership.

**2. Empowering people with disabilities to advocate for their rights**

Many of the children with disabilities targeted by the Batangas CBR project are too young to advocate for themselves and therefore rely on their parents to be strong advocates on their behalf. A large part of this project has been to develop and strengthen AKAPIN Batangan to help parents advocate for the rights of their children and other children with disabilities. Rather than being a beneficiary of the project, AKAPIN Batangan has increasingly become a partner in project implementation, which is a testament to NORFIL Foundation’s success.

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**➔ Learning and reflection**

If your project has already started, what steps could you take to strengthen the government’s involvement?  
Are these approaches sustainable?

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Are there existing networks of community volunteers in your project area that you could build the capacity of for disability inclusion rather than recruiting new volunteers? If you are planning to recruit new volunteers, how will these be supported after the project finishes?

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# CASE STUDY FROM BLIND PEOPLE'S ASSOCIATION (BPA)

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## LESSON 1

Establishing self help groups for all people in poverty (with or without disabilities) prevents further isolation of people with disability. It encourages relationships to be developed between people with disabilities and others in their local community.

## LESSON 2

To encourage participation within self help groups, it can be beneficial to set up the groups once village leaders with disabilities have been identified and trained, some practical needs have been met, and the community has a greater understanding of disability.

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## VILLAGE LEADERS PAVE THE WAY TOWARDS INCLUSION IN INDIA

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### **The cycle of poverty and disability in Gujarat, India**

People with disabilities in the state of Gujarat in India experience a range of difficulties realising their rights. Poverty is widespread and access to employment is limited. While the national government's Inclusive Education program has succeeded in including some children with disabilities in school, many remain excluded. Women with disabilities are particularly marginalised as a result of their gender and their disability.

A survey by the government's community based rehabilitation program in Gujarat found that only 12 per cent of people with disabilities are aware of their rights and that only five per cent of public servants have any knowledge of the national Persons with Disabilities Act. This is thought to contribute to the low number of government poverty alleviation schemes accessed by people with disabilities, which exacerbates their poverty.

### **The Blind People's Association's approach to disability inclusive development**

The Blind People's Association (BPA) has a long history of working in the field of disability and development in Gujarat. Its initial work focused on

rehabilitation and service provision, however BPA saw the need to raise awareness of the rights of people with disabilities to improve their access to opportunities and inclusion in the community. To respond to this need, BPA designed the Developing Sustainable Infrastructure for the Inclusion of Disabled Persons in Gujarat project.

# PROGRESS TOWARDS INCLUSION

- The health and education departments at district and sub-district (block) level frequently approach the district information centres for training and support.

- Through the district information centres, more than 1500 people with disabilities have received certification from the government, which allows access to government schemes such as a disability pension.

- District information centres have supported over 1000 people to receive assistive devices, supported 320 people with disabilities to commence income generating activities and

supported 178 children with disabilities to enrol and stay in mainstream schools.

- People with disabilities report feeling more visible in the community which in turn has enhanced their status and emotional well-being. People with disabilities are more aware of their rights and are beginning to stand up for themselves.

- Approximately 90 women with disabilities now also have their own bank account, which helps them to have more decision making control over their finances.

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## How is the project implemented?

The objective of the project is to improve access to opportunities for people with disabilities in three districts of Gujarat State. This is done by developing sustainable infrastructure that links people with disabilities to government services and supports their full participation in the workplace and the community. BPA designs the program with the ongoing involvement of people with disabilities. This helps to ensure the project supports the needs and priorities of people with disabilities, but also starts the process of building good relationships with the community to

improve awareness of disability. These community based approaches have helped BPA to:

- Establish district information centres in each district.
- Increase the mobility and visibility of people with disabilities in the community and their access to services.
- Increase the number of children with disabilities accessing education.
- Ensure village leaders, general community members and public servants are sensitised and trained in the inclusion of people with disabilities.



Gopi, who is blind, is now able to support his family working and managing a cotton field after receiving training from BPA.



Gopi and his family in the cotton field.

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## What is most effective?

**Working with local partners:** BPA works with local partner organisations to implement the project across three districts. The partners first establish a district information centre with BPA's support and each centre employs three local field workers - one male, one female and one person with a disability - who each conduct outreach activities in approximately 60 villages. The centres are designed to operate as satellite centres in each district and to be the coordination point for project activities.

