

DEVELOPMENT FOR ALL

Experiences on disability mainstreaming
in the development sector



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The aim of this book is to give ideas and guidance for disability-inclusive work in practice. What does disability mainstreaming mean in our project? What can we do to make sure that persons with disabilities are not excluded? What kinds of tools are needed in the process? The book demonstrates the real-life processes that have been chosen to increase meaningful participation of persons with disabilities in projects and programmes. The intention is to illustrate the lessons learned and good practices for disability mainstreaming in different regions and thematic areas to inspire other actors in the sector.

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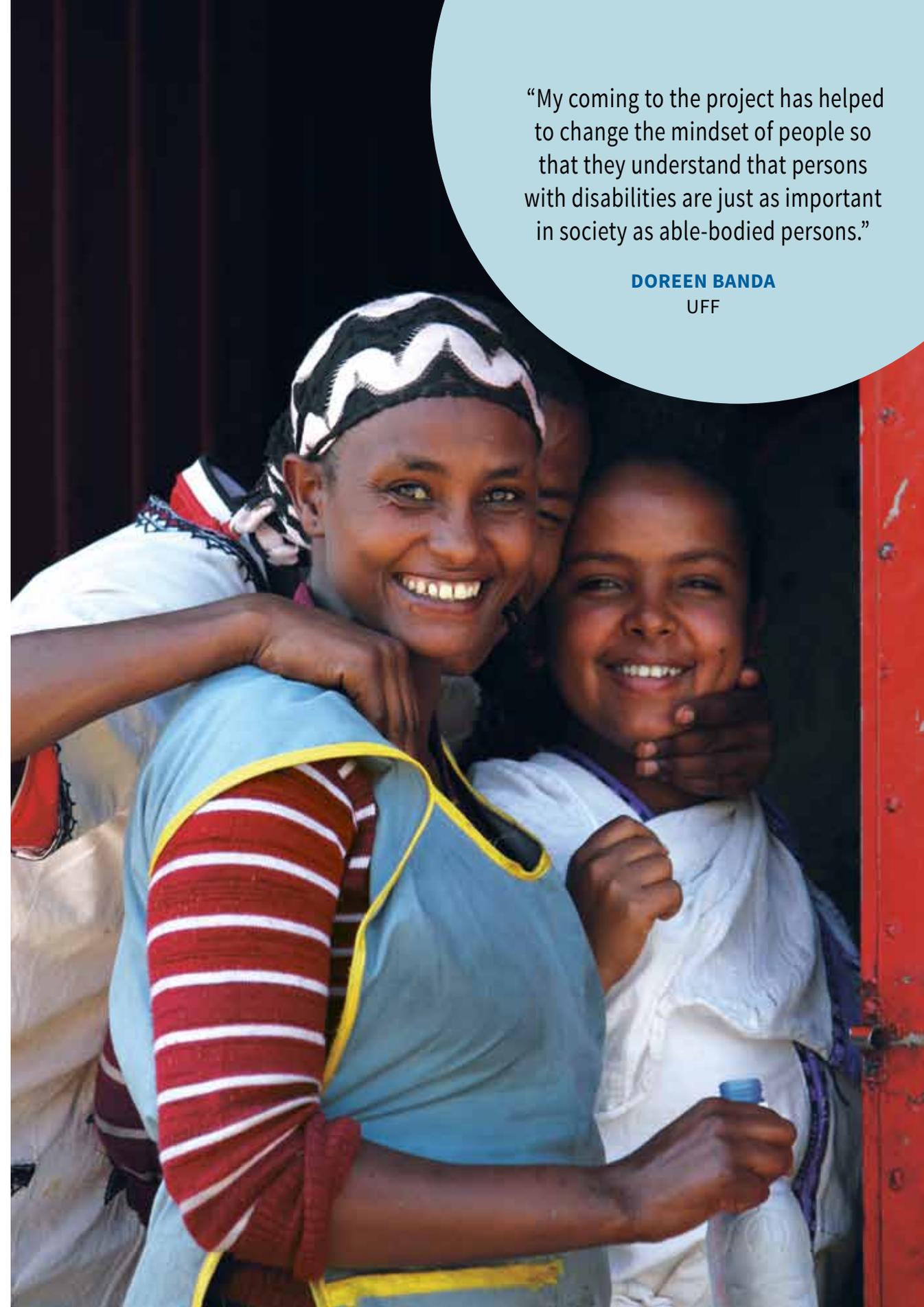
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“My coming to the project has helped to change the mindset of people so that they understand that persons with disabilities are just as important in society as able-bodied persons.”

DOREEN BANDA
UFF

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Abbreviations

CCCD	Child-Centred Community Development
COP	Disability Community of Practice
CRPD	Convention on the Rights of Persons with Disabilities
CTE	College of Teacher Education
DPF	Disability Partnership Finland
DPO	Disabled People's Organisation
GESI	Gender Equality and Social Inclusion
HRBA	Human Rights-based Approach
EU	European Union
IERC	Inclusive Education Resource Centre
MFA	Ministry for Foreign Affairs of Finland
LFA	Logical Framework Approach
NGO	Non-governmental Organisation
PWD	Person with Disability
UN	United Nations
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Key terms

DISABILITY:

“Persons with disabilities include those that have long-term physical, mental, intellectual or sensory impairment, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UNCRPD, 2006, Art. 5, p. 5).

DISABILITY-INCLUSIVE DEVELOPMENT

focuses particularly on the rights and inclusion of persons with disabilities. It actively seeks to ensure the full participation of persons with disabilities as empowered self-advocates in all development processes and works to address the barriers which hinder their access and participation (CBM, 2012).

INCLUSION

is a universal human right embracing all people irrespective of race, gender, (dis)ability, health, socio-economic status, and so on.

DISABILITY-SPECIFIC:

Segregated efforts for working with persons with disabilities.

MAINSTREAMING

is a way to promote inclusion. It can be broadly defined as the inclusion of persons with disabilities in all aspects of development efforts. It is simultaneously a method, a policy and tool for addressing social exclusion (DESA, 2011, p.5). It means assessing and addressing the possible impact of any planned action on persons with disabilities.

TWIN-TRACK APPROACH

combines mainstreaming with disability-specific projects needed to achieve the full inclusion and participation of persons with disabilities (DFID 2000, p. 11).



Introduction

Towards disability-inclusive development

MARI KOISTINEN

PROGRAMME ADVISOR

DISABILITY PARTNERSHIP FINLAND

It is estimated (WHO and World Bank, 2011) that persons with disabilities make up 15 per cent of the global population – about 1 billion people. Persons with disabilities represent one of the most marginalised and disadvantaged groups in the world. There is a strong link between disability and poverty, with 80 per cent of persons with disabilities living in the Global South – 1 in 5 of the world’s poorest are persons with disabilities.

Despite this, for a long time, policy-makers and implementers have neither recognised nor prioritised this issue within international development and poverty alleviation efforts. There are many reasons why persons with disabilities are overlooked and excluded in mainstream development programmes. However, many times it is simply because development practitioners are not aware of persons with disabilities. The good news is that awareness of disability and attitudes towards inclusion of persons with disabilities are slowly changing.

Handwritten notes on a piece of paper on the table:

- 1. Being raped...
- 2. Difficult to get married
- 3. Difficult to do business
- 4. Being discriminated to participate in groups for e.g. village saving & loans groups.

Disability as a human rights issue

One of the contributing factors for these developments is the United Nations Convention on the Rights of Persons with Disabilities (CRPD) that was adopted by the General Assembly of the United Nations in 2006 (**UNCRPD, 2006**). Article 32 of the CRPD pays specific attention to the position of persons with disabilities in international development programmes. The Convention identifies disability as an issue to be considered in all programming, rather than a stand-alone thematic issue. It requires all States parties to implement measures ensuring full and equal participation of persons with disabilities in society. However, disability-specific actions and programming may also be required, depending on the national context. This ‘twin-track approach’ combines mainstreaming with disability-specific projects needed to achieve the full inclusion and participation of persons with disabilities (**DFID, 2000, p. 11**). Finally, Article 32 also emphasises the importance of partnering with disabled peoples’ organisations, DPOs.

As of February 2017, 172 of the 193 United Nations Member States have ratified the CRPD and have made a commitment of moving towards a rights-based approach to disability (**UN DESA, 2017**). Once a country ratifies the Convention this means that the country is legally bound to implement the 33 core CRPD articles.

Another positive development is that in 2015, the UN Member States adopted the 2030 Agenda for Sustainable Development for the next 15 years. There are several explicit references to persons with disabilities in the Agenda, and disaggregation of data by disability is one of the core principles.

The government of Finland has supported the work of disabled peoples’ organisations in the Global South for several decades. The Development Co-operation Policy of 2016 emphasises disability-inclusive development by stating that “the rights of children and the most vulnerable, notably the disabled, are taken account of in all our activities” (**MFA, 2016, p.13**).

Why this booklet?

Gradually disability inclusion is becoming a more important topic in international development programmes in different parts of the world. While there are many great developments taking place at the policy level, the practice of disability-inclusive development still needs more attention in the development programmes. There are good guides available on disability inclusion (see, for example, **Bruijn, P. et. al., 2012 and CBM, 2012**) but we need further evidence of good practices and lessons learned on disability inclusion by mainstream organisations. This is the reason why Disability Partnership Finland with its partners initiated the writing of this booklet.

The story of Disability Partnership Finland

Disability Partnership Finland (DPF), *Vammaiskumppanuus* in Finnish, is an umbrella organisation for nine disabled peoples’ organisations (DPOs). Our work is based on the CRPD. Since 1989, we have supported DPOs in the Global South through diverse projects. In addition to disability-specific projects, and increasingly during the last five years, our work has shifted towards lobbying, advocacy and capacity building for the inclusion of persons with disabilities in mainstream development projects and programmes. Our services have included providing mainstream actors with short and long-term training and advisory services on disability inclusion both domestically and internationally. We have also created platforms for learning and sharing of the knowledge we have developed. Together with our partners, we have lobbied and advocated for inclusive development cooperation.

Who can benefit from this book?

The book is aimed for both policy makers and practitioners within the international development sector, both in the Global North and South. We wish that the book can also be of use for donors, DPOs, NGOs, government organisations, volunteers and for persons with disabilities themselves and their families.

What can this book offer?

During exchanges and collaboration with many diverse organisations, we have learned a great deal. The idea for this book came from this collaboration as we wanted to share with others what we have experienced and learned. The articles have been written by Disability Partnership Finland's co-operating partners, to whom we are very grateful for their time and input. Writing this book has given us the opportunity to step back and re-examine our work to question what we could be doing better to promote disability-inclusive development in our work.

