



inclusion works!

Lessons learned on the inclusion of people with disabilities in
a food security project for ultra poor women in Bangladesh

By Paulien Bruijn, edited by Judith Mulder-Baart









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Introduction

The inclusion of persons with disabilities and leprosy in mainstream development programmes is a relatively new concept in development. This new development is a result of the ratification of the UN Convention on the Rights of Persons with a Disability, which underlines the rights of persons with disabilities to be enrolled in development programmes. The Gaibandha Food Security Project is one of the first programmes that mainstreams disability on a large scale. With this publication we want to share our results on the inclusion of people with disabilities, and the lessons that we have learned about mainstreaming disability.

Amongst the group of people with disabilities that are included in this project, there are also people that are socially affected by leprosy. People with different kind of disabilities usually face different kind of barriers that restrict them from participation. In case of people affected by leprosy there are strong attitudinal barriers in the community that prevent them, and sometimes also their family members, from participation in society. The project was designed in such a way that all people with all types of disabilities, including people affected by leprosy, could participate equally in all project activities.

In the first chapter we will highlight the importance of inclusion of people with disabilities. Inclusion is not only a

right, but it is also a very effective poverty reduction strategy. Here, we also describe the barriers that block inclusion. In chapter two we present the results and positive impact of the project on the lives of people with a disability. The third chapter contains the lessons learned on disability mainstreaming at programmatic level and offers practical tips for organisations who want to make their projects disability inclusive. In the annex we give an overview of relevant tools and resources for organisations to start or improve the inclusion of people with disabilities. Additionally, we offer a tool to evaluate the disability inclusiveness of your project throughout the whole project cycle, which can also be a helpful checklist when developing a disability inclusive project proposal.

When we started the project five years ago, there were hardly any practical guidelines available on how to include people with disabilities in mainstream development projects, meaning we had to start from zero. After five years, we can honestly say that we have learned many lessons about disability mainstreaming. With the knowledge we have now, we can avoid replicating the mistakes we made this time. The aim of this publication is thus not only to share our successes, but also our shortcomings. We want to encourage other development practitioners to start including people with disabilities in their (food security) programmes. So take advantage from our learnings and find out yourself that Inclusion Works!

FSUP Gaibandha project

The Gaibandha food security project was implemented by seven local partner organizations (RDRS, GBK, UST, CDD, CCDB and TLMB) and supported by ICCO Cooperation, The Leprosy Mission Netherlands/ England & Wales, and LIGHT FOR THE WORLD, the Netherlands. The European Union funded the project for 80%, while the Northern partners contributed the remaining 20%.

The Food Security Project in Gaibandha (2009 to 2013) aimed to improve the food security situation of 40.000 ultra poor female headed households in a densely-populated and

disaster prone area in the north of Bangladesh. The 40.000 women taking part in the programme were organized into 1600 women groups. Together, the women groups formed a federation. The women received training and assets to perform their own income generating activities (IGAs). They also received input to start their own homestead gardens. The IGAs ranged from chicken, goat and beef rearing, to tailoring, shop keeping and fishing. In this project we used the Heifer principle, whereby each women had to give offspring from the received animals to another group member. The aim was for each

group member to set up two different IGAs during the project. Next to the income generating activities, the women received training on topics such as health and hygiene and disaster preparedness, and also learned how to get access to government safety nets. A disability and leprosy team provided health education to the women groups about the prevention, detection and treatment of disability and leprosy. The team also provided rehabilitation services to the beneficiaries and any family members with a disability. Additionally, the project included work on disaster and risk preparedness, for example by building flood shelters and creating early warning systems.

Used methodology

The data presented in this publication have been gathered in four different ways:

- First of all we have used the data that were already available in the project monitoring databases, reports and surveys.
- In 2013, a Dutch student, Faten Almanie, collected 120 stories from more than 50 project beneficiaries and staff members through individual interviews and focus group discussions. The data was collected and analysed with the so-called Sensemaker methodology.
- Besides this, an external consultancy team from Responsive to Integrated Development Services, consisting of Bhabatosh Nath & Nasima Akhter did a study on the impact, outcome and process of inclusion of people with disabilities in the income generating activities of FSUP. During this study, which was carried out at the end of the project period, the consultants also collected 45 case studies from participants with a disability or a disabled family member. Also 16 key informant interviews and 13 focus group discussions were carried out.
- During an internal evaluation in April 2013, the author of this publication evaluated the process of disability mainstreaming with the participating organizations in the food security project.

The stories of the women with disabilities and the women with a disabled family member are the backbone of this publication. It's all about their experiences, their rights and their inclusion!

Acknowledgements

This publication has been written by Paulien Bruijn, Disability Inclusion Advisor at LIGHT FOR THE WORLD the Netherlands. Edited by Judith Mulder-Baart and reviewed by Lieke Scheewe.

