

EMPOWERMENT OF PERSONS WITH DISABILITIES

Project Learning

Funded by:
Caritas Germany

Implemented by:
IRCDS, Tiruvallur, TamilNadu, India
ircds1986@gmail.com, www.ircds.in

June 2013

Project Learning

1. Project Location:

Country: India

State: Tamil Nadu

District: Tiruvallur

Block: Tiruvallur

No. of Panchayats: 36

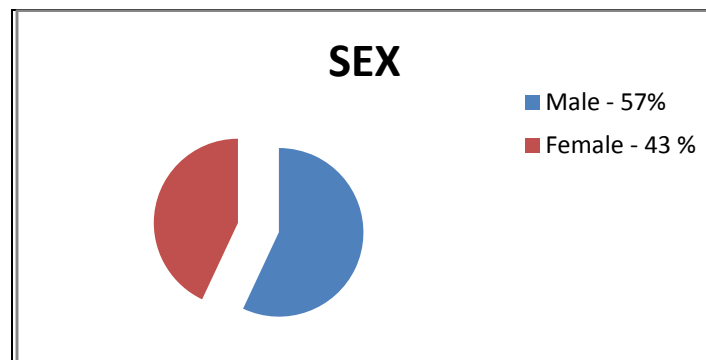
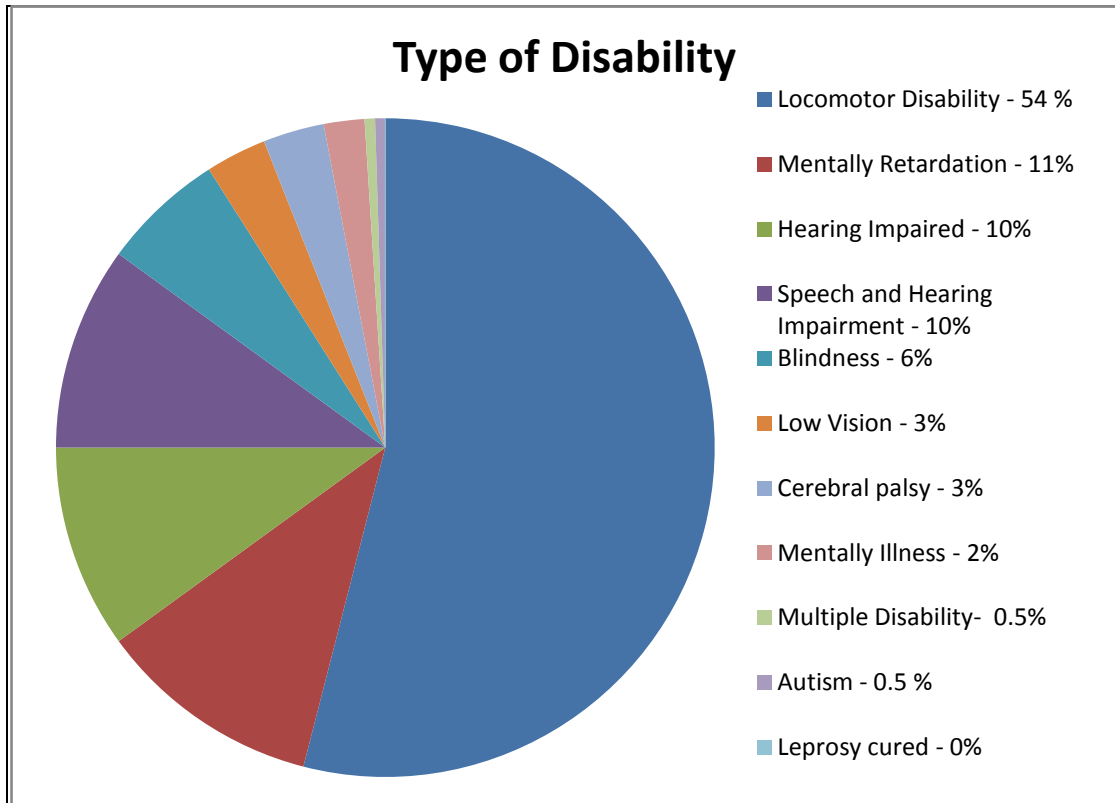
No. of Villages: 144

