

Disability Inclusion in **CCCD**



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Help  a
CHILD

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Introduction

Help a Child aims to be inclusive for People Living with Disabilities (PLWD) in its Child Centered Community Development (CCCD) projects.

PLWD are one of the most marginalized and excluded groups, experiencing widespread violations of their rights. They are often neglected and discriminated against. The impact of discrimination against PLWD can deny them access to education and health care, opportunities for play and family life, an adequate standard of living and the right to be heard. Besides this, PLWD encounters a higher vulnerability to physical and sexual abuse and neglect.

This document is meant for country offices and partner organizations to:

Chapter 1 : Give information about the general concept of Disability Inclusion.

Chapter 2: Try to answer the most frequently asked questions of partners of Help a Child about Disability Inclusion on a programmatic and organizational level.

1. Disability Inclusion

1.1 Disability

The UN Convention on the Rights of Persons with Disabilities¹ defines persons with disabilities as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. Where an impairment may have an influence on the activities that a person can do, the actual disability is a result of that impairment in an inaccessible and exclusive environment.

When we speak of PLWD we refer to a remarkably diverse group of people that have different impairments and also experience different degrees of exclusion. People may become impaired and subsequently disabled at pregnancy, birth or during their life; it can be a result of a disease (for example leprosy), accident, violence, or age. It is important to keep diversity among persons with disabilities in mind.

About 1.3 billion (16%) of the world population have a disability, and they are often among the most marginalized of the poor ([Global report on health equity for persons with disabilities \(who.int\)](#)). Vulnerability, disability, and poverty are interrelated and are elements of the same vicious cycle. Development efforts to enable people to break out of the poverty trap need to be inclusive to effectively reach out to those that find themselves among the poorest of the poor.

Working with PLWD is not the secluded domain of disability specific organizations. About 80% of persons with disabilities can participate in social life without any specific additional intervention, or with low-cost and simple community-based interventions that do not require any specific rehabilitation expertise. The other 20% of persons with disabilities may need specific interventions (for example, providing a prosthesis or a wheelchair, physiotherapy, or surgery). But after referral to disability-specific organizations such as orthopedic workshops, physiotherapy services and special-needs educational institutions, many of them would still be able and desire to participate in mainstream development initiatives.

The UN Convention on the Rights of Persons with Disabilities acknowledges the protracted poverty dimension of disability, the need for a rights-based approach towards persons with disabilities, and the importance of inclusion. The Convention is signed and ratified by more than 150 countries.

¹ <http://www.un.org/disabilities/convention/conventionfull.shtml>

1.2 Barriers for PLWD

People with disabilities are not always purposefully excluded from development activities. They are often not able to attend community and development activities because of barriers that prevent them from accessing activities and information. Barriers refer to any process, mind-set or structure that prevents people with disabilities from equal access to information, facilities and basic services that are available to the general population. It is because of barriers that persons with disabilities are prevented from full and effective participation in society. There are four types of barriers:

Attitudinal barriers: prejudice, discrimination, and stigmatization because of disability.

Physical barriers: physical barriers that prevent persons with disabilities from participating. These include the absence of ramps, for example.

Communication barriers: communication issues that prevent persons with disabilities from full and effective participation. Some examples: lack or inadequate signage to guide people who are blind, deaf or have intellectual impairments, lack of information in different formats such as Braille, large fonts and sign language.

Institutional barriers: the failure to make provisions for persons with diverse types of disabilities in national or organizational plans, policies, legal frameworks, data collection, strategic plans etc.

1.3 Inclusive development

Inclusive development can be defined as an approach which respects the full human rights of every person, acknowledging diversity, eradicating poverty and ensuring that all people are fully included and can actively participate in development process and activities, regardless of age, gender, disability, state of health, ethnic origin or any other characteristic. Disability inclusive development can be defined as follows: "Ensuring that all phases of the development cycle include a disability dimension and that persons with disabilities are meaningfully and effectively participating in development processes and policies". Inclusion is joint responsibility of all development stakeholders:

- Mainstream NGOs
- Government
- Disabled people organizations (DPO's)
- Disability specific NGOs

Each of these stakeholders has a specific role to play.