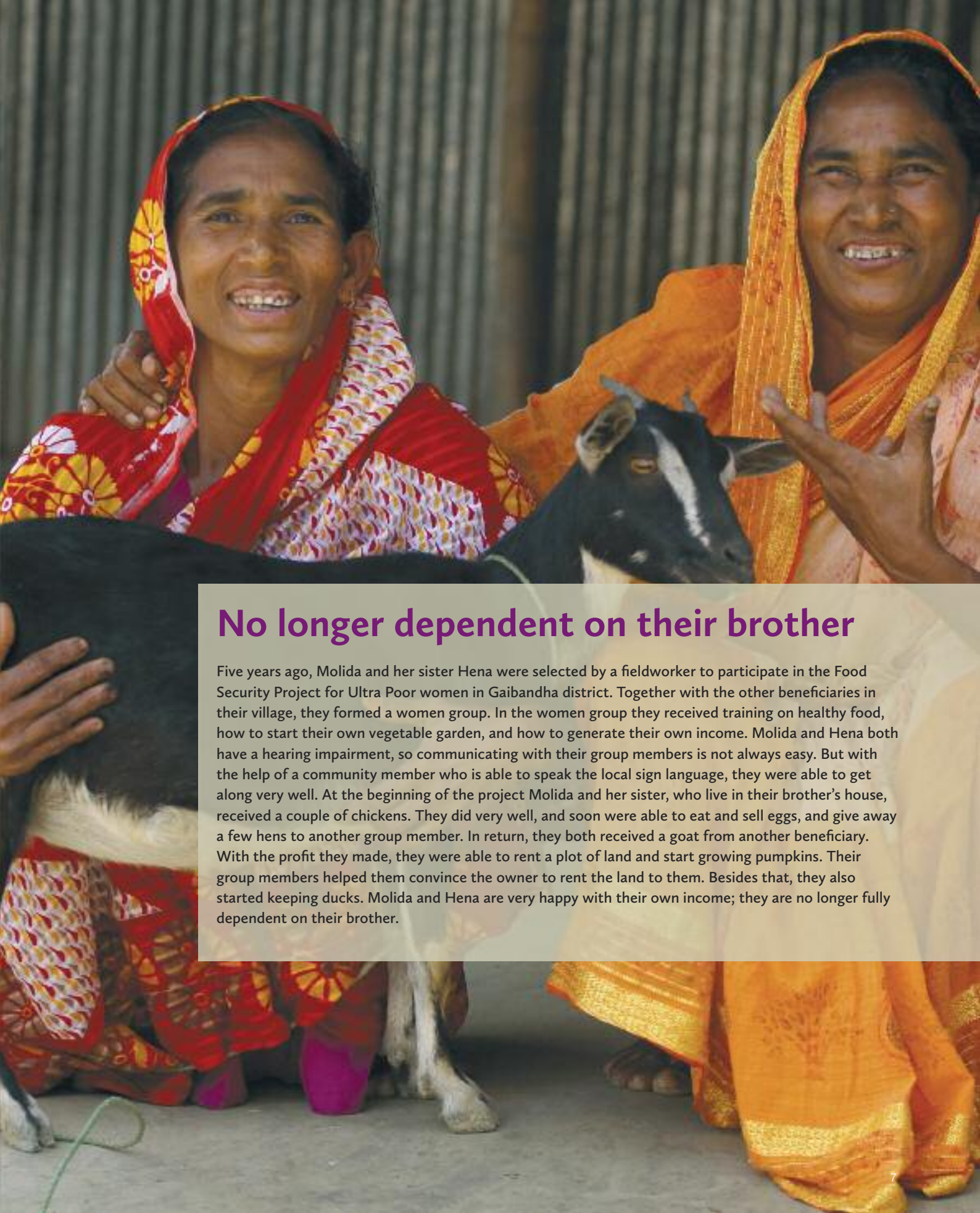
Based on the research findings and life stories collected by Faten Almanie, Bhabatosh Nath and Nasima Akhter. Special thanks to Mallika de Kramer-Werkhoven from Top Innosense who helped us with the Sensemaker methodology, and to my colleague Sander Schot for the practical tools.

This publication would not have been possible without the support of the European Union, who financed this food security project. Special thanks goes to the ICCO Cooperation and The Leprosy Mission Netherlands and England & Wales and their partner organisations, who were our fellow travelers on this journey to inclusion of people with disabilities. And of course a big thanks to all the project staff of FSUP for their support during the field visits and for collecting all the necessary data. Special thanks to the coordination team of RDRS, the project teams at the Center for Disability in Development and The Leprosy Mission International in Bangladesh. With an extra big thank you for Masedul Abedin Khan and Zakaria Ferdous from CDD , and photographer Shumon Ahmed.

The biggest thanks of course is for all the women taking part in the food security project in Gaibandha! They were so kind to share their stories with us: the happy ones and the sad ones. It's a great honor to share the stories of the women with disabilities who are often overlooked and ignored.

Note: the persons shown on the photographs are not necessarily the same as in the related quotes.



