

## ANNEX A:

### Progress Report

<b>Date</b>	2002
<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> September to 30 <sup>th</sup> November 2002.
<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 continue 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 CBR initiatives are impacting directly on increasing numbers of CWDs through identification, assessments, referrals and placements as well as improved livelihoods. There are also more efforts to integrate and include CWDs in schools and communities.
2. Lobbying efforts and awareness campaigns are translating into tangible benefits for CWDs in the public domains and in government policies. For example in the Ministry of Education's inclusion policy CBR is being considered as a key strategy in implementation. This is a direct result of CBR community and national lobbying by the project.
3. Networking efforts have intensified resulting in widening scope covered in accessing services and other support for CWDs. This is accepted and now actualised as a crucial strategy in embracing a multi-disciplinary approach to disability management.
4. Capacity building has proven to be key in equipping service providers with relevant skills to support CWDs professionally and this should continue to be a part of any effective CBR programme.

### **Purpose Progress**

The free primary school agenda by the leading contestants of the incoming government was indicative of supportive policies in the education. This was a major shift and factor in including CWDS to education. It was also a booster and an affirmation of the benefits of advocacy by the communities. Increased and enhanced early identification, assessment and intervention in home based training as well and improved livelihoods through IGAs contributed to reducing impact of disabilities.

## **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 52 awareness meetings were held for 3144 people during this period. It was notable that Laikipia district did extensive awareness in nine divisions contributing to huge coverage
- 2.2 24 support groups were started during the period under review.
- 2.3 Through the CBR initiative and EARCs activities a total of 605 CWDs were identified, of these 368 were direct result of CBR initiative. 284 were girls and 321 were boys. All were referred appropriately to home based programmes, schools and hospitals.
- 2.4 Training of CBRWs continued for 129 persons in six districts, Kisumu, Machakos, Kajiado, Mwingi, Vihiga and Butere-Mumias. Home-based training was started in 8 districts, Kisumu, Kajiado, Kitui, Butere-Mumias, Laikipia and Samburu and 128 home visits were made.
- 2.5 Training in CBR continued for 314 parents, 65 teachers and 18 assistive equipments were provided for 18 children.
- 2.6 CBR structures were established and were operational in all the 10 districts 7 new community groups

2.7	All groups continued to network with various partners such as Jaipur Foot, Bethany Clinic Kijabe, APDK, AMREF, Lillian Foundation, Terres de Hommes, NCKK and Asian Foundations to increase access to services and support of CWDs.
2.8	Communities in the ten districts continued to explore suitable income generating activities and register them. 17 IGAs in 5 districts were operational. Regular monitoring and evaluation visits to homes, by EARCs continued.
2.9	Advocacy campaigns by communities continued through lobbying of 14 different groups for support. Communities continued to take a leading and active role in advocacy activities on behalf of CWDs in ensuring that special units were started and the right staff were retained. For example placement officers in all districts and EARCs personnel as well as communities continue to lobby and ensure that the right personnel support initiatives for CWDs. Because of heightened sensitisation in Matungu in Butere-Mumias the plan to transfer a teacher was quashed after the EARCs intervened. In Laikipia an occupational therapist seconded to the EARC from the Ministry of Health to support its work in Tigithi Location, the place selected to implement CBR.
2.10	30 additional T-shirts were distributed as IECs materials in Kisumu district.

### 3. Results

3.1	In all districts the cumulative effect of the intense awareness campaigns was evident in improved community attitudes and behavior change resulting to better management of CWDs. CWDs had began to recognize the difference in the way they were treated by their peers resulting in better interrelationship and integration with their peers. Children testified that there was less name calling and negative comments from the community and peers.
3.2	Support groups continued to increase in number and provided support to parents and families of CWDs in coping with and managing their circumstances.
3.3	In all districts there was evidence that the children had benefited from the skills the parents had gained. More children were able to take part in activities of daily living such as improved speech and language skills, feeding, mobility, social skills and inclusion in community.
3.4	CBR training in the communities and among parents built confidence and improved skills and reduced frustration.
3.5	The success realized by communities through networking had spurred them to seek for more and diversified partners to network with thereby resulting in increased services and resources to support CWDs. For example NCKK and Lillian Foundations support in school fees while the Asian Foundation provides in foods and equipment.
3.6	IGAs have mobilized small resources to give direct support to CWDs to pay school fees and transportation to medical facilities. In one community Jitegemee Support Group supported a young disabled couple to pay hospital bills and buy clothes after the delivery of their baby.
3.7	Monitoring and evaluation activities focus directly on CWDs to identify and seek solutions that directly affect CWDs.
3.8	As a result of the intense lobbying there is evidence that governments are responding positively. For example the government leaders were involving PWDs in their campaigns and were insisting that CWDs must not be discriminated on any grounds in accessing education and other services.
3.9	The IEC and word of mouth messages on CWDs have been well received in the communities and non-project areas. These have engendered various inquiries on demands that CBR should be started in their areas.

#### **4. Implication**

- 4.1 CWDs have started to benefit directly from the intensified CBR activities indicating that the efforts have borne positive results requiring enhancement.
- 4.2 The high level activity and involvement of CBR has caused the message to spread to neighbouring communities. This is evidenced in the many inquiries received and the feeling of readiness in CBR communities to strategize and reach out to their neighbours.
- 4.3 IGAs had begun to financially empower communities to better livelihoods for themselves and their CWDs. This suggests that for IGAs to be more effective there will be need to explore micro financing opportunities.

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

Priority activities during the next quarter will include:

- 5.1 Carry out exchange visits to other districts by community based rehabilitation teams.
- 5.2 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 Develop IEC materials and continue documenting CBR case studies and district profiles.
- 5.6 Monitoring and Evaluation visits, by both EARC and national office.