The role of mainstream NGOs is to open projects for people with disabilities: to remove the barriers and make services and projects accessible. There is no need to become a disability expert.

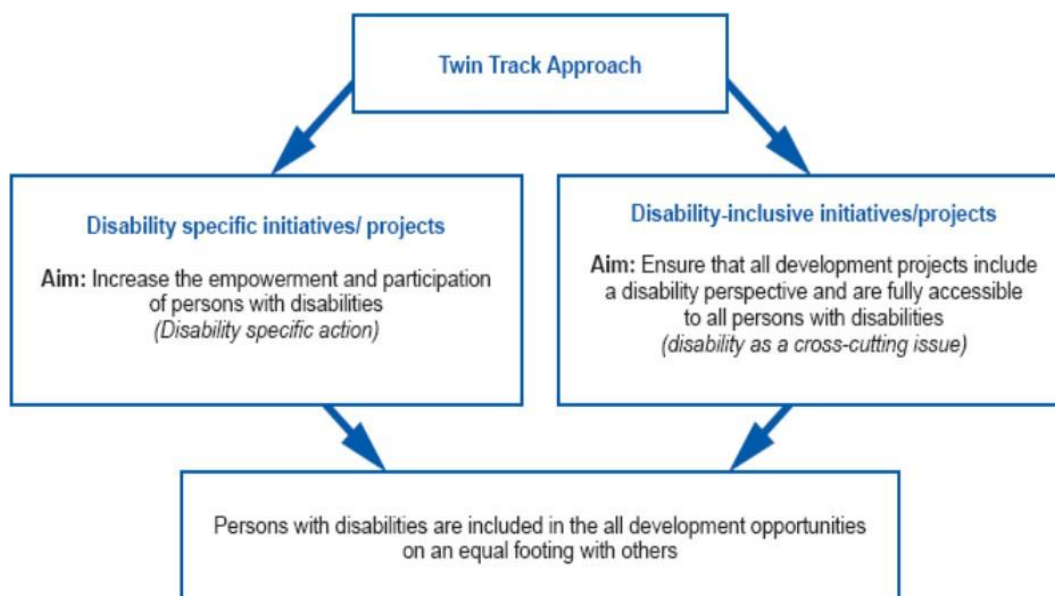
The role of government is to create a conducive environment for inclusion, bringing all legislation and policies in line with the UN Convention on the Rights of Persons with Disabilities. This also means making sure that people with disabilities can access all government services, programs, and schemes. This also includes access to rehabilitation and health services.

The role of Disabled Peoples Organizations (DPOs) is to advocate for their rights and to influence policy makers, to empower and strengthen the voice of members and to offer first hand expertise on disability and inclusion.

Disability specific NGOs can play a significant role in strengthening DPOs and support empowerment. But they can also develop models of inclusion/ do research and facilitate learning and sharing between all actors. Finally they can play a role in (supporting government in) providing disability specific services.

1.4 Twin track approach

Disability inclusion can be achieved by combining two approaches – disability mainstreaming and disability-specific interventions. This is called the twin-track approach. These approaches need to be addressed at the same time. This can be visualized as two rail tracks running parallel to each other: both needed to arrive at the final destination. The activities under the specific track should steer, as far as possible, towards inclusion in society. The adagio is: inclusion where possible, specific when needed.



The costs of including people with disabilities is often used as an argument against adapting development projects, but the reality is that including people with disabilities in mainstream development is more effective and efficient than excluding them, and costs to make that happen range from 3-7% of the total budget of a project.

Disability inclusive development honors the following principles:

- Attitude: respect and dignity
- Communication: inclusive communication
- Accessibility: barrier-free environment
- Participation: active involvement

1.5 Two Levels: Program and Organization

To effectively mainstream disability in development work, it is important that it takes place at both program and organizational level:

Program level: At every stage of the project cycle disability inclusion need to be considered, and also per thematic sector specific points of attention are required.