**One stop shop:** District information centres are designed so that they are a 'one stop shop' for people with disabilities, community members and public servants. They act as a central place where people can access information about disability, learn about government disability schemes and receive referral services. Having one physical location for each centre helps to increase the visibility of the project within the district so that people know where to seek advice and support.

**Village leaders:** To encourage community awareness BPA recognises the importance of targeting communities where district information centres do not exist. Project field workers visit communities and identify potential village leaders with disabilities to be trained to play a leading role in raising awareness of disabilities within their village. These leaders learn about their rights and how to advocate for themselves and others with disabilities in their village.

**Self help groups:** Once communities have access to support and their urgent needs such as disability cards and rehabilitation services are met, village leaders with disabilities are supported to form self help groups. The groups are inclusive of people with and without disabilities to prevent further isolation of people with disabilities from their communities. Through the self help groups people receive social support, training in local crafts, mobility and communication skills, and access to credit. The self help groups also receive training on rights, the importance of having a collective voice and advocacy strategies.

The self help groups are energetic and operate with momentum as a result of the strong sense of ownership attached to the group. Establishing the groups later in the project also helps them become active quickly, as people have progressed through the incremental steps of building awareness, having their practical needs addressed on an individual level, then developing a desire and collective vision for change.

**Improving access to education:** The project uses a number of complementary strategies to improve access to education for children with disabilities. In communities, field workers work with village leaders with disabilities to undertake awareness raising activities to encourage parents to send their children to school. This is seen as critical to address the commonly held view that children with disabilities are unable to learn. Field workers also support the education of children with severe disabilities who are unable to attend school by working with them to learn daily living skills at home. Through the district information centre, the project also supports children's education by supplementing mainstream schooling. For example, a child may attend a mainstream school during the week, and then attend the centre to learn Braille or sign language on a Saturday.

The project also advocates to the state government for the adoption and use of the national government's inclusive education scheme. This includes convening seminars and meetings with state government officials, using media to create awareness about the inclusive education scheme and lobbying Ministers for adoption of the scheme. Once government officials are sensitised to the inclusive education scheme, BPA conducts training for government education officers and teachers in mainstream schools. BPA often conducts training with the district level education department's 'Education for All' officers, who then train sub-district level resource people, who in turn train special educators and mainstream teachers in their respective areas.

**Advocacy:** The final component of the project is to sensitise government employees and institutions to the rights of people with disabilities. At the village level, BPA provides training to each village panchayat (the local elected government) and other administrative functionaries like the Gram Mitra to help them understand disability issues. The training provides information on government schemes for people with disabilities, and government employees are encouraged to help people with disabilities in their village access those schemes.

**Gender:** The project takes a strong approach to gender throughout implementation by adapting activities to ensure that both women and men can participate and be involved in all aspects of the project. For example, a crèche is provided to allow women to participate in vocational training and there is a training program that discusses the barriers women with disabilities face when accessing microcredit. Husband and wife teams also visit homes to convince in-laws to let women with disabilities join training, which has been effective in increasing female involvement.



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### What are the challenges?

- One of the benefits of the district information centres is the increased understanding and demand for services available to people with disabilities. Yet the availability of government and NGO rehabilitation services has not always kept up with demand. In response, BPA ensures they are upfront about the type of support available to make sure people with disabilities do not develop unrealistic expectations.

- Self help group members are encouraged to participate in vocational training run at the district information centres. While many people have taken up this training, in some cases people with disabilities do not want to work. The self help groups are working to change these attitudes by emphasising the empowering role that access to income can have. Once people in self help groups are familiar with accessing small amounts of credit through the program, they are also supported to access mainstream credit providers to support income generation activities.

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### Inclusive development in practice

- The project highlights two key factors for effective inclusive development:

#### 1. Building capacity of governments, institutions and service providers to implement disability inclusive approaches

BPA approaches capacity building on a case by case basis to ensure every audience receives the most appropriate information to foster inclusive development. For example, BPA uses a train the trainer model to reach villages away from the district information centres, allowing the project to build the capacity of many more people than would be possible if all training was provided directly.