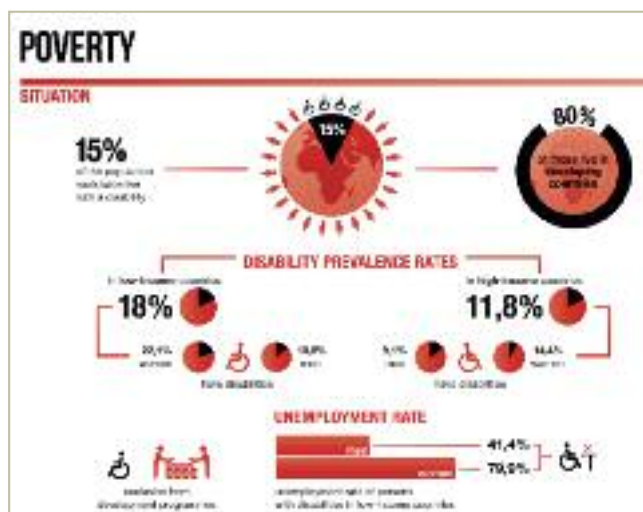


No longer dependent on their brother

Five years ago, Molida and her sister Hena were selected by a fieldworker to participate in the Food Security Project for Ultra Poor women in Gaibandha district. Together with the other beneficiaries in their village, they formed a women group. In the women group they received training on healthy food, how to start their own vegetable garden, and how to generate their own income. Molida and Hena both have a hearing impairment, so communicating with their group members is not always easy. But with the help of a community member who is able to speak the local sign language, they were able to get along very well. At the beginning of the project Molida and her sister, who live in their brother's house, received a couple of chickens. They did very well, and soon were able to eat and sell eggs, and give away a few hens to another group member. In return, they both received a goat from another beneficiary. With the profit they made, they were able to rent a plot of land and start growing pumpkins. Their group members helped them convince the owner to rent the land to them. Besides that, they also started keeping ducks. Molida and Hena are very happy with their own income; they are no longer fully dependent on their brother.

[1] The importance of including people with disabilities in food security initiatives

Poverty creates disability and disability creates poverty. People with disabilities are often among the poorest of the poor. The World Bank estimates that disabled people make up to 15-20% of the poor in developing countries. In Bangladesh, most people with disabilities live in the rural areas. The most vulnerable of these are women and children. The prevalence of disabilities in children below 18 years is estimated to be 6%, and for the age group above 18 years 14%. This corresponds to 3.4 million children and 10.2 million adults with disabilities in Bangladesh. Even though they are in dire need of opportunities, people with disabilities, and sometimes also their families, are often excluded both from their communities and from development initiatives. The result is that people with disabilities sink deeper into poverty.



Source: End Exclusion Infographic on Disability and Poverty

The reason why people with disabilities often do not participate in development projects is usually not the functional limitations as a result of their impairment; their participation is often prohibited by inadequate policies, negative attitudes and a lack of accessibility. The WHO World Report on Disability (2011) addresses this problem and calls for the inclusion of people with disabilities in mainstream programmes:

“People with disabilities have ordinary needs – for health and well-being, for economic and social security, to learn and develop skills, and to live in their communities. These needs can and should be met in mainstream programmes and services. Mainstreaming not only fulfills the human rights of persons with disabilities, it is also more effective.” (p264)

According to the WHO, people with disabilities have poor health outcomes, have lower educational achievements, are less economically active and experience higher rates of poverty. The barriers they face thereby also affect the rest

of the household. It's clear that this group of people should be included in a food security project that aims to reach ultra poor women and their households.

This is also underlined by the Char Livelihood Programme in Bangladesh that researched health and disability in 2010. In their findings they highlight the importance of inclusion of (households with) disabled persons in livelihood programmes, especially when they focus on female-headed households. They conclude that

"food insecurity is higher amongst households with a disabled head, as shown by their greater dependency on food coping strategies." They also state that the "incidence of disability in female-headed households was nearly threefold that of male-headed households, whilst disability incidence in males was slightly higher than amongst females." (2010, p1)

Disability is a human rights issue

The UN Convention on the Rights of Persons with Disabilities (UNCPRD) that came into force in 2008, obliges states, but also development organisations, to include people with disabilities in all development programmes (article 32) and humanitarian relief (article 11). Bangladesh, like 143 other countries, has ratified the UN Convention. The UNCPRD gives people with disabilities a right to access education, rehabilitation and health services, as well as the right to access work and employment on an equal basis with others. So the question should no longer be why people with disabilities should be included, but how people with disabilities can be included in development projects.

The convention gives us the following general principles that have guided us in our work on inclusion of people with disabilities in the food security programme:

- a. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- b. Non-discrimination;
- c. Full and effective participation and inclusion in society;
- d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- e. Equality of opportunity;
- f. Accessibility;
- g. Equality between men and women;

- h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities (UNCPRD, art.3).