Organizational level: This is to ensure that inclusion is not isolated to programs only, inclusion actually becomes part of the culture of an organization.

In the next chapter questions on the approach of Help a Child both levels are discussed.

2. Frequent asked questions (FAQ) on approach of Help a Child.

2.1 Program level

2.1.1 What is Help a Child aiming for with the trajectory on disability inclusive development?

Help a Child wants to assure equitable access to and benefit from health, education, local government services, and participation in the community for PLWD in its programs.

2.1.2 What are our approaches to reach this goal?

Approaches include:

- Raising awareness about rights
- Promoting a positive attitude
- Facilitating the inclusion and participation in ongoing development processes by removing barriers
- Linking to service providers

2.1.3 What types of impairments can we distinguish?

Types of Impairments:

- Physical impairments
- Hearing impairments
- Vision impairments
- Speech impairments
- Psychosocial impairments
- Intellectual impairments
- Learning impairments

2.1.4 Are we focusing on only children with disabilities or also youth and adults?

Children are at the heart of a CCCD projects, so they are the key target group, but the project should make sure that the project is inclusive for any other PLWD (youth and adults) as well.

2.1.5 Are we including children with all kinds of impairments or do we focus on a specific impairment, for example blind children?

We don't focus on children with one specific type of impairment. The idea is to include **all** children with disabilities as much as possible in our community-based programs, not making exceptions for one type or another. However, it is possible that certain disabilities cannot immediately be supported through services because of the lack of the availability of these services.

2.1.6 Can we use the twin track approach?

Disability inclusion can be best achieved by combining two approaches – disability mainstreaming and disability-specific interventions. This is called the twin-track approach. These approaches need to be addressed at the same time. The adagio is: inclusion where possible, specific when needed. Help a Child is fully involved in the disability mainstreaming. However for the disability-specific interventions referral happens to specialized organizations and/or service providers as much as possible.

2.1.7 How to manage the expectations from parents and the community?

There are often high expectations of the project from the parents and the community when it comes to children with a disability. This is understandable and the expectations should be well managed. Be clear and honest about the content of the program. Inform the parents and the community at the forehand exactly how the program will look like in order not to create false expectations. Explain what you do, **and what you don't**, and involve them in the decision making. It is also important to show the good results, although it might take some time to deliver them.

2.1.8 What to do in case if the child need any devices? What if further diagnosis is needed or surgery? How will this be paid?

Help a Child does not promote directly giving medical services or devices. Programs will refer as much as possible to other organizations (regional or global level) that provide such services. Be assured of a good mapping of different service providers (NGO's, government) to be aware of the different stakeholders and their services in the area.

The possibilities to cover costs might differ per country. Be assured you have the right knowledge about the different regulations, schemes and funds for people with disabilities from the government that apply in your situation.

To cover any costs, it can be considered that through SHG's or in collaboration with the CLA, the community could create funds to support in the costs for the children that need further devices, diagnosis, treatment, or surgery.

The program can promote registration of children and persons living with disabilities to enhance their access to their health services.

The program can also promote enrollment to and lobby and advocate for increased access to Health Insurance Funds and to empower right holders to claim their rights from duty bearers.

However, under certain conditions costs for devices can be included in the annual budget of the partner and thus supported by Help a Child.

Criteria:

1. Possibilities to cover these costs have been exhaustively investigated: either through other service providers, either through government schemes, either through savings by SHG's (social fund), or any other available fund. When covering costs is possible by one of these options, requests for costs for devices will not be considered by Help a Child.
2. Parents of the child need to be an active participant for the program.
3. An explanation is given how to make the provision of devices sustainable in the long term.

2.1.9 What if the mapping indicates that in practice there is absence of service providers that can assist with needed devices?