2. Target Group:

1323 Persons with Disabilities living in 144 villages

DISABILITYWISE BREAKUP

S.No	Type of Disability	0 - 5 yrs	6-14.	15-18	19-59	60 and Above	Total	Percentage
1	Locomotor Disability	5	16	21	620	52	714	54
2	Mentally Retardation	4	32	25	87	0	148	11
3	Hearing Impaired	0	4	4	111	16	135	10
4	Speech and Hearing Impairment	0	3	12	111	3	129	10
5	Blindness	0	4	2	62	7	75	6
6	Low Vision	0	3	3	22	6	34	3
7	Cerebral palsy	2	13	8	18	0	41	3
8	Mentally Illness	0	0	1	26	5	32	2
9	Multiple Disability	0	2	0	4	1	7	0.5
10	Autism	0	1	2	4	0	7	0.5
11	Leprosy cured	0	0	0	1	0	1	0
	Total	11	78	78	1066	90	1323	100



3. Project Learning:

Thematic areas of CBR Interventions undertaken through this project:

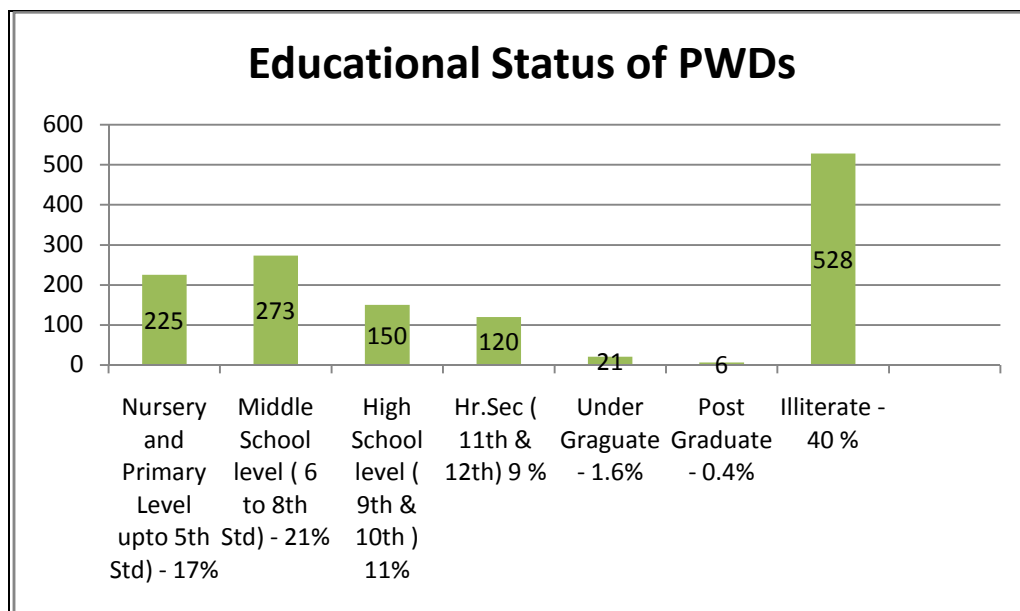
1. Health
2. Education
3. Livelihood
4. Social
5. Empowerment – DPO, Advocacy, Lobbying and Networking

1. HEALTH

Identifying children with disabilities with the support of village health workers and community members had better result on the identification process and referral services.

- ❖ Health is an integral part of human development and we are able to facilitate the PWDs and families to access health services with the support of other service providers, hospitals, government departments. The technical advices and capacity building measures received from other organisations enable us to reach out to all kinds of disabilities, including persons with mental illness.
- ❖ Optimum realization of health and rehabilitation service would happen only if the individuals and family members being made aware about the available services and having basic skills to manage their disabilities. Moreover, providing service directly to the individuals has limited impact on bringing attitudinal changes on the minds of health service providers and other stakeholders in the community.

2. EDUCATION

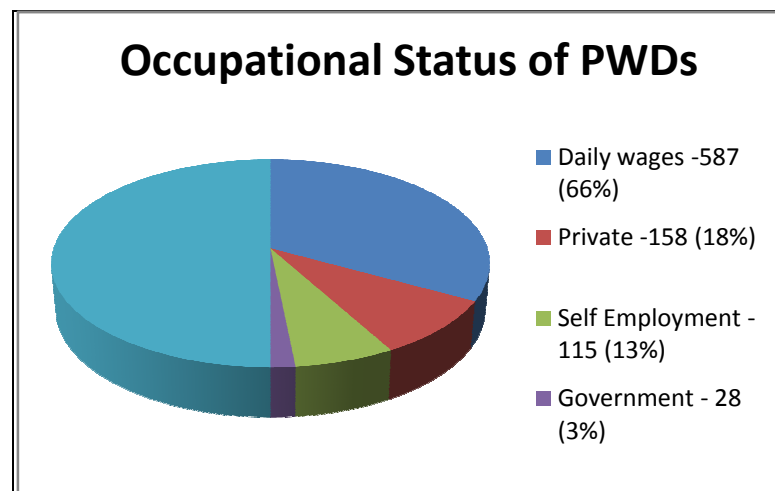


The above table reveals that 40% of them are illiterates. 20% of them are studying in High & Higher secondary schools. Only 2 % of the target group are Graduate and Post Graduate