In rural Bangladesh the rights of people with disabilities are often neglected and denied, for example by not giving them access to development projects, schools or banks. The story of Marzina and Mallika (p.10) is a clear example of this denial. Including people with disabilities in development projects is a right, not a favor. But more awareness is needed before people with disabilities are enabled to access their rights.

"NGO's don't give loans to the women with disabilities and the widows. They think it would never be possible for these women to repay the loan installments. We know we are able to do it, but who will listen to us? We are excluded from the society, and at the same time we are also excluded from receiving financial support from NGOs. They don't trust us."

Achhia, project beneficiary with a physical impairment



“I never thought that my daughter would have her own bank account”

Marzina, a 30-year-old woman with an intellectual disability, is a member of one of the women's village groups in the project. When Mallika Begum wanted to deposit some money in the bank in the name of her daughter Marzina, she faced a lot of difficulties. They went to the bank in Palashbari together, but the bank staff would not open an account for an 'abnormal' person. They went home. The next day they went to the bank manager again, and again applied to open a bank account. The manager finally gave his approval and asked Marzina to sign, but Marzina could not do it as she didn't know how to sign her name. Her mother didn't lose heart. She requested the manager to accept Marzina's thumb impression as a signature. The manager gave his permission for that and Marzina became one of the bank's clients. Mallika and Marzina were so delighted when they finally succeeded.

“I never thought that my daughter would have her own bank account and would deposit her own money. When I succeeded and opened the bank account, I couldn't control myself. In front of the many people in the bank I hugged my daughter so strongly and she also held me so compactly, as if we had both received new life!”

Mallika Begum, mother of a disabled daughter



Disability is a poverty issue

Literature describes that there is a strong link between disability and poverty. People living in poverty are more vulnerable to becoming disabled, and having a disability often leads to poverty. There are many examples in the FSUP project that underline this statement. For example, amongst the beneficiaries in the FSUP project we see that lack of money was often a reason for people not to seek medical help. An injury or infection that is not treated in time can easily lead to an irreversible impairment.

"When I was working in someone else's house, thrashing rice, one paddy flew off into my eye. The paddy was coming out of the machine. They were hot and coming out in force. I took homeopathic medicine. After 8 days, the doctor said that it won't get cured by this medicine. He said, 'You should contact the doctor in Rangpur and take treatment from there.' I needed 500 taka, which my husband failed to manage. Instead I started taking medicine prescribed by other village doctors. My condition worsened. I used to cry a lot at home. My whole face got swollen. Water started shedding from my eyes. The good eye also got closed together with the injured one. Anyway, the swelling cured. But my sight (in one eye) was gone forever. Recollecting that memory burns my heart anew!"

Majedah, project beneficiary

"When I was a child, I was playing in the pond while I was taking a bath. I got water inside my ear. My ear started aching from that day. I had pain but I didn't go to the doctor. There was also pus inside my ear. I told my father but he said 'what can I do? I don't have money to bring you to the doctor'. My father was a poor person, he cared much about the infection, but couldn't afford. Slowly, slowly, I lost my ability to hear."

Fazila, project beneficiary

When people acquire a disability they often have high health expenses and lose their sources of income, which deepens the poverty they live in:



Source: DFID (2002)

"Six years ago my husband Karim was walking along a fence when a spike entered in his foot. He just pulled out the spike and ignored the event, but within one and half month he found an infection and septicimia in his foot. When he visited a doctor in a medical college hospital the doctor suggested an amputation, and then did it. The expenses were managed by selling our own land. After the amputation we were in huge tension; we were so happy that our neighbors, villagers and some influential persons took the initiative to help us financially."

Hena, project beneficiary from Betpaka

"Kulsum, working as maidservant, and her husband, who was working in a brick factory, were able to marry off their three daughters. Suddenly her husband was affected with leprosy. Their main source of income stopped. Their family fell in food insecurity. As a result, they went to Dhaka to meet their basic needs. In Dhaka, they started begging."

Bhabatosh, evaluator

As seen in the above examples, every programme that focuses on the ultra-poor will come across people with disabilities. If disability is not addressed, then the implementing organization effectively excludes a large proportion of the truly ultra-poor.

Disability is a gender issue

Disability not only causes high health expenditures and a reduction in income, in rural Bangladesh it also destabilizes family relations, with disastrous effects for the social and economic situation of women. From the stories of the participants it became clear that when a woman acquires a disability, or when a disabled child is born, the husband often abandons his spouse. This leaves his family in a difficult situation. As a result, the women have to deal with disability on their own, as well as survive without the income that usually is brought in by the men.

“Puppy is a 23-year-old divorced lady. After a road accident she had a fracture in her right leg and so she got a bended leg and became physically disabled. For that reason her husband divorced her and sent her back to her parent’s house.”

Aminumagam, disability agent FSUP

“When Nazma Begum (31) became the mother of an intellectually disabled son, her husband blamed her for giving birth to such a disabled child. He neglected Nazma and started living together with another girl. Nazma was very shocked at the attitude of her husband but she had to remain silent because of her parents’ poverty.”

