

LOCATION Kenya

PARTNER

VOLUNTARY SERVICE OVERSEAS, UK

Voluntary Service Overseas (VSO) is an international development charity that works through volunteers. It enables people aged 17-70 to share their skills and experience with communities in the developing world, believing that they can make a difference in tackling poverty by helping people to realise their potential.

SUMMARY

The project aims to help parents, families and communities reduce the prevalence and impact of negative attitudes towards disabled children so that they can participate fully in society.

PERIOD OF FUNDING June 2001 to May 2003

GRANT £59,537

CONTACT

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Capacity building in community-based rehabilitation

BACKGROUND

ince 1984, Education Assessment and Resource Centres (EARCs) have been set up throughout Kenya to identify disabled children and arrange for their educational needs to be met. This is mostly done through units in regular schools rather than through separate, special schools. EARCs were established as part of a programme supported by the Danish development agency, **DANIDA**. They are managed by co-ordinators who report to District Education Officers from the Kenyan Ministry of Education, Science and Technology (MOEST).

by EARCs was drastically reduced when DANIDA withdrew support in 1998. Since then, problems with the centres have been reported, including a failure to identify some disabled

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THE PROJECT

oluntary Service Overseas' (VSO) Special Needs Education
Support Project (SNESP) supports the work of EARCs in ten districts in Kenya. To build on this work, VSO and MOEST obtained KaR funding to introduce a community-based rehabilitation (CBR)
approach to help communities forge their own solutions to discrimination against disabled children. The project is also supported by the European
Union, Canadian International Development Agency and a number of European Community trust funds.

In these ten districts, CBR is being used as a strategy to enable disabled people to gain a better quality of life by increasing their rights and opportunities within the home and the wider social setting. The four main components of good CBR practice are the social integration of disabled people (including involvement in decision making); involving local community leaders; using simplified technology and local resources; and appropriate, accessible and local services.

The KaR-funded CBR programme started in September 2001. Its aims include:

- identifying children who are 'hidden' from traditional services
- reducing the incidence of disability through early intervention
- increasing community understanding of the main causes of disability
- increasing community ownership of disability services
- encouraging delivery of home-based services for disabled children.

Key components of the CBR approach being promoted include:

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- I training the parents of disabled children
- identifying and training CBR workers, including community health workers and traditional birth attendants
- forming and training community CBR committees
- improving access to assistive aids by encouraging local artisans to make suitable aids using local resources
- identifying and overcoming barriers faced by disabled children, for example exam-orientated curricula and the tendency to invest in children who are most likely to be a source of future income
- identifying disabled adults who have missed out on their education and providing them with help through polytechnics and self-help groups
- working with and through local authority structures, such as the provincial administration and local chiefs
- developing local and national advocacy strategies and close co-operation with MOEST
- developing income-generating activities to sustain CBR work.

To date, CBR committees have been established in all ten districts and are being trained in disability issues by EARC staff. Some committees are already training parents to better understand and provide for the needs of their disabled children. More disabled children have now been identified for later assessment by the EARCs, and bicycles have been given to help community workers make home visits to families in need of assistance.

The project has gained strong, local ownership within the ten districts – a good endorsement for the CBR approach - and has been well-supported by MOEST. As part of the project, local community groups have lobbied their MPs for disability services and rights, and to support a Disability Bill currently going through parliament.

LESSONS LEARNED

A key factor in the success of the project has been the strong working relationship between VSO and MOEST. The project has also benefited from a local approach to implementation, as different districts build upon existing community structures.

The project experienced challenges when trying to mobilise community support, finding it easier in rural areas than in towns. The EARC in Mombasa initiated work in three different parts of the town before establishing a strong and active group in the Likoni area.

However, co-ordinators feel that this stage of the work is essential if communities are to own the project and not have unrealistic expectations of it.

The main priority of those working within the project is effective service delivery, so sharing of learning receives lower priority. One frustration expressed was that it is fruitless to promote learning if there is no commitment from donors to The project has gained strong, local ownership within the ten districts a good endorsement for the CBR approach – and has been well-supported by MOEST.

incorporate it into their planning and programming.

A key need identified within the project was for co-ordinators to be trained in general management as well as in technical/CBR skills. This can be addressed through management workshops.

Although the programme's focus is the educational needs of disabled children and the method of delivery is CBR, co-ordinators recognise the need for improved access to affordable assistive aids, for example hearing aids and callipers.

FUTURE PLANS

he project will continue to identify A key need identified and assess disabled children, and to develop and strengthen CBR committees through training, monitoring and evaluation. VSO is producing training materials and a video for educational and communication purposes, and it is hoped that this type of CBR approach will be replicated in other parts of Kenya.

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