The aim of this book is to give some ideas and guidance for disability-inclusive work to ensure that persons with disabilities are included in development co-operation projects and programmes. The book illustrates experiences and examples from diverse organisations and sectors to inspire other actors in the sector. The intention has been to illustrate the process that has been taken to find best practices for disability mainstreaming in different regions and thematic areas.

The articles focus on disability inclusion at organisational level, development of tools for inclusion and on experiences from diverse thematic sectors such as agriculture, education, HIV/AIDS, WASH and child protection.

Each article describes a path chosen by this particular organisation for disability inclusion. The selection of case studies does not aim to be exhaustive; it simply aims to offer a set of illustrative examples. The views expressed here are solely those of the author and their organisations and may not represent the views of Disability Partnership Finland.

*Last but not least, we wish to thank all our partners
that have embarked with us on this journey towards more
disability-inclusive societies!*

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From Global Strategy to practice and delight! 2

MIIKKA NISKANEN

HEAD OF HUMANITARIAN AID AND GRANTS
WORLD VISION FINLAND

World Vision is a global Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Interdependent national World Vision offices are currently staffed by 45,000 persons working in nearly 100 countries.

In 2004, International World Vision recognised disability as a cross-cutting issue and recommended that disability awareness be integrated into its existing policies. It was stated that, due to societal barriers, if persons with a disability are not intentionally included in development work then they are unintentionally excluded. Shortly after, a vivid World Vision Disability Community of Practice (CoP) and Leadership Team were established to promote disability inclusion in the organisation's development, relief and advocacy work worldwide. The CoP produced several guidelines on inclusion, which in 2014 were combined into World Vision's Strategic Guidance for Disability Inclusion.

World Vision adopts the social model (inclusive) approach to include persons with disabilities in the development and relief work it supports, and looks at disability from a human rights perspective. Disability is seen as a social consequence of having an impairment.

Based on this model, it is central to identify and remove attitudinal, environmental and institutional barriers that prevent those with impairments from equal inclusion in development programmes and in society.

World Vision supports disability inclusion through two means:

1) advocacy, development and humanitarian emergency affairs programmes, projects and initiatives that are designed primarily for non-disabled people and are inclusive of as well as accessible for community members with disabilities, and 2) additional or separate interventions to address the needs of the most vulnerable children and adults with disabilities and their families. However, World Vision hesitates to look at disability as a sector or as a stand-alone project.

The Strategic Guidance provides recommendations, based on previous learning, such as:

- to ensure the full commitment and support of World Vision offices' senior management for disability inclusion,
- to appoint a disability advisor or focal point for all World Vision country offices,
- to develop and implement a localised disability strategy and action plan within all World Vision country offices,
- to identify a local Disabled People's Organisation (DPO) to partner with at national and programme levels,
- to conduct sensitisation training at least annually for staff, development facilitators, volunteers and programme stakeholders,
- to conduct a disability prevalence survey in all communities where World Vision supports a programme or project,
- to not discriminate against any employees, volunteers or employment applicants on the basis of having an impairment, and make office premises as well as information and communication methods and material as accessible as possible,
- in language and image use, to respect the dignity, rights and diversity of persons with disabilities and not to portray them as victims, powerless or needy.

Mapping trigger change in Finland

World Vision Finland, founded in 1983, is an independent part of World Vision International. The majority of its programmes are concerned with long-term community development that addresses the causes of poverty and aims to help people move towards self-sufficiency. World Vision Finland is a partner organisation of the Finnish Ministry for Foreign Affairs. In addition, its work is supported by nearly 14,000 Finns sponsoring children in Uganda, Kenya, India, Sri Lanka, Peru and Colombia. Since 2014, World Vision Finland has also received support from the Finnish Government's Unit for Humanitarian Aid and Politics. With this support, disability-inclusive water and sanitation operations have been implemented among refugees and host communities in Uganda, Kenya and Iraq.

World Vision Finland nominated a disability focal person in 2010. A profound Disability Mapping was carried out among the organisation's development programmes in Asia, Africa and Latin America in order to find out how disability inclusion was understood and operationalised at that time. The results suggested that persons with disabilities had gained attention within all programmes, but approaches to addressing disability issues varied much. Persons with disabilities had been mainly seen as needy, not as potentially equal partners. Predominantly, field programme staff reported that addressing disability issues is rather difficult and challenging.

The mapping exercise put disability issues at the centre of attention in all programmes, however, and enthusiastic efforts to promote disability inclusion have been witnessed. Disability prevalence surveys have been carried out in programme implementation areas, local Disabled People's Organisations (DPO) have been identified to partner with, and programme staff have been trained and sensitised on disability inclusion and on the social model approach. In parallel, World Vision Finland's own staff have been sensitised on these issues. The mapping functioned as a wake-up call on the importance of disability inclusion for all involved.



Source of motivation and delight

During the journey for the strengthening of disability inclusion, World Vision staff and partners in Finland and worldwide have been witnessing many common issues. When profound disability prevalence surveys are carried out in project and programme implementation areas, the actual number of persons with different kinds of disabilities nearly always appears to be much bigger than initially known and understood. Disability inclusion is not difficult when it is planned and carried out in collaboration with local DPOs and persons with disability from the community. Neither is it expensive, particularly when inclusion is considered right from the beginning. An inclusive environment and community is better and safer for all, particularly for children and for the elderly. Disabled children and adults have significant capacity and potential to contribute to the development of their own communities when treated as equal partners. Disability inclusion is not burdensome or mournful; it turns quickly into a source of work motivation and delight!

Travelling Together for staff sensitisation

In 2010, World Vision United Kingdom produced a training package and manual on disability inclusion for World Vision staff and volunteers, called *Travelling Together: How to include disabled people on the main road of development* (Coe, S. & Wapling, L., 2010). This training manual aims to help participants elaborate their own beliefs on disability issues through operational exercises and to adopt the social model approach to disability for their thinking and work. The *Travelling Together* training can be carried out within one day. It is currently used, in addition to World Vision, by several other organisations committed to disability inclusion worldwide.



Practical tools for inclusion

3

FRANK VELTHUIZEN

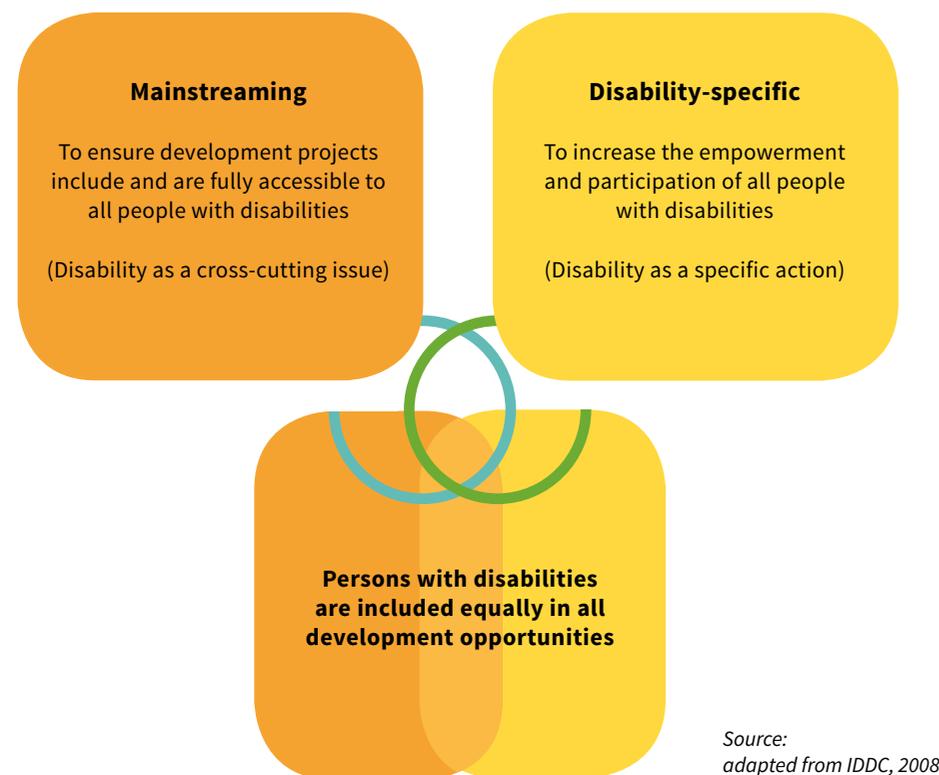
INCLUSION ADVISER

PLAN INTERNATIONAL FINLAND

My interest in disability inclusion evolved from personal encounters with children with disabilities in difficult situations. I met a boy called Roderick on the streets of Malawi, way back in 2002. His epilepsy had never been treated and had resulted in both learning difficulties and physical impairments due to severe burns. He was not able to tell me where he came from and schools were not accepting him. Both the national staff and I helped Roderick as best as we could, but we were challenged as to how to ensure his right to grow up with his family and receive a quality education. In Internally Displaced People's camps in Northern Uganda, I faced similar challenges; yes, all children were affected by the conflict, but the good intentions of agencies to support the children were not reaching children with disabilities. These experiences resulted in my enrolment for a Masters in Inclusive Education and, after completion, my recruitment as Disability Advisor for Plan International Finland, now 2.5 years ago.

The foundation of Plan International's work is the United Nations Convention on the Rights of the Child, so we believe and promote that **all children have the same human rights**. This is reflected both within the organisation's purpose – *empower children, young people and communities to make vital changes that tackle the root causes of discrimination against girls, exclusion and vulnerability* – and within the values – *we are inclusive and empowering*.

TWIN-TRACK APPROACH



Our distinctive approach to creating long-lasting change for children is called Child-Centred Community Development (CCCD) in which tackling exclusion is a core component. In summary, Plan International has committed itself to ensuring that all excluded children's, of which children with disabilities are undoubtedly such a group, rights are fulfilled. However, to move from a strategic and policy commitment to actual inclusion in the communities we work in, a number of challenges and barriers need to be addressed. Plan International Finland has taken a lead role in addressing these challenges and supports disability inclusion within the organisation on different levels.

Plan International addresses tackling exclusion through a Twin-Track Approach: one track being disability-inclusive work, ensuring all the work of Plan is inclusive for children with disabilities, and the other track being disability-specific work, projects specifically addressing children with disabilities.

An example of a specific project in Plan International Finland's Framework Programme for the years 2015–2017: Realizing Full Potential – from Childhood to Empowered Youth, is the project in Togo, where Plan International Finland has for 8 years supported a Community Based Rehabilitation (CBR) project. This project is now informing the wider organisation on how CBR fits within Plan's programming.

