

## ANNEX A:

### Progress Report

<b>Date</b>	2003
<b>Title of Project and Project Ref. No.</b>	Capacity building in Community Based Rehabilitation for Children with Disabilities NO.CI – P32
<b>Organisation</b>	Voluntary Service Overseas (VSO)
<b>Reporting Period</b>	1 <sup>st</sup> December 2002 to 28 <sup>th</sup> February 2003
<b>Anticipated Completion Period</b>	31 May 2003

#### 1. Goal, Purpose and Output of the Project

##### Goal

To improve opportunities for children with disabilities (CWDs) and change attitudes that is biased against them, such that they can participate fully in society.

##### Purpose

To build the capacity of local communities and service providers in ten districts in Community Based Rehabilitation techniques to enable them to better manage and reduce the impact of disability among CWDs.

##### Outputs

1. Service providers, field workers and communities have capacity and have adopted and integrated CBR into existing activities.
2. Parents/family members are better able to care for CWDs through increased knowledge and skills and are more favourably disposed towards them.
3. Local communities are more proactive in seeking provision and opportunities for CWDs.
4. Community Income Generating Activities (IGAs) initiated for the benefit of /and or by CWDs
5. Information, education and communication (IEC) materials developed and disseminated.
6. Examples of best practice documented and disseminated throughout the ten pilot districts and thence to other districts through VSO's broader disability programme and global network.

#### 1.2 Modifications to Goal Purpose and output of the Project

No further changes to Goal, Purpose and Output have been made since the last quarter. The Project continues to be implemented in the ten Districts. The report is based on the achieved outputs in the reporting period.

### **1.3 Output Progress During the Reporting Period**

1. There is evidence that continued building of skills and confidence in specific disability areas by parent and CRWs is translating into increased and enhanced home based management as evidenced by success stories among CWDs. This makes a strong case for the CBR strategy, which proposes that a majority (70%) of disabilities can be managed at the community level. Training of local artisans in making low cost will is expected to widen the community's resource base for cheap and easily accessible rehabilitation equipment
2. Lobbying efforts and awareness campaigns continue to show tangible results. Educational services for CWDs continue to expand through establishment of units and home centres services. There is evidence that communities have positively used the declaration of free primary by ensuring that CWDs are not locked out by offering information and ideas in the implementation process. In addition the rights of CWDs continue to be entrenched in the Kenya Constitution Bill currently under discussion at the national level. CBR groups can boast significant contribution to this bill as result of their involvement in the consultation process of the constitution of Kenya review commission.
3. The close networking with the health sector and personnel has directly contributed to the prevention, treatment, rehabilitation and promotion of the health of CWDs. This realisation of this achievement has resulted in enhanced cooperation and joint planning resulting in better coordinated services and enlisting greater confidence of the community in services offered.
4. The development of IGAs has continued to grow in number and in the member's capacity to manage, and proactively link with other micro-enterprise initiatives to expand their resource base. Ownership of group initiatives continues to be evident in the in the use of uniforms for identity and advocacy purposes.
5. Sharing best practice is an integral part of the project and there is evidence of different groups and individuals seeking information and training from the CBR teams as well as CBR teams reaching out and training members of neighbouring in CBR skills

### **Purpose Progress**

The challenges of reducing impact of disability in the context of poverty and poorly resourced environments where the CBR initiatives are located cannot be under estimated. These challenges have however been diminished by the determination of the community to make a difference in the lives of the CWDs and their families. This has been greatly influenced by the many success stories that are a result of their intervention. In addition the knowledge and skills gained have played a big role in unleashing the latent power of communities to assess analyse and identify strategies to meet the needs of CWDs using available resources which is a key principle in community based rehabilitation and in reducing the impact of disability.

### **2. Work Carried Out in this Period**

Activities proceeded according to the bar chart of activities, and were successfully achieved for the most part.