Bhabatosh, evaluator

The abandonment of women in the case of a disability is probably the most important reason why there are relatively more persons with a disability amongst female-headed households than male-headed households (as discovered by the disability research in the Char Livelihood Programme). Besides this, it is likely that the increased level of poverty amongst female-headed households is also a factor which leads to an increased chance of becoming disabled within these households.

For women with a disability in rural Bangladesh it is difficult to marry. In a place where arranged marriages are the norm, parents do not consider women with disabilities to be a good spouse for their sons. Men with a disability are in a slightly better position – they often have an arranged marriage with a girl from a very poor family, or they are married off to a girl who has a disability as well. These households are very

vulnerable to extreme poverty. Most women with disabilities are financially completely dependent on their family and will remain, if they are lucky, at their father’s or brother’s house.

“My parents arranged my marriage. During the preparation of the wedding I asked how the groom is and everybody was saying that he is good. Everyone was talking positive about him. After my marriage I came to know he is mentally disabled. I didn’t want to stay with this man, but my parents and parents-in-law tried to make me understand that it is better for me to stay with him. They said: “now that you have borne children it is better to take care of your family and sort out your problems.” My in-laws used to take care of me and my children, since my husband didn’t work. Sometimes I also work at people’s houses as a house maid to earn money.”

Minara, project beneficiary

“Sajina, a visually impaired woman, lives in the village of Jaitor Bala. She is blind from birth. At the age of 14, her father married her off to a nearby village. All she found at her in-law’s house was negligence. Moreover, her husband had no income. Every day she went half-fed. Sajina, along with her husband, came back to her father’s house. But her husband very soon left her to marry another woman.”

Bhabatosh, evaluator

Concluding, we can say that in Gaibandha the burden of disability often falls on the women. They are the ones who give intensive care to their disabled men, children and parents-in-law; whilst men often leave the household when a disability occurs. Women with disabilities are more disadvantaged than men with a disability in terms of marriage and employment, making disability a gender issue. We thus urge development actors to include this topic in all programmes that are designed to address gender inequality.

Disability is a social issue

In Gaibandha, many people with disabilities not only live in poverty, they also live in social isolation. The family and wider community often are not aware of the capabilities of people with disabilities, and thus have very low expectations. People with disabilities are seen as a burden on the family. Some women with disabilities report that they were maltreated by their families - ranging from physical abuse to neglect or being denied food. Luckily, the majority of families are really trying to take care of their disabled family members as much as they can. However, the harsh economic situation of many households limits their possibilities to do this. Apart from neglect in the family setting, there is also the problem of name calling in the villages. Many people with disabilities are called by their disability rather than their name and derogatory terms are used.

"Earlier we kept persons with disabilities and leprosy away from our reach. People used to call a one-eyed person "Kana." But this has changed. We now listen to them and invite them to join our meetings."

Federation Leader Kuptala Union

Also children with disabilities, if they even go to school at all, are often teased. The result of this negative attitude in the community is that many people with a disability in Gaibandha do not get a chance to participate in community life. It happens that they are not invited for social events, and often when they are invited, they are not able to go because they don't have transport, don't have enough money to buy a present or don't have proper clothes to wear for a social event.

"I couldn't go to the wedding of my nephew. I cried, I cried a lot because he is my nephew whom I really love. Everyone went to his marriage and I couldn't. The celebration was in the bride's family house in another village. I couldn't walk that distance. I was left behind and only people who were physically healthy went to the wedding"

Rahima, project beneficiary

Due to the discrimination that a lot of people with a disability face, they also do not consider themselves as candidates for development projects. They have sometimes become so used to the idea that they are not capable of working and not welcome to participate in society, that they do not even consider that such opportunities are available to them. Also, their family members don't see them as a potential project beneficiary. The result is that people with disabilities tend to remain invisible when project staff are identifying new project beneficiaries. If project staff does not actively search for people with disabilities, the chance that they are included in a project is very unlikely.

Barriers that block inclusion

Three types of barriers can be identified that block the participation of people with disabilities not only in society, but also in development projects.

Attitudinal barriers: Prejudice, shame and discrimination cause the biggest problems for people with disabilities. They are often assumed to be incapable, dependent, of low intelligence and in need of a cure or in need of special services and support. Negative attitudes prevent people with disabilities from participation.

Environmental barriers: There are many physical barriers that prevent persons with disabilities from participation. Public transport, health clinics, schools, offices, shops, marketplaces and places of worship are often not accessible for people with physical disabilities. Communication, media and information can contain barriers for persons with speech, hearing or visual impairments if the information is not presented in an accessible format, such as braille, large-letter type or sign language.

Institutional barriers: Examples of institutional barriers that block inclusion are discriminating legislation, employment laws or policies. Some development organisations also use selection criteria that exclude people with disabilities from participation in projects. Institutional barriers are the result of negative attitudes that are anchored in policies and criteria.