In the other 10 MFA supported projects, the aim is to mainstream disability inclusion in projects with thematic focuses on Child Protection, Education and Youth Economic Empowerment. From a planning perspective, as a starting point all countries have been requested to particularly add children with disabilities to their targeted beneficiaries and disaggregate data by sex and disability in their reporting.

In my experience, first of all disability and disability inclusion work needs to be de-mystified among colleagues, partners and duty-bearers, followed by providing guidance on the 'how-to' question. We observed that there was a knowledge gap in specific aspects of our thematic work related to disabilities. The knowledge gap is being addressed through ongoing research of which the Protect Us research is a good example. This research provides learning about violence against children with disabilities and how to prevent and respond to it. For the guidance of staff, various resources are being developed. The next section provides some examples of the resources developed.

Plan2Inclusivize – Sport for Inclusion programme

To get the inclusion of children with disabilities on the agenda of Plan International's country offices, we have thought of an easy and approachable entry point. In partnership with the UNESCO Chair Transforming the lives of people with disabilities, their families and communities through physical education, sport, recreation and fitness, training has been developed to introduce disability concepts and strategies on how to include children with disabilities. The fully

participative training has been divided into three sections (pillars). The first pillar is called Changing Perceptions. Participants are challenged on their own perceptions, and are provided strategies on how to challenge community perceptions. Ultimately the aim is to have participants understand the social dimensions of disability exclusion and for them to understand that they can break barriers towards inclusion. The second pillar is Learning for Inclusion. Different concepts are practiced through various games, so that participants experience that disability inclusion doesn't have to be complicated if you have the right skills and mind-set. The last pillar is Taking Action; participants facilitate sport and play activities with children with different abilities to put into practice all that they learned and received in the training. From the pilots in Togo and Ethiopia, both in development and humanitarian contexts, this methodology has proven to be an effective method for the promotion and realisation of disability inclusion.

“It makes me think more about children with disabilities at each of our interventions.” (PARTICIPANT FROM ADDIS ABABA, ETHIOPIA)

“I will apply all the new skills and games and put into action with all the children with and without disabilities in the community.”
(PARTICIPANT FROM GAMBELLA, ETHIOPIA)

With the above, or similar trainings, the scene is set for colleagues to integrate disability inclusion in their work. To ease the process, a few tools have been developed:

Guidelines for consulting with children and young people with disabilities

Children with disabilities are the experts on their own situation. To know the barriers children with disabilities face and how to best address these, they need to be consulted. Plan International has developed guidelines that provide a background on the importance of consulting with children with disabilities and aim to equip individuals working on child rights with the knowledge and skills necessary

to communicate with children with a variety of disabilities. The guidelines set out tips and suggestions for the entire consultation process, including planning for the consultation, general considerations for consulting with children with different types of impairments, and some case study examples. By ensuring children with disabilities are heard, we hope that an important step towards their inclusion is being made.

Disability Awareness Toolkit

In 2013, Plan International Finland supported Plan International's Outside the Circle (2013) research. This research confirmed that the biggest barriers to inclusion for both children and adults with disabilities are community perceptions and local culture and customary laws. A key recommendation arising from the research is the need for awareness-raising regarding the right to protection for children with disabilities. Negative attitudes and stigmas should be challenged at community level. To support the awareness-raising on community level, a toolkit has been designed to equip field staff and volunteers with a resource that can assist in introducing disability to the community and challenging negative perceptions. The disability awareness toolkit helps to facilitate a community meeting. After the community meeting participants will be able to:

- Identify persons with disabilities in their community.
- Reflect on their own attitudes towards persons with disabilities in their community.
- Give an analysis on the consequences and causes of their attitudes and behaviours.
- Come up with suggestions on how to improve the situation for persons with disabilities in their communities.

The toolkit is being contextualised for the various regions Plan International operates in and will be available in various languages (Arabic, English, French, Portuguese, Spanish and Urdu). The toolkit is available from Plan International and can be requested through the author of this article.

The above resources have been developed to support disability inclusion for colleagues working directly in communities, however this is just a starting point. Further interventions and actions need to be designed to ensure meaningful impact for the families, communities and in the classroom. Partnerships, national and international, are essential for taking the next steps. Plan International is actively seeking collaboration with Disabled People's Organisations and international disability organisations to design the next steps of our inclusion work. An example of this is the threefold partnership between Light for the World, Uhambo Foundation and Plan International Mozambique to ensure inclusive early childhood development in Mozambique.

Plan International's new strategy puts girls at the forefront in all of our work. In the coming years there will be more focus on intersectionality. The relationship between gender and disabilities will be further explored. As a starting point, Plan International Finland commissioned a study to explore gender disparities in disabilities, with a case study in Togo. In several of Plan International programmes it has been observed that, despite intense work on girls' rights and the promotion of the rights of children with disabilities, the number of girls with disabilities identified and/or accessing Plan International interventions is often lower than for boys with disabilities. The case study in Togo examines the reasons why up to 20 per cent fewer girls with disabilities have been identified compared to boys with disabilities in the communities where Plan works. The study tries to understand the causes of the disparity and will make recommendations on how to address these.

The above sets out the first steps Plan International Finland has taken in its disability inclusion programming, but we also know we have a long way to go to sustain the initial steps and ensure our work is inclusive for all children, including those with severe disabilities. I am hopeful that together we will leave no one behind!

References and list of tools for disability-inclusive work:

- **Guidelines for consulting with children and young people with disabilities**
– A publication from Plan International and the London School of Hygiene and Tropical Medicine.
<https://plan-international.org/publications/guidelines-consulting-children-and-young-people-disabilities>
- **IDDC (2008)**. Adapted from Make Development Inclusive: How to include the perspective of persons with disabilities in project cycle management guidelines of the EC.
<http://www.make-development-inclusive.org/index.php?wid=1024>
- **Outside the Circle** – A Research Initiative by Plan International into the Rights of Children with Disabilities to Education and Protection in West Africa (2013).
<https://plan-international.org/publications/outside-circle#>
- **Protect us! Inclusion of children with disabilities in child protection**
– Research from Plan International and the London School of Hygiene and Tropical Medicine (2016).
<https://plan-international.org/publications/protect-us>
- **“Why are you not going to school?” Children investigating barriers to education in Kosti, Sudan** – A summary of recordings made and edited by children in Kosti, Sudan to identify children with a disability and their barriers to inclusion in their community as part of the author's thesis.
<https://vimeo.com/79965548>



Experiential learning and role-play as methods of mainstreaming

4

TYTTI MATSINEN

HUMAN RIGHTS ADVISER
FELM

Theoretical frameworks¹ and the ability to conceptualise one's own understanding of disability are required for systematic disability mainstreaming. However, if learning is strictly limited into classroom spaces where there are trainers at the front and learners seated behind their desks, those who know and those who learn, it is more difficult to achieve the best results. Bringing in experiential learning or role-play can have a positive impact on learning outcomes – and facilitate a positive change in attitudes towards disability and persons with disabilities. For example, persons with disabilities can demonstrate inclusive farming methods or share personal experiences from their daily lives in the given context.

Many people have limited experience of disability, of the challenges of practical tasks people with different types of impairments face, let alone of assistive devices. A person without a disability also finds it difficult to imagine what life is like for a person with a disability.

¹ Theoretical frameworks such as the four approaches to disability (charity approach, traditional approach, medical approach, human rights-based approach).

When preparing experiential learning activities, it is important to consider some aspects:

- How do we portray persons with disabilities in a positive light and increase understanding instead of creating more stereotypes?
- Are the practical solutions practical and safe? Are we sure the information and practical tips we transfer are correct?

To avoid any potential shortcomings, it is good to prepare and implement the session in cooperation with persons with disabilities or disabled people's organisations. Especially if the experiential learning aims at teaching people, for example in guiding visually impaired people or helping a person in a wheelchair to cross thresholds or steps, it is of utmost importance that the technique we teach is safe and accurate.

In order to increase understanding, three separate actions are suggested:

1. Bring in a person with a disability

Instead of introducing imaginary case studies, bringing people with disabilities into the session is always fruitful. Before inviting the person, it is important to define what their role will be.

Is the guest an expert, are they representing a specific role in the project, such as beneficiaries, or are they experts by experience?

Sometimes the presence of the person already makes a difference. Independent and active persons with disabilities present a new perspective into the life of persons with disabilities. Maybe they drive a car, use a laptop or bring their child with them or sign when others are singing – it is likely there is someone in the group who has never seen that happen before.

The guest can also demonstrate some activities that are central to the project, such as garden work. A question and answer session is also possible, but then it is good to consider asking questions in advance and choosing the ones that are to be answered in the session.

2. Let them try, hands on!

Many people have never tried assistive devices or been in a situation that simulates the experience of persons with disabilities. Bringing in devices such as magnifying glasses, white canes, braille books, crutches and wheelchairs sparks curiosity and interest. There are also glasses available that simulate different types of visual impairments.

In the Global North, disabled people's organisations are often familiar with organising this kind of sensitisation event and might be able to lend devices and give instructions for organising the session. In the Global South, persons with disabilities do not often have assistive devices or they are homemade. Then those homemade devices can be used for demonstrations. Another option could be to bring people with and without disabilities together to discuss a given context or a specific project and find possible solutions. For example, small-scale gardening can be accessible for the visually impaired in raised beds built into large wooden crates, or information on farming methods or hygiene practices for improving health can be shared in a visual format such as "That Deaf Guy" comics.

Simply the possibility to walk with a cane with one's eyes blindfolded with a scarf or moving with a wheelchair in a hallway or room is often enough. Passing or crossing obstacles such as chairs, cupboards or thresholds adds challenges and makes the experience more vivid.

Often people get playful and even a little rowdy. Therefore, it would be recommended that the devices that are used are not anybody's personal aids as there is always a risk of breaking them.

3. Role-play: “Take a step”²

Time: 30 min

Participants: 5–20 people

Space: a spacious room or hallway with no furniture

Aim: The activity aims to portray the different circumstances people have in their lives. It gives an idea of the impact of different types of disability on the person and on their families.

“Take a step” is a role-play exercise where each of the group members is given a new identity. The identities should be either people with or people without disability and there should be a large variety of different disabilities, age groups, gender and so on. The new identity is described briefly on a card or a piece of paper, for example:

Mary is a 22-year-old woman from Nigeria. She has a physical disability and walks with two crutches. She completed five years of elementary school. She is married and has a 1-year-old son.

Michael is 15 years old. He finished primary school but had to start working at the age of 12. Michael has a little sister, Miriam, who is 8. She has an intellectual disability. Michael’s mother has to stay in the house with Miriam all the time, so it is Michael and his father who earn the living for their family.