#### 2. Empowering people with disabilities to advocate for their rights

Building the capacity of people with disabilities to undertake advocacy and develop leadership skills is central to the project. Yet rather than training people with disabilities in advocacy immediately, BPA takes an incremental approach. This starts with building awareness, addressing practical needs and helping people with disabilities to understand their rights and the procedures needed to claim their rights.



### Learning and reflection

What has your project done to ensure that women with disabilities are able to equally benefit and participate in project activities? Are you aware of the particular challenges women with disabilities may face? How might you address these challenges?

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This project took a unique approach to establishing self help groups by making them inclusive for both people with and without disabilities. Do you think this could work in the context of your organisation's projects? What might be some potential advantages and disadvantages of this approach?

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# CASE STUDY FROM CAMEROON BAPTIST CONVENTION (CBC)

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## LESSON 1

Combining different approaches to disability inclusion can have powerful effects. For example, supporting advocacy to raise awareness of the rights of people with disabilities works well with capacity development to assist organisations to implement disability inclusive approaches.

## LESSON 2

Working with mainstream health promotion campaigns helps ensure messages about disability are accessible to all members of the community. This is an effective way of reaching a wider audience.

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## NETWORKS BREAK BARRIERS IN CAMEROON

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### **The cycle of poverty and disability in Cameroon**

People with disabilities in Cameroon face a range of barriers in accessing their rights. In the north-west region, availability of rehabilitation and assistive devices is scarce with just 10 per cent of people with disabilities accessing services. Mainstream schools do

not support children with disabilities and there are very few special schools, leaving the majority of children with disabilities uneducated. This begins a cycle of exclusion where people with disabilities cannot earn an income and thus find themselves marginalised, poor and excluded from community life.

### **The Cameroon Baptist Convention's approach to disability inclusive development**

The Cameroon Baptist Convention (CBC) is a leading provider of disability and rehabilitation services in the north west region of Cameroon. They established the Socio-Economic Empowerment of Persons with

Disabilities (SEEPD) program to coordinate the efforts of existing projects working towards disability inclusion and to ensure resources are shared and activities are not unnecessarily duplicated. The objective of the SEEPD program is to ensure people with disabilities in the north-west are socially and economically empowered.

# PROGRESS TOWARDS INCLUSION

- Fourteen mainstream educational institutions have adjusted their teaching methods for children with disabilities, at primary and secondary levels.
- Two local councils have also developed scholarship programs to assist children with disabilities to attend school.
- Over 300 adults with disabilities have received microcredit loans, with 95 per cent of loan recipients reporting positive improvement in their quality of life, community attitudes and participation since receiving their loan.
- Companies have agreed to interview people with disabilities, which has led to 11 people with disabilities securing employment.
- Four mainstream microfinance institutions are now open to extending their services to people with disabilities.
- People with disabilities are more aware of their rights, more assertive and have increased self esteem.
- About 64,000 people with disabilities have received hospital services through the project and 17,000 have been visited via outreach.

## How is SEEPD implemented?

The SEEPD program is designed to cluster a range of separate projects under one umbrella program, essentially forming a network of partners. This includes existing projects within CBC and those of external partners. The SEEPD program's aims are to:

- Increase the scope and utilisation of medical and rehabilitation services.
- Increase economic empowerment of people with disabilities.
- Increase the participation and success rate of children with disabilities in education.
- Undertake research contributing to the development and implementation of the project.
- Increase the effectiveness of mainstream campaigns for people with disability and the sensitivity of government to the needs of people with disabilities.



Sign language instructor teaching students sign language so that they can communicate with their peers.

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### What is most effective?

**Central coordination:** The SEEPD program is designed with a central coordinating unit to support program management, financial management, communications, inclusive education, gender, child protection and monitoring and evaluation. The unit is supported by a core management committee that includes people with disabilities and a broader stakeholder committee with representatives from all partners. Of the 40 stakeholder committee members, nine are people with disabilities and over 40 per cent of representatives are women.