Inclusion of people with disabilities can only be reached if these three types of barriers are identified and removed.

A man with dark hair and a focused expression is pouring water from a red plastic container into a blue bicycle wheel. The background is dark and out of focus. The text is overlaid on a semi-transparent white box in the center of the image.

What is disability?

The UN Convention on the Rights of Persons with Disabilities uses the following definition:

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Disability = impairment x barriers

[2] Results and impact of inclusion

In this chapter we will describe the most important results of the food security project on the lives of women with disabilities and on the impact of the project on the households with a disabled family member. The positive impact is: increased functional abilities, improved livelihood & food security, increased social acceptance & participation, increased access to safety net structures and increased self esteem and empowerment. The short life stories throughout this chapter illustrate what differences the project made on the lives of the people with disabilities and clearly show that inclusion works!

Number of people with disabilities enrolled

When the project was designed in 2008 we aimed to include at least 20% households with a member with a disability. At the time, there was no comprehensive data available about the prevalence of disability in the project area, so we based our percentage on WHO data which states that 15-20% of the poor in developing countries are people with disabilities. This is a high percentage, especially when compared to the disability statistics for Bangladesh (14% for adults) presented in the previous chapter, but it proved to be realistic and

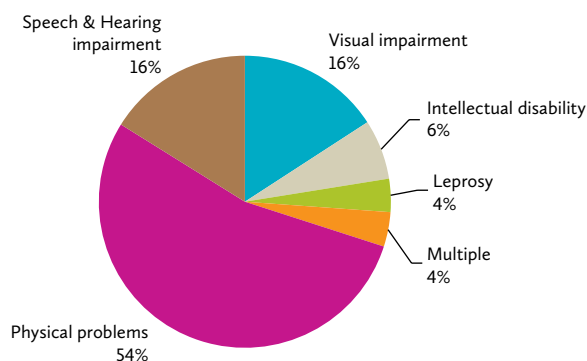
attainable. In September 2013, 21.8% of the households enrolled in the project had a disabled member - more than the target of 20%.

The direct beneficiaries in the project are the women who participate in the women groups and are enrolled in the income generating activities. Out of a total of 40.000 direct beneficiaries, 9.9% were women with disabilities (3977) and 7.6 % (3069) were women with minor impairments or treatable diseases and were not counted as having a disability according to the WHO definition. In the figures on page 16 we make the same distinction between the people who have a disability and the people with minor impairment or treatable diseases.

Table 1. Number of people with disabilities/ minor impairments and treatable diseases enrolled in the FSUP project

	People with a disability	People with minor impairments or treatable diseases	Totals
Direct beneficiaries	3977	3069	7046
Family members	4777	839	5616
Totals	8754	3908	12662

Figure 1 Types of disability amongst the project beneficiaries

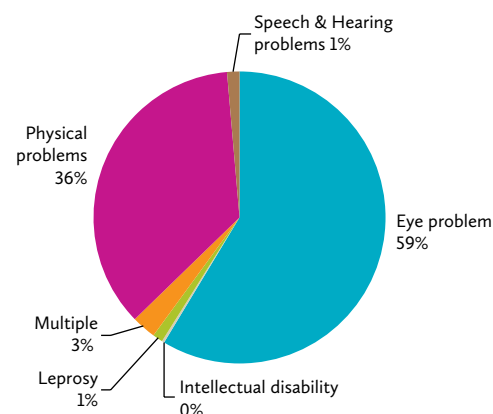


Of the people with minor impairments or treatable diseases, 59% had eye problems. There were many with cataracts who underwent an eye operation and regained their vision. Also quite some of them received glasses, which helps greatly to perform daily activities. In this group there were also a lot of women who received physiotherapy for chronic lower back pain.

Increased functional abilities

The project provided basic rehabilitation services to the direct beneficiaries and their family members. These services included: Primary Rehabilitation Therapy (counselling, physiotherapy, occupational therapy), provision of assistive devices (e.g. protective foot wear, wheelchairs, crutches,

Figure 2 Types of health problems amongst the people with minor impairments or treatable diseases



glasses, blind canes, toilet seats) and reconstructive surgeries and eye operations. As a result of these services, people with disabilities improved their functional abilities and psychological well-being. A survey done by the project points out that 70% of the people who received rehabilitation services, noticed positive changes in their ability to perform their livelihood activities. 95% of those who received assistive devices or surgery, reported an increase in their functional abilities. The experienced outcome of improvement after eye surgery is even 100%.

Even though the improved functional abilities are remarkable, the women reported that the greatest benefit of the project was not necessarily the physical improvement, but the economic improvements that they experienced. This is in line with the primary aim of the project: income generation and food security. The provided rehabilitation services were included in the project to support this goal.