The participants are asked not to share their roles with other participants. They are instructed to read the text on the card and to imagine the person’s life based on the information on the card and on all the information they have. Participants are also encouraged to use their imagination. The facilitator then asks everyone to close their eyes and to listen to the instructions. The participants are then led on an imaginary journey by some (5–10) questions. They don’t answer by speaking but imagine what the answer would be from the point of view of their new identity. The questions can be like this:

² Similar activities can be found in the following manuals: Compass (Council of Europe), Travelling Together (World Vision) and Rippikoulumateriaali (Changemaker Finland).

Where are you?

What kind of sounds do you hear?

What are you afraid of?

What are your days like?

What do you see around you?

What is your family like?

What do you dream of?

The questions should be asked one at a time, giving the participants 10–20 seconds of time between each question. After the questions, participants are asked to open their eyes, reminded not to share their roles with each other and asked to form a line at the side of the room. Now the facilitator will read statements, one at a time. The participants will relate their new identity to the statement and, if they agree, they take one step forward and if they disagree, they stay put. This is done without commenting as there is a chance to speak later. The statements can be for example the following:

I am able to read.

I can earn a living and support my family.

I have a profession.

I can shop at the market by myself.

I don’t have to be afraid for my safety.

My community respects me.

People ask me for advice.

I am able to use the toilet that my family members are using.

I can independently fetch water from the village well.

Usually 10–15 statements are enough to start seeing the large range of abilities in the group. Some do not take any steps, while other participants can take every step. Once the group is spread out, the facilitator asks the group if there was someone who took all the steps or someone who didn’t take any. Other participants get to guess who they were.

Now the group can sit down or stand in a circle, facing each other, and the roles can be shared. What were the roles? What was difficult to imagine? What was surprising? What kind of changes in the family, community or society would have made life easier for the person in question? What kind of barriers (physical, communicational, attitudinal, institutional) did the people face? This debriefing conversation is the main part of the activity and adequate time should be reserved for it. It is important that the facilitator highlights that disability is not an attribute of the person but rather an evolving concept that is created in the interaction of people and their environment. By changing the physical and communicational environment, working on our attitudes and by advocating for a more inclusive society we can create a world where equal opportunities are available for different kinds of people.

Conclusion

Training is a tool to not only inform but also to motivate and spark interest in people. Getting people to interact with each other and with persons with disabilities, encouraging them to ask and discuss, is essential in the process of learning. Disability mainstreaming is a journey for life and experiential learning is an inspiring first step.





Inclusion in the field of agriculture in Malawi

5

AINO HIMANEN

DEVELOPMENT COOPERATION COORDINATOR
UFF

Project background

The Dowa Women Farmers' Club Phase II project (2015–2017) is a three-year continuation project funded by the Ministry for Foreign Affairs of Finland (MFA) and a Finnish NGO called UFF Finland. The overall objective of the project is to reduce poverty and promote gender equality in the households of 4,250 women farmers in the Dowa district of central Malawi. The project aims to consolidate the knowledge and skills that 3,500 female farmers gained during Phase I of the project, and include 750 new farmers. The women are organised into Farmers' Clubs and trained in conservation farming, crop diversification, agroforestry, small-scale irrigation, animal husbandry, marketing and micro-financing. The project has a strong emphasis on agribusiness and Phase II continues to strengthen the two cooperatives established in Phase I. As a new element in this second phase, disability issues are mainstreamed across the project. All 4,250 farmers and project staff are trained in the rights of women and persons with disabilities. The plan is to include 10 per cent of women with disabilities among the 750 new members. The budget for three years is 800,000 euros.

The project is implemented by a local NGO called DAPP (Development Aid from People to People) Malawi. UFF Finland and DAPP Malawi have collaborated since 2000 in education and rural development projects. UFF is an independent, non-profit NGO founded in 1987. UFF supports several education, rural development and environment projects in Mozambique, Malawi, Angola, Namibia, DR Congo, Zambia and India. The projects benefit directly approximately 40,000 and indirectly 400,000 people in rural areas. In 2015, its development funding totalled 4.3 million euros, out of which 1.8 million euros came from the European Commission and the Ministry for Foreign Affairs of Finland.

The biggest challenge to start disability mainstreaming: attitudinal barriers

The inclusion of persons with disabilities was previously not systematically taken into account in the project or in the work of UFF or DAPP. There were, of course, individual persons with disabilities that benefitted from the projects, but without having a strong mainstreaming focus, the numbers remained very low. For example, in the first phase of the Dowa Farmers' Club project, there were only three women with disabilities among the total target group of 3,500.

Before starting the process of disability mainstreaming in this second phase, there were many reasons on the table as to why it should not be started:

- Mainstreaming was feared to be too expensive.
- It was argued that the focus should be on “normal” people first before reaching out to marginalised groups.
- It was believed that there are no persons with disabilities in the project area.
- It was thought that persons with disabilities cannot participate in the same way as others in all the activities, therefore it would be a wasted effort.

Even though most staff both in Finland and Malawi agreed that persons with disabilities should in principle be included more, there was an initial reluctance to do so as inclusion was seen as a very complicated and difficult process.

What we have learnt during the implementation of the second phase is that mainstreaming disability issues is not so difficult in practice. The biggest hurdle has been the initial prejudice and attitudes of people, both in the organisations and in the target communities. After the process has started it has been quite straightforward and neither complicated nor expensive.

The reason why it was strongly felt that the greater inclusion of persons with disabilities was important to the project was the need to ensure that all community members have the same rights and same opportunities to access the project benefits and results. There was a realisation that both at the organisational and project levels our goal is to reduce poverty and inequality, and this goal could not be reached if persons with disabilities are not included.

UFF has now mainstreamed disability issues in all its MFA funded projects in Angola, Malawi (both rural development) and Mozambique (education) in cooperation with Disability Partnership Finland and their southern partner disabled people's organisations (DPOs).

Practical steps taken to ensure the inclusion of persons with disabilities into the project

The inclusion of persons with disabilities was done in the Dowa Women Farmers' Club Phase II project through the following steps:

- Quantitative and qualitative targets for the minimum number of persons with disabilities that form the key target group were set in the planning phase.

A minimum target of 10 per cent of women with disabilities was set for the new Farmers' Club members. As we did not know the number of persons with disabilities in the area (the baseline was done

after the start of the project) we chose this figure based on the World Health Organisation's estimate of 15 per cent worldwide disability prevalence, even though it is much higher than the Malawi national statistics of 3 per cent. The project has by far exceeded its target, as 22 per cent of the new members are women with disabilities and 11 per cent of the total target group are persons with disabilities. The majority of the women with disabilities have a physical impairment or epilepsy, but there are also people with visual, hearing and mental impairments. Many participate in the project with the help of a relative who assists them or helps with communication.

- Information on persons with disabilities was gathered through the baseline study and all indicators were disaggregated by disability.
- Training was given to all the project staff as well as the organisation's management right at the start of the inception phase of the project by the Finnish Disability Partnership and the Malawi Association of the Deaf. This was a very good step to increase staff motivation and understanding of disabilities. It was also important to create a link between the project and local DPOs.
- Awareness-raising and training on the rights of persons with disabilities were given to the communities in the project area as well as the village chiefs who play a key role in the community.
- A Disability Focal Point, who is a person with disabilities herself and who is responsible for the overall inclusion activities as well as training organised together with the other staff, was hired for the project.

This "strategy" has perhaps worked better in our other projects where the focal point has been a crucial catalyst in ensuring that persons with disabilities are in fact included in the projects. With hindsight, in this particular project we perhaps could have managed without her as all the other staff have taken such strong ownership of the disability inclusion. Thus, her role has not been as crucial in this case as it has been in the other contexts. However, having her



as part of the project team has to some extent helped to reduce the prejudice among the communities and given a confidence boost to the participating PWDs themselves, as she is through her personal situation setting a positive role model for others.

- Cooperation with local DPOs and other organisations has been a key activity. For example, MACOHA (Malawi Council for the Handicapped, a Government programme tasked to identify and assist PWDs at the grassroots level) has had an important role in the identification process, in recognising the specific needs of each disability group and in helping to link the project to already existing resources.
- In practice, the women with disabilities have been included in all project activities, for example through selecting the location of the trainings in places that are accessible for all.
- The project has also taken the inclusion into account through budgeting additional funds for staff costs, trainings, cooperation, and ensuring access for all to all activities through a lump sum that has been used for transport costs, assistive devices etc.

Lessons learnt

Through the implementation of the project, the following lessons learnt can be noted:

- It was important to set a quantitative target for the numbers of persons with disabilities, even though some argued this may lead to persons with disabilities simply being there to fill the quota, but will not necessarily enable their meaningful participation. However, we found that this gave a clear direction to the staff and motivated them to find and include these women into the groups. At the start of the project, it took some time to persuade the women with disabilities to take part in the project, as they are among the most marginalised in the community and usually they are not asked to take part in development efforts. The clear target set ensured the project staff did not give up on trying to persuade these women to take part. The project also gave priority to households with members with disabilities, as although the project directly targets women only, it is the whole household that benefits from the project.
- It was crucial to have a training on disabilities and disability mainstreaming right at the start of the project. This gave a big boost in confidence to the staff and ensured that interest and motivation was raised from the start. We found it useful to go through the LFA and all planned activities and discuss each of them together from the disability inclusion angle. For example, the following types of questions were raised by the team: Where should the trainings be organised so that every one can reach them? How do we communicate with someone with visual or hearing impairments? How do we ensure every one's equal participation in each activity?

This process also allowed a safe and non-judgemental environment for the staff to discuss issues to do with cultural prejudices and traditional beliefs related to witchcraft, which are issues they face in the communities as well.

- It was also important to link up with existing organisations and DPOs as they have the best information on the disability issues on the ground. They have been a very useful resource for the project and the Disability Focal Point for assisting in practical challenges faced on the ground.

Conclusions

Overall the process of disability inclusion has been much easier than thought at the beginning of the process. The most important element has been the motivation of the staff. With the motivation there, solutions (usually easy and cheap, only requiring thinking “outside the box”) have been found to most of the practical problems faced. Of course, the situation is not perfect yet, but still we can be happy about the results achieved. There has been a clear change in attitude in the project area. Positive results have also been reached outside the project, as for example at the district and village levels the situation of persons with disabilities in the area has become more visible and thus led to more inclusion in other forums as well. It has to be also noted that the process has not been as expensive as feared: of the total project costs less than 4 per cent have been spent on disability mainstreaming activities.