Awareness can create a demand that is not able to be met by the government, other service providers or the program. Before starting with the program be assured of a thorough assessment of mapping of the available service providers (are they really not there?). And if not, determine to what extent lobby can happen to persuade services to come to the area to provide the necessary services. Is it possible for services to be provided from the neighboring district or province?

2.1.10 Can we make an exception to contribute in the extra costs for parents (for example for transport to schools?)

No, all principles for our community-based programs (no hand-outs, no contribution in costs etc) will also go for this target group. Funds might be created through the SHG approach.

2.1.11 Can we include children with disabilities in existing children's groups?

Yes, including them in existing children groups can be a great way of inclusion. Specifically:

- Child Rights Clubs: specific emphasis to include all children including children with disabilities in school rights clubs.
- Community Children's Groups: Give attention to children with disabilities and their involvement in regular play and learning activities during community children's group sessions.

2.1.12 Do we need to support inclusive education any time or are there cases of children who need to go to a special school?

The adagio is: inclusion where possible, specific when needed. In a lot of cases children with disabilities are able to go to a regular school through improvement in the access of the building, having the necessary devices, changes in attitude of the community, training of the teachers etc. However, there might be some cases where special education is better in the interest of the child. There is no clear guideline to make this distinction and shall be considered per situation and per child. Often a 'mixed solution' is also possible: for example to train special needs teachers to be paid as volunteers for a specific period of time to learn teachers how to integrate inclusive education in mainstream schools.

2.2 Organizational level

2.2.1 What are the steps to come to disability inclusion on organizational level?

During the process of inclusion partners will be supported by an expertise organization or a consultant (for example Light for the World <https://www.light-for-the-world.org/>)

The assignment can contain more or less the following steps:

A. Context assessment

As a first step an assessment of the situation of PLWD in the current intervention areas will be done.

Information on the following will be provided:

- Prevalence and types of disability at regional/district level
- People's perceptions regarding children with disabilities
- Mapping of Services available for children with disabilities (government and NGO) in the intervention areas
- Mapping of Disabled Persons Organizations (DPO's) and advocacy platforms
- Information regarding government policy on inclusion of children with disabilities

B. capacity scan of partner organizations

The assignment will involve a scan of the current knowledge and practices with regard to inclusion of children with a disability. The assessment will look at organization level, at project level, as well as the level of disability knowledge and awareness of the staff on different levels.

C. Programmatic advice

Based on the context assessment and the organizational assessment, advice to the partner will be given:

- How PLWD can be mobilized and included in the program (what critical interventions need to be made part of our programs?)
- How HAC and partner organization can link up with service providers like government and disability organizations.
- How the program can measure impact with regard to inclusion of children with disabilities
- Indication of the financial and staff capacity needed per intervention area to be involved in the inclusion of children with a disability.

If it is decided that the process can continue based upon the findings the expertise organization/consultant can start the following steps:

D. Disability training for staff

E. Facilitation of disability inclusion action plan + budget

2.2.3 Will also activities on an organizational level (besides program level) be funded by Help a Child?

During the organizational assessment several gaps might occur on the organizational level. Activities to improve this, can be included in the annual plan of the partner.

2.2.4 How much budget will be allocated per program?

Research has shown that between 3-7% of the existing budget is extra needed to make the program inclusive. The choice for the activities (and thus the budget) might differ per context and is always based on the context analysis and the advice of the expertise organization.

2.2.5 What capacity (time, knowledge and skills) are needed in the country offices and partner organizations to organize this?

It is especially important that disability inclusion becomes a shared responsibility of everyone in the team. Disability inclusion training for everyone is needed. Beside this, it is advisable to make one team member a 'focal person', one who has the mandate to guide the overall disability inclusion processes within the organization. This does not need to be a full-time position, but make sure some time is allocated for this task. With regards to time needed: disability inclusion is especially a matter of mind-set change whereby staff of a program continuously consider the needs of children with a disability. Make the community owner of the inclusion of persons with disabilities. Time will be especially devoted towards awareness and capacity building of SHG's / CLA's and or community volunteers who link up PLWD with services providers and /or DPO.