Figure 3. Increase in functional abilities of persons with disabilities in the FSUP project



(Survey was conducted by CDD and TLMIB in 2013 amongst 150 beneficiaries who received support from the CDD-TLMB team)

Improved food security and livelihood

Before the project started most of the women in the project, including some women with disabilities and women with disabled family members, used to work as a housemaid in other people's houses. This work is poorly paid and without much dignity. Five years after the start of the project, we found that the main source of income for these women often came from the income generating activities provided under the project. Many women stopped working as a housemaid, including the women with disabilities and the women with disabled family members. There were also women with disabilities who previously could only survive by begging on the streets. With their participation in the project, this was no longer needed.

One of the targets set by the project was that by the end of the project, 80% of the households with a disabled person would still be performing their income generating activities. By the end of the fifth year, a whopping 100% of the households with a disabled person was still working on their

income generating activities! In fact, the dropout rate of the households with a disabled family member is only half the dropout rate of households without a disabled family member. This is most likely due to the fact that people with disabilities do not often get a chance to participate in a development project, so they were eager to use this opportunity to get out of deep poverty.

The women with disabilities did the same type of income generating activities as the women without disabilities, with the only difference being that women with a disability or a disabled family member received priority in shop keeping or tailoring. These two IGAs were considered to be very suitable for people who are not able to do farm work as a result of physical impairments. This leads to a higher representation of women with a disability in these two income generating activities.

The projects' household income database (based on a sample of 1909 households), shown in the table below, shows the average monthly income per type of income generating activity. The table clearly shows that, on average, the women with disabilities earn the same income from the IGAs as the women without disabilities.

Table 2. Average monthly income of women with disabilities, households (HH) with a disabled family member and households without disabilities, by type of Income Generating Activities. (Sample size is 1909 households)

	Name of IGA	Total IGA Distributed	Sample no. of IGA	Monthly Net Average Income (TK) of Women with disability	Monthly Net Average Income (TK) of HHs with disabilities	Monthly Net Average Income (TK) of HH without disabilities
1	Homestead Veg. Gardening	25000	1720	119	134	117
2	Tree & Vegetable Nursery	255	34	1,544	2,051	830
3	Alternative Cropping	700	80	598	719	727
4	Cow Rearing	7232	361	1,218	1,146	1,161
5	Beef Fattening	1447	76	2,052	2,086	1,847
6	Goat/sheep Rearing	29157	927	575	599	578
7	Poultry keeping	37679	1607	301	412	351
8	Broiler rearing	250	34	2,998	2,672	1,759
9	Cage Fish Culture	214	29	208	354	387
10	Rice-Fish Culture	97	21	--	741	364
11	Fingerling rearing	9	4	--	--	1,838
12	Pond Fish Culture	40	6	1,851	2,316	2,016
13	Mat Making & etc.	521	47	1,133	1,365	1,435
14	Embroidery	299	25	163	1,827	483
15	Food Processing	233	29	660	1,442	1,529
16	Shop Keeping	1320	99	1,203	2,573	2,537
17	Tailoring	350	24	671	1,423	772

Overall, the households with a disabled family member earn the most income from the IGAs. They have very good results, sometimes earning even twice as much as households without disabled family members or the women with disabilities. The reason for this is most likely the fact that there is more manpower available to carry out the IGAs in these households. For example, a husband with a disability and his wife who is enrolled in the programme can work together to make the income generating activity a success. In comparison, most of the other households do not have a male present who can help with the IGAs.

The most profitable IGAs for women with disabilities are broiler rearing, pond fish culture and beef fattening. Unlike we had expected, the women with disabilities did not perform too well in shop keeping. They only earn half of the income in shop keeping that the women with a disabled family member or the women without a disabled family member earn. We are reluctant to draw any hard conclusions, as the sample size for this IGA is quite small. However, it is worth thinking about whether shop keeping, which is always seen as a very suitable IGA for women with disabilities, really is the best option for them. IGAs such as cow rearing or beef fattening are usually considered as too difficult for women with disabilities, especially those with a physical disability. This project seems to show that we need to be very careful with such generalizations, and that it is important to look at the individual abilities and interests of the participants in order to determine the best income generating activity.

The project staff said that the women with disabilities and their family members were very serious in performing their IGAs, sometimes even more serious than the other participants. It is also important to remark that the household members were very supportive towards the women with disabilities. Sometimes the IGAs were fully run by the family members and not by the woman with a disability herself. As we did not record to what extent the women with disabilities were running their own IGAs, it makes us hesitant to base any sound conclusions on the table mentioned above. More information about the selection process of IGAs and the support received from family members can be found in chapter 3.



“She likes to be with the birds and goats all the time!”

Marzina is a 30-year-old woman with an intellectual impairment. She is not married and lives with her mother Mallika Begum. As a project beneficiary, Marzina received two goats and 10 poultry birds. The two goats gave birth to four kids. According to the Heifer principle, Marzina handed over two kids to another beneficiary in her group. Now she has two goats, two kids and 18 poultry birds. Marzina sometimes has behavioral problems and can't speak, but she can communicate through hand signs, body gestures and eye contact. Marzina's mother helps her to run the IGAs. Each day she collects 8 eggs from the chicken. The mother sells the eggs to the market and gets 80 Taka (€0,80) for this. Sometimes her mother gives eggs to Marzina to eat. She is always happy if she has eggs with her meal. Even though her mother is helping a lot with the IGAs, Marzina feels responsible. Her mother expresses that Marzina is very careful on the movement of her goats and chicken: “She likes to be with the birds and goats all the time!” Recently, Marzina's mother helped her daughter to open her own bank account.