**Medical care:** Nine medical and rehabilitation services are involved in the program including eyecare, orthopaedics, physiotherapy, ear, nose and throat care, and low vision care in both institutional and community settings. To increase the scope and utilisation of medical and rehabilitation services, the program is designed to operate using a CBR approach. The nine CBR field workers and 78 community volunteers are responsible for identifying people with disabilities in their local community, referring them to services and raising awareness on disability within the community.

**Economic empowerment:** To increase economic empowerment SEEPD links people with disabilities with potential employers and facilitates access to credit. This involves organising networking meetings where people with disabilities meet with potential employers and present their skills. The project increases access to credit by providing tailored loans through a partner microfinance provider (WINHEEDCAM). The project also advocates to mainstream credit providers and employment agencies to expand their services and opportunities for people with disabilities.

**Education:** SEEPD uses two main strategies to increase access to education. The first is to increase

enrolment in special schools by raising awareness of the importance of education in communities and reducing stigma. The second involves working with one primary school and one high school in each of the seven divisions to increase inclusion of children with disabilities. Workshops are conducted with mainstream teachers to change attitudes and equip them with simple strategies to include children with disabilities. The project adopted this multi-layered approach to education after recognising that children with disabilities have a variety of support needs and that simply increasing school enrolments would not enable children with disabilities to learn inclusively or effectively.

**Communication:** The SEEPD communication unit supports the community awareness and advocacy work of the program as it works across multiple sectors such as education. For example, the program advocated to the General Certificate of Education Board to make specific provisions for candidates with a vision impairment to sit school examinations. When the Education Board agreed, the communication unit then supported this by assisting the government to produce Brailled exam scripts. The communication unit works with mainstream health promotion campaigns (e.g. HIV/AIDS awareness) to adapt their campaign materials so they are accessible. They support people with disabilities to advocate for their rights and advocate to government services to include people with disabilities.

**Research:** SEEPD undertakes research to support the implementation of the program. This research seeks to address the lack of reliable information on disability available in the region. SEEPD's research partner, the Centre for Inclusion Studies, completes baseline assessments, documents good practice approaches and conducts research on issues that support program implementation and management.

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Participants of a capacity building workshop for persons with disabilities held in Bamenda, Cameroon.



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### What are the challenges?

- Although the program has been successful at including people with disabilities in planning and monitoring, people with disability have not been directly involved in program implementation. CBC has responded to this challenge by designing the second phase to ensure many more activities are implemented by people with disabilities.
- While some mainstream microfinance institutions have agreed to provide loans to people with disabilities, people with disabilities have been hesitant to approach these organisations. This is thought to be

because of the low self esteem of some people with disabilities in addition to the rigorous conditions of the loans.

- While the program attempts to meet with government authorities at the national level, it is difficult to secure meetings and conduct advocacy initiatives. SEEPD plans to persist in seeking national government input, while continuing to implement strong inclusive development approaches. The long term aim is that the government will recognise the quality and benefit of their approach and will take greater ownership in the future.
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### Inclusive development in practice

The program highlights three key factors for effective inclusive development:

#### 1. Networking with other community based organisations for coordinated, sustainable projects

This program is a strong example of the benefits of partnering with other community based organisations to provide a comprehensive, coordinated approach to disability inclusion. By coming together under one cluster program, each individual project has achieved more than would have been possible if it was operating independently. For example, the inclusive education component was made more successful by advocacy efforts of the communication component and through being able to refer children with disabilities for rehabilitation and medical services when needed.

#### 2. Advocacy to build awareness of and support for disability inclusion

Advocacy and awareness raising are used across most program components. This is likely to have contributed to the increased number of people accessing medical and rehabilitation services, and helped encourage parents to send their children with disabilities to school. The program has found advocacy is most effective at a local level, particularly when the request is a specific, practical action from government.

#### 3. Building capacity of governments, institutions and service providers to implement disability inclusive approaches

While advocacy has been essential in increasing awareness of the importance of disability inclusion, following up with practical support on how to increase inclusion of people with disabilities is also critical. Providing resources such as the inclusive education handbook supports teachers to implement what they learned through the SEEPD training program.

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### Learning and reflection

- Does your organisation have multiple projects that could be working more closely together? Are there other programs or services your project regularly refers to? What could you do to improve coordination between your project and other services?
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- What more could SEEPD do to gain the support of the national government? How would you have approached this if in their situation?
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