- 2.1 44 Awareness meetings were held for 15311e during this period.
- 2.2 The Matungu CBR group opened an office at the Bulimbo Primary School in a colorful ceremony. This was necessary to provide a venue for meeting and to advance their handcraft IGA activities. In the entire district CBR group meetings continued in the community for purposes of strategizing, mapping out activities and also reviewing progress.
- 2.3 Through the CBR initiative and EARCs activities a total of 545 CWDs were identified, of these 231 were direct result of the CBR initiative. 105 were girls and 126 were boys. All were referred appropriately to home based programmes, schools and hospitals.
- 2.4 664 children were placed in home based programmes and 355 visits were made. Transport to communities posed problems. The Planting season also had some effect in the number of visits made.
- 2.5 A total of 658 different groups were trained in CBR based on priority needs in each district. These included 245 ToTs, 369 parents CRWs and 44 CRWs in Mombasa, Kajiado and Kitui. Courses included management of IGAs, managing children with epilepsy, cerebral palsy, basic physiotherapy and occupational therapy, activities of daily skills. Thirty local artisans were trained in production of low cost aids.
- 2.7 Six assitive devises were provided for 6 CWDs, which include hearing aids, crutches, callipers and a wheelchair. Through direct support and networking health related partners over ten children received corrective surgery and were fitted with artificial limbs.
- 2.8 Another 5 income generating activities making a total of 23 were started. Members continue to recognise that CWDs are the prime beneficiaries but also aim at improving the lives of their families. The IGA groups have invested in uniforms for identity but also for advocacy purposes. Due to shortage of funds exchange visit were deprioritised but Mwingi was able to send the CBR supervisor to Uganda for a learning experience. In the period he will be asked to share the learning through written communication
- 2.9 CBR groups continue to take advantage of existing forums and opportunities such as school board meetings, church services and chief meetings or barazas as well as approach significant individuals to advocate for CWDs. Campaigns by communities continued through lobbying at 37 different settings. Regular monitoring and evaluation visits to homes, and communities activities continued groups by EARCs and the programme coordinator visited Samburu, Laikipia, and Butere / Mumias
- 2.10 Individuals and the British Army were among new partners identified this quarter in addition to the existing ones and thus expanding the service capacity for CWDs

### 3. Results

- 3.1 In all districts the result of awareness campaigns has resulted in CBR groups getting allies from the communities at large who campaign at different levels to identify and refer CWDs appropriately .The effect of this trend is that disability is becoming a known domain and the negative attributes are becoming diminished indicating greater acceptance of CWDs.
- 3.2 There are testimonies by parents and CRWs of the many activities of daily living that children have been able to do as result of home training. They continue to realise milestones in speech and language skills, feeding, mobility and other social skills. There are also more cases of early medical attention and corrective surgery at Kijabe and local hospitals as well as acquisition of artificial limbs from Jaipur foot. The cumulative effect of this is heightened networking especially with medical oriented partners for the benefit CWDs.

3.3 IGAs groups continue to mobilise small resources to give direct support to CWDs such as pay for transportation to medical facilities, to buy books and pencils and pay for a support of a teacher in one of the schools. This is an indication that parents and communities recognise their role seeking and providing service for CWDS.

3.4 The effect of the current making of the Kenya constitution where the rights of CWDs of CWDs continue to be recognised has legitimised CBR group's efforts in advocacy and given them reason to continue with greater conviction. The result of this is seen in the many children getting enrolled in schools and also accepted in the community. The declaration of free primary schools has seen CBR take a lead role in ensuring providing ideas and information to support the process includes CWDs. CBR group in Mombasa successfully lobbied for representation of a parent of CWDs in the school board of governors which underlines the communities determination to have the rights of their children respected.

#### **4. Implication**

4.1 Understanding the rights of CWDs has positively influenced the response of different sectors in providing services to CWDs. It is important that advocacy and lobby skill be enhanced for all players in CBR.

4.2 The high level of children being put on home programmes requires intensified training of parents and CWDs for maximum benefit. Transportation to different homes continues to pose a problem. Seasons also need to be taken into account during planning. This will be reviewed to enable more children being reached.

4.3 Capital development for CBR communities continues to be critical because of its importance in improving livelihoods of families and families of CWDs. It is important that IGA groups continue to explore possibility of linking with other partners and explore micro financing opportunities. The success of IGAs is a key principle in developing successful CBR.

#### **5. Priority Activities During the Next Reporting Period**

Priority activities during the next quarter will include:

- 5.1 Supervisors will be encouraged to share what they are doing with other districts through exchange of mail.
- 5.2 Continue to train local artisans as a resource for making low cost aids.
- 5.3 Continue development and management of IGAs and explore micro-enterprise options
- 5.4 Continue home- based training and home visits
- 5.5 Documenting CBR case studies and district profiles.
- 5.6 Monitoring and Evaluation visits, by both EARC and national office.
- 5.7 The project will give its final report in August and strategise for continuation of the project beyond the funded project.