The work of Disability Focal Points in Malawi and Mozambique 6

Based on interviews with

Doreen Banda

DISABILITY FOCAL POINT
UFF, MALAWI

&

Aida Chiringa and

Calisto Zacarias Magumisse

DISABILITY FOCAL POINTS
UFF, MOZAMBIQUE

● What kind of work experience do you have?

Doreen Banda: I am the Disability Focal Point in the Dowa Women Farmers' Club project. My experience is that many persons with disabilities face huge challenges because they are discriminated against in their society. My coming to the project has helped to change the mindset of people so that they understand that persons with disabilities are just as important in society as the able-bodied persons. They now realise that persons with disabilities can do more in everyday life and support their families as well as contribute to the development of the community/nation.

Aida Chiringa: I have worked for AMPAL (Association of people who live with leprosy) where I gave speeches. I have also done some small-scale business such as selling refreshments and corn.

Calisto Zacarias Magumisse: I have worked as an accountant in a petrol station, and as a co-ordinator of a disability project.

● Where and when did you start working as a Disability Focal Point?

Doreen Banda: I started working as a Disability Focal Point in the Dowa Women Farmers' Club project funded by the Ministry for Foreign Affairs of Finland from April 2015 up to now.

Aida Chiringa: In 2010, for AMPAL and afterwards in the current project for UFF/ADPP (Ajuda de Desenvolvimento de Povo para Povo) in December 2015.

Calisto Zacarias Magumisse: In 2002, first for an NGO called Power Internacional and since 2015, for the UFF/ADPP project.

● What kind of tasks do you do?

Doreen Banda: The tasks for a Focal Point on disability inclusion include, for instance, the following: (1) to promote inclusion of persons with disabilities in all the project activities; (2) to sensitise local leaders so that they include persons with disabilities in the project /community activities; (3) to link persons with disabilities with other institutions working on disability issues such as MACOHA and FEDOMA; (4) facilitating farming instructors so that they include persons with disabilities in their everyday activities; (5) to provide good counselling to the community members on how they can protect the rights of persons with disabilities, just to mention few.

Aida Chiringa: I give speeches on the rights of persons with disabilities, provide sensitisation of persons with disability on their rights and do door-to-door family visits.

Calisto Zacarias Magumisse: I make speeches, do sensitisation of persons with disability and door-to-door family visits.

● Do you like your work? If so, why?

Doreen Banda: Yes, because I am gaining experience on how other persons with disabilities live their lives, I can support them where necessary and provide good counselling to the community members so that they understand that 'disability is not an inability'.

Aida Chiringa: Yes, because I help my colleagues with disabilities to get to know their rights, and how to eliminate discrimination.

Calisto Zacarias Magumisse: Yes, because I like to fight for the rights of persons with disabilities and to help other persons with disabilities to know their rights.

● What is the most difficult task in your work?

Doreen Banda: In my work the most difficult task is the challenge with the mode of transport. This has been a great challenge for me as the Focal Point needs reach a large number of persons with disabilities in the areas where I cannot walk or go using bicycles. Sometimes I get a lift in the project car but since it's the only one and we share its use so sometimes my programme gets affected when the car is also booked for other activities.

Aida Chiringa: Sometimes I visited families with small children with multiple impairments where the family also discriminates and does not treat well. Then it is very difficult because I cannot do anything as Mozambique does not have a centre for disabled children to live in when the parents do not want them.

Calisto Zacarias Magumisse: It is difficult to walk in some areas where there is no transport available.

● Why is disability inclusion important?

Doreen Banda: Disability inclusion is important because it helps to promote equal opportunities and hence decreases discrimination.

Aida Chiringa: Because all of us should have the right for education and work. Persons with disabilities should also be able to live their own life independently.

Calisto Zacarias Magumisse: Because all of us we have the same rights in the world as all of us are human beings.

● **What kind of advice would you give for new Focal Points?**

Doreen Banda: My advice to the new Focal Points is that they should have the courage to protect the rights of persons with disabilities and to support them where necessary.

Aida Chiringa: As a Focal Point, you need to be strong and to have patience during sensitisation.

Calisto Zacarias Magumisse: To know how to lead persons with disabilities. To share the message on the rights of persons with disabilities in a way that there will be an impact.

● **What kind of work would you like to do in the future?**

Doreen Banda: I would like to keep on working with persons with disabilities, protecting their rights and assisting them to exercise their rights and to give support where necessary.

Aida Chiringa: I would like to do sensitisation of HIV and disability or any other social area.

Calisto Zacarias Magumisse: In the future, I would like to do advocacy and accounting.





Inclusive HIV response in Africa

7

MATLEENA JÄRVIÖ

DEVELOPMENT SPECIALIST

FINNISH BIBLE SOCIETY (SUOMEN PIPLIASEURA)

Visiting a special school – we are not alone!

On a project visit to Burundi, I am visiting a local school for children with visual impairment. Pupils, teachers, my colleague and I are gathered for exchange of greetings. We tell about Finland, our home country. The pupils sit down quietly. Then I mention that there are around 8,000 blind persons in Finland. Immediately the children get interested and are smiling. They are surprised – they are not alone. There are persons with visual impairments also in that distant country.

Burundi is one of the partner countries for the Finnish Bible Society in the Good Samaritan HIV Programme. Other partners in Africa are Bible Societies in Côte d'Ivoire and Malawi and the HIV Service, which develops and coordinates the Programme. The Finnish Bible Society joined in the Programme in 2008. It was the very first time the Finnish Bible Society received funds from the Finnish government for development cooperation and the support has continued ever since.

HIV and disabilities – many similarities

HIV affects everybody in Africa in one way or other due to high prevalence rates. HIV mainly spreads thorough sexual intercourse and it has often been linked to immoral sexual behaviour. People seek explanations and try to make sense of the suffering within the traditional African belief framework and with interpretations of the Bible. Curses and punishment for wrongdoing of individual and family members has become part of the explanation process for many.

The way a person with HIV infection or with a disability is perceived may have many similarities in different African countries. HIV and disabilities are often linked with stigma, exclusion, prejudices and myths. Ignorance is a challenge and persons with disabilities face risk of HIV due to the lack of adequate knowledge on disability in general. They are often considered asexual and widely excluded from sexual education. Voluntary Testing and Counselling Centres often do not have adequate knowledge on disabilities, nor are they accessible. Persons with disabilities are vulnerable to sexual abuse and gender-based violence.

There is still limited information and research about HIV and persons with disabilities. Disability and HIV Policy Brief (UNAIDS, WHO and OHCHR: 2009, 2) states that the few existing studies on the hearing-impaired, or deaf, populations suggest infection levels equal to or higher than those for the rest of the community. Disabilities are hardly covered in the UNAIDS strategy for 2016–2021 (UNAIDS 2015), although recognised as a vulnerable group. As a result, persons with disabilities continue to be neglected in HIV and AIDS programmes both on strategy and implementation levels.

Towards inclusion – “We have just not thought about them”

The Good Samaritan Programme, created in 2002, did not originally address persons with disabilities. The Finnish Bible Society took the first steps towards systematic inclusion of persons with dis-

abilities in development work around 2011. The aim was to ensure that everybody can equally participate in, contribute to and benefit from the Programme. Human rights acted as the starting point. Bible Society partners in Africa were willing and motivated to make the Programme more inclusive.

Motivation for inclusion among Bible Societies arises from the Christian concept of man. A person, with or without disability, is an image of God and brother or sister in Christ. But there needs to be sensitisation so that people become aware of exclusion of persons with disabilities. As the Secretary General of the Bible Society in Côte d’Ivoire said: “We have just not thought about them.” The same applied to the Finnish Bible Society. Further, people need to become aware of their own attitudes towards persons with disabilities. Otherwise persons with disabilities easily become approached with pity, as helpless and passive receivers, not as equal members of society.

The inclusion process was started by contacting organisations of persons with disabilities both in Finland and African countries. Meetings with Finnish organisations provided good learning opportunities on their focus areas and project experiences. Later the consultation agreement signed with Disability Partnership Finland enabled regular support, further capacity building for Finnish staff and programme-specific information. It has also ensured quality assurance for the work.

Disability inclusion in the Programme aims for persons with disabilities to have equal opportunities to take part in the trainings. Sensitisation and training of the all Programme staff and volunteers play the key role in this. The first sensitisation on disability inclusion and the rights of person with disabilities for all Programme countries was organised in 2013. Since then there have been training sessions on an annual basis organised by the Finnish Bible Society. Coordinators have later participated in the Programme Training Manual review to make it more disability-inclusive.

The first steps in Finnish partner countries were taken with local disability consultants to provide the necessary support on the local level. It took a year for partnering Bible Societies to establish good networks

with local organisations of persons with disabilities. In two countries, Programme advisory groups were formed including representatives from diverse organisations of persons with disabilities. The groups give guidance on inclusion, and join strategic planning and implementation.

Voices from the field – “Inclusion is respecting human rights”

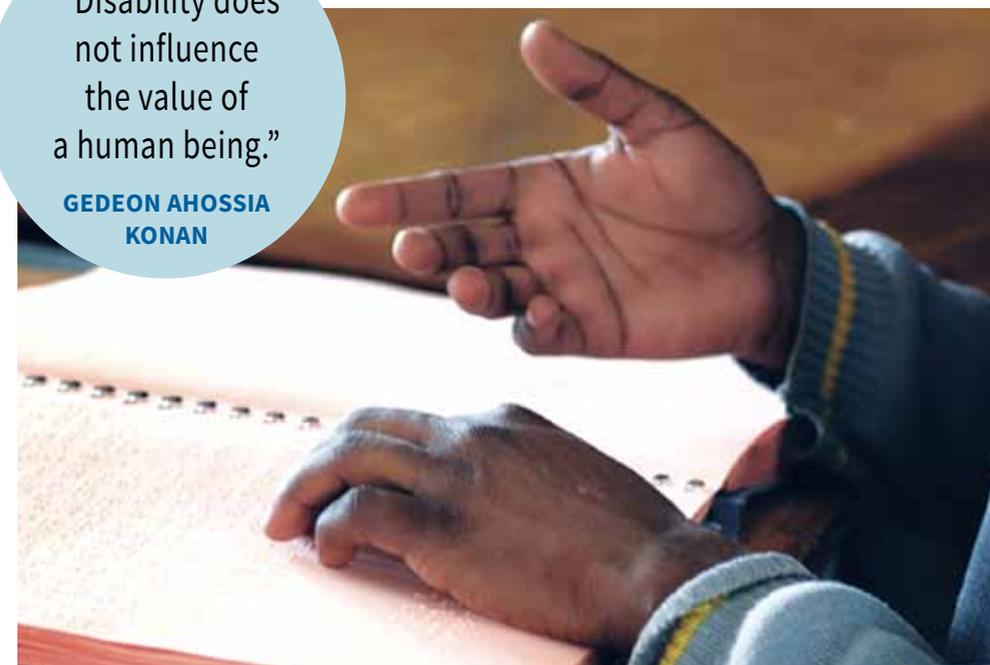
Working together with persons with disabilities has been an eye-opener in many ways. “I have learnt that persons with visual impairments are stigmatised in their communities and their basic needs are not ensured,” says Burundian HIV Coordinator David Nzisabira. His colleague from Malawi, Patrick Gondwe, lists some of the challenges people with various disabilities face: discrimination and lack of opportunities including employment and education.