- ❖ Parents are to be equipped with knowledge and skills to educate severe and multiple disabled children on life skills.
- ❖ Children with intellectual disabilities are not able to acquire expected learning due to lack of trained teachers in regular schools

- ❖ The peer groups were found proactive in helping disabled children in accessing education, integration in schools and community life, especially in sports and socio-cultural aspects.
- ❖ The public transport department workers needs to be sensitized about the special needs of the children and their rights to have independent mobility. There is a constant advocacy is required to ensure barrier free transportation and bringing structural changes in the public transport system.
- ❖ Consistent advocacy is required with educational department to ensure the quality education, promoting disabled friendly school environment and exercise other provisions given in the Right to Education Act.

3. LIVELIHOOD



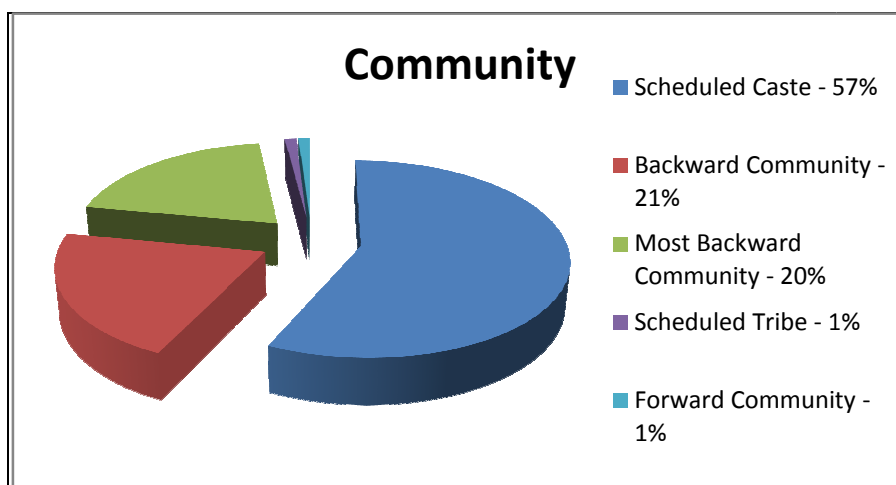
The above diagram indicates that 66 % of them are depends on daily wages (agriculture and live stock rearing activities) and 18 % of them are employed in private companies. 13 % of them are involved in self employment activities. Only 3 % of them are employed in Govt.

- ❖ Livelihood opportunities need to be explored on the socio-economic background of the community where they live and individual potentials to carry out the livelihood interventions. We had successful livelihood interventions in many villages where we involved PWDs and their family members in the process of livelihood resource mapping, skill training, resource mobilisation and exploring job opportunities.
- ❖ To access the livelihood resources and other entitlements from government departments, the community workers have to take the DPO leaders in confidence in accessing the entitlements through their own action.
- ❖ To have greater access to livelihood resources, the PWDs and their family members shall be encouraged to be a member of mainstream SHGs where they get more

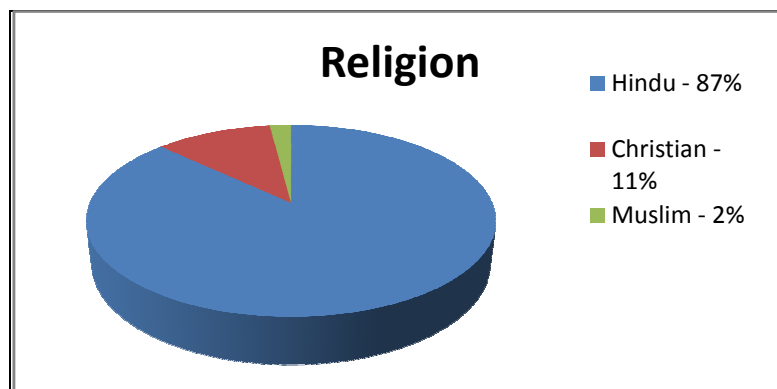
support and guidance to micro-credit and other livelihood finance, skill development training and other support to decent employment.