People in general do not realise the capacity and skills persons with disabilities have. Thus working together has been good way to learn. “Apart from the disability, persons with visual disabilities can do everything as others do, and even much better,” summarises Nzisabira on his experiences. A colleague from Côte d’Ivoire, Gedeon Ahoissia Konan, confirms: “persons with disabilities perform in an excellent way, like any other person without disability.”

The importance of inclusion has become very clear over the years. It is a way to realise the human rights of persons with disabilities. “*Inclusion is respecting human rights,*” as one African colleague put it. Nzisabira says: “*Inclusion is important because we want to ensure that the rights of the persons with disabilities are safeguarded and fulfilled.*” Gondwe continues: “*Then persons with disabilities will understand what is going on in the world and in their communities. They can take part in social activities and development. They will also be able to protect themselves against social ills and know their rights.*” Konan summarises: “*Disability does not influence the value of a human being.*”

“Disability does not influence the value of a human being.”

GEDEON AHOISSIA
KONAN



What to do? – Some practical examples

Firstly, there was a need to review and change plans so that there is enough time for the learning and implementation of the inclusive approach. Sometimes there was enthusiasm and goodwill in the air but sensitivity and deeper understanding was not yet reached. For quite a long time, it seemed that inclusion was not moving ahead, but then many important steps took place in a very short time.

Secondly, making an existing Programme inclusive is more difficult than having an inclusive approach from the beginning. Materials needed to be revised. Time for sensitisation on disabilities and inclusion needed to be arranged in the curriculum and thus something else was omitted.

Thirdly, grass roots level organisations of persons with disabilities had to be approached in a sensitive matter. Since they were invited to the HIV trainings years after the Programme started they were suspicious. Was the interest from the Programme side genuine? Why this interest now? By explaining the situation and working with national-level organisations, mutual trust was achieved.

Once the project staff and volunteers became more familiar with disabilities and gained more experience, they realised there are easy and cheap or no-cost solutions. Just the presence of a person with disability in training is an eye-opener for many. Reading aloud written texts, explaining pictures and talking clearly help not only persons with visual or hearing impairments but also the illiterate and those sitting further away. Printing texts with a large font size and having pictures is helpful. Important practical steps have now been taken by African colleagues. Their enthusiasm and willingness to learn and implement has been crucial for the success.

Professional development work – ensuring future for all

Many of the challenges encountered in inclusion are similar to any development work. Plans may need to be revised and mistakes occur. Face-to-face discussions ease communication but still communication challenges exist between the Global North and Global South. It takes time to search for partner organisations of persons with disabilities that have enough capacity. Local disability consultants and organisations need to be guided so that the objectives of the project stay in focus.

Inclusion requires new information and it takes time to acquire and implement it, both in the North and the South. Resources of the local partner determine how much time can be invested in the inclusion. One has to appreciate small steps and achievements and accept that reaching full inclusion will take years. But with the adequate support one can start the inclusion process and learn by doing. Human rights concern also persons with disabilities – so that no one is left behind.

Pupils in the Burundian special school – the school for the blind that was mentioned at the beginning of this article – will acquire many important skills, get friends and increase their self-esteem. But one day they will need to leave the school and move on. Most children return to their home towns and villages. The reality can be harsh after the safe and more protected environment in the special school

as typically there are no special services available for them anymore after their return. Thus inclusion in every single development project and programme is so crucial – to change attitudes in all areas of society. Then children with disabilities would have equal opportunities to study with siblings and friends at a local school close to their homes and to seek for life with dignity as adults.

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Opening school gates for learners with disabilities in Ethiopia

8

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For decades, Finland has been playing an important role in Ethiopia in promoting access of learners with disabilities to quality education. So far, a number of projects in the area of special and inclusive education supported by Finland have contributed to opening gates to schools for marginalised children. The currently-implemented bilateral project between Ethiopia and Finland 2013–2017 on inclusive education, is one good example. In this article, we focus on three areas. Firstly, the Ethiopian context will be introduced. Secondly, the situation in education in relation to learners with disabilities will be described. Thirdly, the project objectives, achievements so far and challenges will be presented.

Ethiopia context

Ethiopia is a diverse country with a population of over 95 million, in more than 90 ethnic and linguistic groups. The country's total land area is about 1.1 million square km, with a population density of 86

people per square km. Four out of five of the population live in the highland, temperate parts of the country. The remaining fifth of the population, mostly pastoral and agro-pastoral groups, live in the lowland that covers 60 per cent of the country's land area. A rapidly growing population, swift urbanisation and an age structure in which 44 per cent of the population is aged between 0 and 14 years and 53 per cent are between 15 and 65 years provide insights about Ethiopia's potential for social, political and economic change and development.

Ethiopia has achieved impressive development results in recent years, including the third fastest progress of any country towards reaching the Millennium Development Goals. The poverty level has declined from 38.6 per cent in 2005 to 29.2 per cent in 2010. In the last five years, Ethiopia has: halved the incidence of malaria; deployed 32,000 more health extension workers; doubled the immunisation rate; rolled out an innovative social safety net to protect almost 8 million of the most vulnerable people; and put 2 million more children in primary school. The primary net enrolment ratio (NER) rose from 68 per cent in 2004/2005 to 82 per cent in 2009/2010.

The above notwithstanding, Ethiopia faces severe challenges. It will be difficult to maintain the rate of progress on poverty reduction as the needs of harder-to-reach populations are prioritised. External shocks, including climate change and fluctuating commodity prices, are likely to increase and threaten growth.

Children with disabilities and education

The school-age population (from age 4 to 18) is more than 33.5 million. It implies that there are an estimated 5 million children with special educational needs. Since 1996, the number of primary schools has risen from 11,000 to 32,048 and student enrolment at this level has grown from less than 3 million to over 18 million within the same time frame. The current supply of schools allows for a full intake of students into Grade 1 when they reach the age of 7 years. As of 2013/14, the Net Intake Ratio (NIR) was 106 per cent (102 per

cent for girls and 109 per cent for boys) compared to the target of 100 per cent. Ethiopia's Growth and Transformation Plan sets a pathway towards its goal of Ethiopia becoming a middle-income country, with a sustained focus on poverty reduction.

The fifth Ethiopian sector development programme reports that in 2013/14 only 77,850 children (42 per cent girls and 58 per cent boys) with identified special educational needs are recorded as enrolled in Grades 1 to 12. Overall, only 4 per cent of the estimated children with special educational needs are enrolled in primary education. It is stated that poor progress in supporting children with special education is due to several causes including:

- Low awareness about disability,
- Skills and commitment to implement activities to support learners with disabilities in education and lack of reliable data,
- Absence of clear structure for coordination and administration of issues related to special and inclusive education from federal to regional and school levels,
- Absence of a financing mechanism,
- Poor school infrastructure, facilities and adapted teaching and learning materials,
- Weak pedagogical skills of teachers,
- Lack of a career structure to support special needs educational professionals in mainstream schools and inclusive education resource centres.

Several international partners have been supporting Ethiopia in tackling challenges in the educational sector in Ethiopia with Finland undoubtedly playing the leading role in special and inclusive education.

Project objectives, achievements and challenges

The bilateral project entitled "Enhancing Inclusive Education Capacity of Teacher Education and Resource Centres in Ethiopia" has the overall objective of "improved access of children with disabilities and special needs to education, and improved quality of

their education”. The objective is expected to contribute to poverty reduction of marginalised groups, promoting equality and non-discrimination in the right to education. The project purpose is to improve the capacity of the Colleges of Teacher Education (CTEs) through introducing a pedagogical approach to special and inclusive education, and to strengthen the inclusive education resource centre (IERC) network.

The project is implemented in three target regions, which are Addis Ababa City Administration; Southern Nations, Nationalities, and People’s Region (SNNPR); and Oromia. The project has a national scope since all teacher educators at the 36 CTEs in Ethiopia received training on the enriched, revised pedagogically-oriented common course on special and inclusive education. Furthermore, three Inclusive Education Support Centres/Resource Centres have been supported by capacity building and learning materials at the teacher education colleges in each of the selected target regions, in order to support teacher educators and students in bringing the SNE/IE into practice in teacher training and during teaching practicum.

In regard to direct support to learners with special education needs in schools, 16 IERCs have been supported by the project by means of supplying learning materials, capacity building of the staff as well as activities related to awareness-raising of schools’ surrounding communities. The results drawn on data from the IERCs and satellites schools demonstrate the positive impact the project is having in terms of making education accessible for students with disabilities and special educational needs as well as in enhancing the quality of education provided. The enrolment rate of children with special educational needs has been significantly and uninterruptedly increasing in the project IERCs’ satellite schools. In addition, the number of children with disabilities dropping out has been decreasing.

However, remaining challenges identified in some schools include no or limited accessibility, deficiency of teaching and learning ma-



terials, high turnover of education administrators on the local and regional levels, and inadequate attention given to inclusive education. Progress in scaling up the IERC model in Addis Ababa and Oromia is also rather far from expectations, as well as the absence of measures taken by local partners to assure sustainability of project achievements after the project termination.

Nevertheless, the functionality of project IERCs has been largely strengthened. According to reports from most of the IERCs, awareness and understanding of the school directors of the satellite schools about the role of the IERCs has risen. Several other manifestations of awareness-raising include general support for IERCs' staff, organising training of inclusive education for the teachers, gradually making schools accessible through building ramps, the schools allocating budget in their school plans, as well as growing concern of surrounding communities about school inclusiveness.

The Way Forward

The project IERCs are expected to gradually serve as a model for those newly established across the country. Therefore, several strategies and programmes for exchanging IERCs' good practices and scaling them up have been applied to reflect and to communicate examples of good professional practices amongst various stakeholders. Reflection of professional practice is regarded as a useful method to enhance the professional capacity of educational staff. Besides organising successful national conference on sharing good practices in inclusive education in May 2015, a number of publications on how to establish and operate IERCs and how to support children with special educational needs, have been compiled and disseminated.