- ❖ The DPOs associating themselves with Panchayat level Federation (PLF) has a stronger hold in accessing livelihood finance and social mobilisation skills to address the issues pertinent to PWDs and other common issues.
- ❖ Bank linkage is a challenging one for the DPOs to have smoother financial transactions and access to credit services. As the bankers have a negative attitude on the skills of the PWDs and their repayment capacity, they are cautious in operating banking services with the DPOs. To overcome this, we have arranged meetings with the bankers to have face to face interactions with PWDs and shared successful case studies. This has helped them in rebuilding trust with the PWDs and their groups.

4. SOCIAL



The picture indicates that 58 % of them are Schedule Caste (SC) and Tribe (ST) community, which is the lowest caste and has a poor economical background. The economic situation of 20 % of the most back ward class is almost similar to SC.



- ❖ The PWDs have poor self-esteem and think that they do not have the ability to take part in social activities and events. Also the family members feel that exposing disability members to the society brings shame, and hence they do not encourage their children in social participation.
- ❖ Even if the PWDs overcome the attitudinal problem; they are experiencing physical barriers to social participation like inaccessible roads and transportation, buildings etc.
- ❖ Compare to men, the women with disabilities have limited opportunities to participate in society due to gender inequality and cultural factors. The girls with disabilities are also less likely to be included in sports and recreational programmes.
- ❖ To ensure full inclusion and participation in the family and community life, the disabled people are deprived of having personal assistance to overcome their physical barriers and limitations.

5. EMPOWERMENT

Empowerment:

- ❖ The process of empowerment took long process for the people in the process and changes was begin to happen when there was a shift in their mind set from being passive receivers to active contributors. This shift in thinking helped them in overcoming the attitudinal, physical and institutions barriers in the community.
- ❖ Gaining skills and knowledge lead to increased confidence and self-esteem of the leaders and other members of the DPOs.
- ❖ Participation in self-help group activities helped the visibility of people with disabilities in their communities and improved their confidence and self-esteem.
- ❖ Promoting self-advocacy was an important process that we promoted to advocate for the rights of PWDs and it helped in the empowerment process of the individuals and strengthening DPOs at various levels.

Advocacy & Lobbying and Networking

- ❖ People with disabilities and their families could able to advocate for their rights as they were access to information and overcome the communication barriers. Moreover, they were able to represent themselves in their respective communities and advocate for the rights of fellow members at block and district levels.
- ❖ The role of women groups and other community members was significant in the process of project implementation and in advocating the rights of the PWDs at Panchayats and higher levels.

- ❖ The project team and disabled people's organizations had work together to ensure the implementation of various legislations in the country and fought for inclusive development.
- ❖ Evidence based and media advocacy helped us in bringing desirable attitudinal changes among Govt. officials and effective implementation of schemes and other entitlements pertinent to PWDs.
- ❖ Networking and alliance building with likeminded DPOs, State level DPO Networks and other NGOs helped us in strengthening advocacy strategy and collective bargaining power.

Documentation and Knowledge Sharing:

- ❖ To disseminate appropriate knowledge, the documentation and dissemination of information, case studies and best practices were found important one in our advocacy strategy. We have documented all Government welfare schemes, Government orders in local language and other relevant information regarding disability, the network organisations and service providers.
- ❖ Online dissemination of Information on disability, IEC materials and other resources was found useful for PWDs, DPOs, NGOs and Govt Officials and it was made in an accessible format.

4. NGO level:

- ❖ Engaging local person as CBR worker helped us in gaining confidence and trust of the community, as they were familiar with the people and society. Moreover, they would stay long in the project and continue to serve for the community even after the project period.
- ❖ Mainstreaming /inclusion of disabilities at organisational and programme level was also an important step to set models for other stakeholders to have an inclusive policy and program implementation strategy.
- ❖ Treating DPO leaders as a key stakeholders and decision makers in the project made significant impact in project management and implementation. Moreover, it has built ownership and leadership traits in program administration and taking forward the DPO movements with required values.
- ❖ To strengthen the DPOs we have extended support in knowledge sharing, provided adequate training, involved them in staff and project management and worked together in building networks and resource mobilisation process.