In addition, a one-week exchange programme was organised in SNNPR to provide educational professionals, administrators and other stakeholders with an opportunity to gain new professional knowledge. The training focussed on providing information on how to support learners with special educational needs in inclusive

learning environments and on how to promote the transfer of best practices from one project site to another, so that IERCs will benefit from the experience of other centres in relation to the provision of better school environments for children with special educational needs.

Conclusion

Despite many challenges, the project results achieved to date are encouraging. There is clear evidence of the positive impact of the project results, where children with disabilities are direct beneficiaries. Pedagogical competences interrelated to inclusive education of pedagogical professionals have been enhanced by capacity building. IERCs demonstrate their central role in supporting learners with special educational needs, their parents, teachers, and schools' communities.

Since the project will end in the near future, it is imperative to give due attention to the sustainability of its achievements. In addition, the project achievements, including sharing examples of best practices, will be transferred to stakeholders at all levels of governance using a variety of communication channels.



Advocacy and networking as strategies for inclusion in Cambodia

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The Finnish Evangelical Lutheran Mission (Felm) is working in almost 30 countries across the world partnering with numerous local civil society organisations and providing support for them. We are focusing our development cooperation support on the most vulnerable people. Persons with disabilities (PWDs) have been one of the most important groups for Felm to work for and with, due to the fact that in poor countries their living conditions are still most difficult and least favourable. Persons with disabilities often remain excluded from policies, if specific measures are not taken.

Felm is following a twin-track approach to disability inclusion. This means having both disability-specific projects and also mainstreaming disability as a cross-cutting issue in the whole development pro-

gramme. Although the focus is still on disability specific projects, important steps have been taken towards disability mainstreaming. Disability assessment is done already in the planning phase of each project in order to know the number of PWDs amongst the target groups as well as their needs and possibilities to participate in the project activities. A training package on disability rights has also been designed to provide training for the personnel both in the North and the South. In disability mainstreaming, Felm co-operates closely with organisations working with persons with disabilities.

Felm's programme objectives include the realisation of human rights, a better level of education, improved employment opportunities for persons with disabilities, and the eradication of discrimination and abuse. The overall goal is achieving equal participation for everybody.

Promoting the right to education and community-based rehabilitation

Education and employment are essential in the process of persons with disabilities integrating into the surrounding society. However, getting access to basic education and vocational training and finding the first job is challenging for young persons with disabilities. Barriers include the lack of knowledge on disabilities in general and on the rights of persons with disabilities among parents, school personnel and employers. There is also need for specialised instructors and training facilities, and support services for students with disabilities.

In Cambodia, the first workshop for local Felm partners on disability mainstreaming was organised in 2012. This training was organised in cooperation with some local disability organisations. After this experience, some Felm partners started implementing more inclusive activities, for instance one partner established an accessible culture centre.

Felm also started to support the Komar Pikar Foundation (KPF) a few years ago when it was taking its first steps to provide services to PWDs and doing advocacy work on the rights of persons with disabilities. KPF is a Cambodian non-governmental organisation working with children and youth with moderate to severe disabilities, their families and their communities. KPF has developed programmes and strategies to address the needs and to promote the rights of children and youth with moderate to severe impairments across Cambodia. KPF addresses this with pilot programmes, national networking, and engagement strategies that support policy development and implementation of activities by government and non-government organisations. KPF is committed to community-based rehabilitation (CBR) programmes that improve quality of life for children with disabilities and their families and empower them to advocate for their own needs. CBR programming also engages the entire community, including neighbours, school children, teachers, and community leaders, in ongoing dialogue aimed at facilitating the inclusion of persons with disabilities in all areas of society.

The programme operations of KPF include three day-centres to demonstrate the model of day-centres, and community-based services including home-based/village-based activities with proper monitoring and evaluation of their effectiveness. In child development, the objective is to increase the physical and functional capacities of children and youth with moderate to severe impairments. Parents' involvement in the activities tends to increase the ability of parents to care for and support their children to reach their physical and functional capacities. Children attending the day-centres provide parents with opportunities, i.e. time, to supplement income.

Awareness training for community members and leaders, and disability inclusion are promoting the acceptance and inclusion of all persons with disabilities in their communities, including local schools.

From integration toward inclusion

There has been an obvious change at local level in the environment of children with disabilities when their classes are located in local primary schools in so-called integrated settings. In integrated sessions, children with special needs learn in their own classes and share some activities/space with other pupils in the school. The next step would be inclusion where pupils with special needs study in mainstream classes with additional assistance, when needed. The special classes are operating during normal school hours. The environment is very attractive to other pupils who during the breaks like to come to play with the children with disabilities. While playing together in the same environment, attitudes change to be much more positive towards children with disabilities. This social interaction develops a different mentality and environment to PWDs; they are no longer hidden in the shadows of homes but are more understood to be equal and different in a way that does not develop discrimination.

What has been most delightful for Felm is the fact that KPF being an expert organisation in PWD issues in the country has been ready to educate the other partners of Felm in the country on issues of disability. It has been greatly helpful to get local experts who know the local cultural environment to provide needed education to improve programmes run by the different civil society organisations.

The main idea of the disability training given by KPF has been to educate staff to find PWDs in their communities and to understand their potential as community members, and secondly what it is that the particular project could and should provide for the PWDs to empower them as equal members of the society.

The way forward and the new challenges

– Preventing sexual abuse of persons with disabilities

International research claims that children with any kind of disability are several times more vulnerable to sexual abuse. In the past few years, one of our child protection partner NGOs, First Step Cambodia (FSC), has worked closely with Felm in the formation and

leading of a Disability and Child Protection Network in Cambodia. NGOs and university faculties working in either the Child Protection or Disability sectors took the opportunity to share and join together their experience and expertise. FSC has a unique work focus in Cambodia. It was established in response to extensive research, which highlighted the lack of awareness and service provision for boys and young men who are at risk of, or who have experienced, sexual abuse and exploitation. This mainstreaming of disability issues throughout the work of organisations involved in the protection of children has made a significant impact on the policies and practices of these organisations.

Inclusion and empowerment

Felm strongly supports the inclusion of persons with disabilities. Inclusion reduces prejudice and strengthens the voice of persons with disabilities. Inclusion also changes perceptions of persons with disabilities. Participation, presence, and learning new skills broaden the possibilities of persons with disabilities to lead good and productive lives. Empowerment of persons with disabilities increases their quality of life and opens up new horizons for their personal future.

Referred documents

Reports of the Komar Pikar Foundation and First Step Cambodia.



Practicing Inclusive WASH in Nepal

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PAMELA WHITE

GESI CONSULTANT AND HOME OFFICE COORDINATOR
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FCG INTERNATIONAL LTD

FCG International Ltd is a Finnish consulting company owned by Kuntaliitto (the Finnish Association of Local and Regional Authorities). We implement two large bilateral projects in Nepal – the Rural Village Water Resources Management Project, Phases I, II and III (RVWRMP, 2006–present), and Rural Water Supply and Sanitation Project – Western Nepal, Phase II (RWSSP-WN, 2013–present) – with funding from the Governments of Finland and Nepal (and communities).

The main objective of the two projects is to improve the quality of life through equitable use of water resources and increased livelihood opportunities, but we also aim to promote social change. This includes empowering disadvantaged and unreached groups, including persons with disabilities, through an inclusive development process.

We have gradually begun to consider disability explicitly within the project, as the concept of the human rights-based approach has developed. The existing RVWRMP Gender Equality and Social Inclusion (GESI) Strategy has been broadened, in line with the ratification by Nepal of the UN Right to Water and Sanitation (2010). The Human Rights-Based Approach, Gender Equality and Social Inclusion (HRBA & GESI) Strategy and Action Plan of the two projects was developed in a collaborative manner and field tested before being printed in 2015.

Barriers to accessible water and sanitation facilities

Disability is a significant barrier to accessing adequate water and sanitation. Disability can mean that the individual requires more water and more regular access to toilets, but in practice they often cannot achieve these. There are many barriers facing persons with disabilities (PWDs) regarding water supply, sanitation and hygiene. Our work is mainly in hilly or mountainous districts with difficult access. While there are wheelchairs on the plains, their use is severely limited in the hills – so in most cases persons with physical impairments must use crutches or be carried over steep inclines.

At the household level there may be steep paths or steps to water taps or toilets. And once at the toilet, it may be difficult to use. Construction of toilets may make access easier for PWDs and the frail elderly compared to walking for open defecation in the forest. But the design may be problematic, as in a typical squat toilet there is nothing to hang on to for balance or support (no tree branches). Family members may need to provide assistance, thus reducing the level of privacy of PWDs while using WASH (Water, Sanitation and Hygiene) facilities. Hence, better access to WASH facilities reduces dependency on other people and has a great impact regarding dignity in the lives of PWDs.

Creating Inclusive WASH facilities

We have dealt with disability and access to water and sanitation in a range of ways:

- In both projects we have consulted with local Organisations of People with Disabilities, as well as individuals, to ensure we understand the challenges and to get ideas of how best to progress (unfortunately there are few organisations operating in the rural hill areas, especially in Far West Nepal).
- Consideration of the Convention on the Rights of Persons with Disabilities and how we can address its general principles, alongside the Right to Water and Sanitation. In particular, the principles

of non-discrimination, inclusion, participation, equality of opportunity, accessibility and equality between men and women are all dealt with within our HRBA & GESI guidelines.

- Taking planning meetings as close to people's homes as possible – the Water Use Master Plan (in RVWRMP) or VWASH Plan (RWSSP-WN) processes are good ways to spread information and gather opinions from most far-flung parts of the locality. In this way, people with limited mobility (elderly, PWDs) and time (particularly busy women) can still be consulted, and hear what is planned.
- Tap location is always planned by the communities and we encourage them to locate taps nearer to households with poor mobility, if possible. In this way, both the PWDs and their carers save time and effort. If there is sufficient water supply then a private tap location within the household may be possible (however, this isn't possible everywhere).
- We have prepared a brochure with toilet designs and advice to assist household owners to improve accessibility. These include very simple ideas such as use of a rope or plastic chair for support, a rope guide along paths, and construction of handrails alongside steps. Householders have found the brochure very useful – but the distribution needs to be improved.
- Trying to improve the design of school, institutional and public toilets supported by the projects to make them more accessible. This has had some success, but still faces many challenges. For instance, 77 institutional, school and public toilets had been completed in RWSSPWN II by the end of 2015 – of these, 76 are gender & child-friendly, but only 11 are accessible for persons with disabilities. However, toilets are often constructed in difficult physical locations (such as down steep hills), which will make the approach virtually impossible for persons with physical impairment and/or mobility constraints.

- We have expanded the concept of PWD to include the frail elderly, as we found there was more interest from community members when discussed in this way. Not many households have family members with disabilities but almost all have an elderly person, and we will all get old some day! Discussing disability can be problematic, and many do not wish to self-identify as having a disability. While physical injuries are quite common in the difficult environment, families tend to be ashamed of those born with serious disabilities (and it may influence the marriageability of close relatives). Poor medical care available in the hills may also lead to much greater mortality rates.

Case study

40-year-old Mr Bhola Nath B.K. is the head of a poor Dalit household in Ramjakot Village Development Committee, Tanahun. Mr Bhola constructed his household toilet five years ago. At the time, the family did not pay any attention to the needs of persons with disabilities or elderly people. Last year, Mr Bhola had an accident and during the surgery he had a steel rod fixed in his leg. As a result, he had temporary impairment and could not use the existing toilet without some modification. Having learned about simple, accessible/disabled-friendly toilets from staff of RWSSP-WN, he made his existing toilet more accessible by placing a plastic chair with a round hole above the toilet pan. Mr Bhola is now comfortably using the toilet, as is his elderly mother, who finds it easier to use the chair instead of squatting down on the floor.

(TEXT BY MR. BASHU DEV PANDEY, DISTRICT WASH ADVISER, TANAHUN – RWSSP-WN)

- Getting our staff to bring up issues such as disability/aged access during meetings or awareness-raising activities helps to raise awareness of local community and decision-makers and to change attitudes.



- Disability has been included in HRBA & GESI training for staff. This has included introducing practical exercises such as using a wheelchair to move up ramps, or crutches to use stairs and a squat toilet. Staff and local government officers have commented how much easier it is to understand and really feel barriers to access by trying it yourself!

Lessons learned

Change is not happening quickly. Disability is just one of the challenges encountered in the communities we work with. Discrimination based on caste, gender, ethnicity or religion is often a significant barrier to participation in decision-making and access to WASH. We already set quotas for the participation of women, Dalits and ethnic minorities in our committees and meetings. It would be impractical to add a quota of PWDs as there are very few persons in the hill communities who self-identify as having a disability. What we can do to increase the participation of PWDs is to encourage local communities to positively accept the contribution of PWDs, and to hold meetings closer to the homes of persons with mobility challenges if they wish to participate.

We have faced difficulties in recruiting persons with mobility impairments as staff members. The field staff need to be able to walk in rough terrain and stay out in the field for weeks at a time, therefore must be physically fit and mobile.

Our main focus is to achieve basic water supply and sanitation for all households in our project areas, however we have insufficient staff to ensure that this happens – we are embedded in the government system and must rely on our counterparts and the communities themselves. Consequently, mainstreaming disability, as well as other causes of disadvantage, throughout our activities is the best way to achieve this.

Earlier we applied a fairly top-down, needs-based approach, where we considered there was a responsibility of the government and global community to support particular individuals (those who cannot help themselves). Now, the human rights-based approach to development assists the poor or marginalised to assert their own rights to existing resources, and to share these more equally. Rights always signify responsibilities and obligations, whereas needs do not. However, we need to change our attitudes, to understand that everyone – including persons with disabilities – has a right to water, sanitation and hygiene, rather than just a need.

References

- RVWRMP (2006 - present) <http://www.rvwrmp.org.np/>
- RWSSP-WN (2013 - present) <http://www.rwsspwn.org.np/>



Conclusion

Lessons learned from disability mainstreaming

MARI KOISTINEN

DISABILITY PARTNERSHIP FINLAND

Disability inclusion is not burdensome or mournful; it turns quickly into a source of work motivation and delight!

MIIKKA NISKANEN

WORLD VISION FINLAND

It has been truly inspiring to work with several partners in the process of finding good practices for disability mainstreaming. In this book, each writer has described the unique path taken by their organisation and has analysed the lessons learned based on their experiences. The final part of the book brings together some of the main points found during this journey together. This is rather challenging as there are so many diverse experiences and each organisation has followed its own path. However, looking at these stories, some unifying steps and core ideas can be identified. For further and more detailed information, please refer to the list of resource materials at the end of this book.

Attitudinal change and commitment

The biggest hurdle has been the initial prejudice and attitudes of people, both in the organisations and in the target communities. After the process has started, it has been quite straightforward and neither complicated nor expensive. (AINO HIMANEN, UFF)

All writers highlighted that disability mainstreaming requires an attitudinal change. Hence, the first step in the process is to focus on the removal of attitudinal barriers that prevent equal participation of persons with disabilities.

Barriers include the lack of knowledge on disabilities in general and on the rights of persons with disabilities among parents, school personnel and employers.

(TAPANI HAAPALA AND ARI MUTTONEN, FELM)

Attitudinal change is possible in a relatively short period but one should be aware that sometimes it can take a long time for attitudes to change and one should not always expect quick results.

One has to appreciate small steps and achievements and accept that reaching full inclusion will take years. But with adequate support one can start the inclusion process and learn by doing.

(MATLEENA JÄRVIÖ, FIBS)

Initially it might be advisable to take even small steps and to create simple and creative solutions that contribute to strengthening the rights of persons with disabilities, rather than trying to change everything at once.

One of the main issues that was mentioned in almost every article in this book was that making a clear and strong commitment of including persons with disabilities in the target group is very important. A commitment at organisational, not only at project level, towards disability-inclusion would lead to more sustainable results with supporting changes in organisational values, structures and policies. Equally important is to set clear goals for disability-inclusive work. These can be supported by an organisation policy on disability mainstreaming.

Participation of persons with disabilities

To know the barriers children with disabilities face and how to best address these, they need to be consulted.

(FRANK VELTHUIZEN, PLAN INTERNATIONAL FINLAND)

It is important to actively and meaningfully involve persons with disabilities in all matters concerning them. Persons with disabilities are the best advocates for their rights.

Once identified, persons with disabilities should take part in the full project cycle, including project design, delivery and monitoring and evaluation. Most importantly, they should be given an opportunity to express their needs, wishes and ideas for removing the barriers to equal participation.

In both projects, we have consulted with local Organisations of Persons with Disabilities, as well as individuals, to ensure we understand the challenges and get ideas of how to best progress.

(PAMELA WHITE, FCG INTERNATIONAL)

In this way, the most effective approaches for disability-inclusive work can be identified and implemented. DPOs are key players in this process and development agencies should consider investing in capacity-building initiatives for its promotion. It is also important to hire persons with disabilities in the personnel, for instance as Focal Points on inclusion.

My coming to the project has helped to change the mindset of people so that they understand that persons with disabilities are just as important in society as able-bodied persons.

(DOREEN BANDA, UFF)

In addition to hiring persons with disabilities in the work force, establishing a Disability Advisory Group is a good way of involving persons with disabilities. Through this group, DPOs can be consulted and give advice on the project activities. The group can also help to build awareness and capacity of the staff and to encourage staff to consistently challenge some of the barriers that lead to discrimination and exclusion.

Inclusion in the full project cycle and budgeting

The actual number of persons with different kinds of disabilities nearly always appears to be much bigger than initially known and understood. (MIIKKA NISKANEN, WORLD VISION FINLAND)

Plan for inclusion from the start of the project and start by doing an inclusive baseline study to identify persons with disabilities in the area. Involve local persons with disabilities in the project-planning group. Please make sure that both men and women and persons with diverse disabilities are consulted.

There is usually no need to develop specific targets on inclusion. Rather, it is important to consider the relevance of each activity for persons with disabilities and to collect disability disaggregated data throughout the project cycle.

Many times, inclusion is feared to be very expensive. Based on our experiences, inclusion is not expensive particularly when it is considered right from the beginning. However, it is important to allocate a budget for inclusion of approximately 2–7 per cent of the total budget (also Bruijn, 2012 et. al.). Naturally, the percentage varies according to the type of activities in the project.

Once the project staff and volunteers became more familiar with disabilities and gained more experience, they realised there are easy and cheap or no-cost solutions. (MATLEENA JÄRVIÖ, FIBS)

Finally, please make sure that DPOs, when acting as advisors, are compensated for their efforts and services.

Motivate and train your project staff

In my experience, first of all, disability and disability inclusion work needs to be de-mystified among colleagues, partners and duty-bearers, followed by providing guidance on the ‘how-to’ question. (FRANK VELTHUIZEN, PLAN INTERNATIONAL FINLAND)

Sensitisation, motivation and support for the personnel are of core importance. Sensitisation and awareness-raising can be done in various ways, as has been discussed in the articles. World Vision, for instance, started by carrying out a Disability Mapping exercise among the organisation’s development programmes, which increased awareness and understanding of disability at organisational, community and institutional levels.

When organising sensitisation and training sessions, it is important to include persons with disabilities as contributors as merely the presence of persons with disabilities can be an eye-opener for many. ... persons with disabilities can ...share personal experiences from their daily lives in the given context.

TYTTI MATSINEN, FELM)

Equally important is to provide continuous support for the personnel instead of only one-off training on disability rights at the onset of the project. For instance, Disability Focal Points/Advisory Groups can be used for this purpose.

Build networks, celebrate success and share information

Disability inclusion is not difficult when it is planned and carried out in collaboration with local DPOs and persons with disabilities from the community. (MIIKKA NISKANEN, WORLD VISION FINLAND)

It is advisable to build strong networks with other organisations that have experience of and are showing interest and commitment towards disability-inclusive development. Potential partners can include persons with disabilities, their family members, DPOs, NGOs, the UN, government, academia, private sector and service providers. Celebrate your success and help to change negative attitudes towards persons with disabilities by sharing the positive experiences that you have experienced through disability mainstreaming.

Promote accessibility

At the household level, there may be steep paths or steps to water taps or toilets. And once at the toilet, it may be difficult to use.

(PAMELA WHITE, FCG INTERNATIONAL)

...challenges identified in some schools include no or limited accessibility, deficiency of teaching and learning materials ...

(JAN ŠIŠKA, FCG INTERNATIONAL)

Removing disabling barriers (attitudinal, environmental institutional) and focusing on accessibility are fundamental for the full inclusion of persons with disabilities. Accessibility is much more than built environment and should also be considered in relation to communication and information sharing. Holding meetings in inaccessible places, or not making sure that information reaches all, or that not all can follow the training, can lead to exclusion of persons with disabilities from participating in the project. Hence, the needs of persons with diverse disabilities (physical, mental, sensory and intellectual) should be considered. When constructing new buildings, it is important to make sure that accessibility is considered right from the beginning. In the end, inclusion benefits us all!

An inclusive environment and community is better and safer for all, particularly for children and for the elderly.

(MIIKKA NISKANEN, WORLD VISION FINLAND)

Further resources

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