Marzina, project beneficiary

Improved access to government safety nets

People with disabilities are entitled to receive an allowance from the government. Many people with disabilities are not aware of these provisions or don't know how to get this allowance. The allowances from the government are not very high, but they are a welcome addition to the family income. Therefore, one of the targets of the project was to increase the access for people with disabilities to the safety net program of the government. At the start of the project 28% had access to the safety net allowances. At the end of the project this has been increased to 59%. This is much lower than the set target of 90%. The main reason for not reaching the target is the limited allocation of safety net benefits from the side of the government during the project period. Recently, the government has taken steps to improve this and conducted a survey to identify and include persons with disabilities in their services, such as the social protection and rehabilitation services. The persons with disabilities in the food security project have been listed down by the government, which will gradually ensure that they will be able to access these services in the near future.

Dreaming to send daughter to school

Rina is a 23-year-old woman with a speech and hearing impairment. She is married with Abdur Razzak who also has a speech and hearing impairment. They have a young daughter. Before the project they were not able to eat one full meal per day and also did not have enough food for their baby daughter. Since the participation of Rina in the project, their food intake improved. They can eat from their homestead garden now and they earn money from selling eggs and milk. With this income Rina also purchased a goat. With the help of the federation, Rina also managed to get a disability allowance from the government to complement the family income. Rina's biggest wish for the future is to send her daughter to school.

Rina, project beneficiary



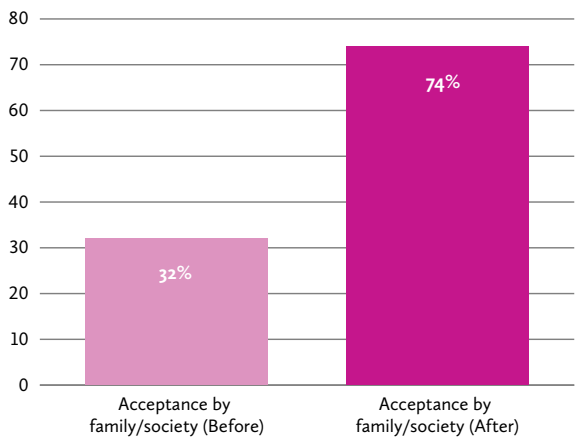
Improved social status and participation

Earning their own income proved to be a very empowering exercise for women with disabilities. They are often seen as a burden to the family, but once they are able to contribute to the family income they get a more respected place in their families and communities. The income generating activities thus not only improved their economic status, but also improved their social status and their position within the family. A survey amongst the project beneficiaries with a disability pointed out that their experienced acceptance by family and society rose from 32% at the beginning of the project to 74% at the end of the project. There is still room for improvement, but it is already a great improvement in such a short time.

“Those who have money, they get love from others. Earlier people looked at widows and disabled women with different eyes. Now we have money in our hand, people value us. They also invite us in any social event.”

Nargis, a widow with a visual impairment

Table 3. Social acceptance of persons with disabilities, before and after the project



(Survey conducted in 2013, sample size 150).

Having their own income generating activities changed the position of women with disabilities in their family. They received a lot of support and positive attention from their family members. They get help from daughters, sons, brothers, sisters, mothers, fathers, or husbands. Despite all the support that they get, the women expressed that they feel they are the ones who own the assets, not their family members. The women expressed that they can share their own opinions and are allowed to take part in the household decision making process as a result of their income generating activities.

Being part of a women’s village group also improved the social well-being of the women with disabilities. It helped them to get out of their isolation and build up a network that reaches beyond their family and neighbours. For some women with disabilities it was the first time that they were addressed by their names in the community, and not by their disabilities. In general, the women with disabilities and the women with disabled family members were positive about the support that they got from their group members. The story of Bhaton, a widow with a visual impairment, shows how her group members helped her to borrow a piece of land to use for her vegetable garden.

“In one meeting we (the women of the women village group) were discussing the fact that Bhaton did not have any land to plant a vegetable garden. So we went all together to the owner of the land and we made him understand that he didn't plant any vegetables there, or even trees, and that she is very poor. Then he said OK.”

FSUP Group Development Agent

Increased self esteem and empowerment

Real inclusion is reached when people with disabilities not only participate in a project, but also get a chance to be in the driver’s seat; to be part of decision making processes. In this project, the election of women with disabilities as group leaders and even federation leaders are a good indicator of their inclusion and empowerment. In total, 251 women with disabilities are members of the federation committees. Some of these women have been elected as chairperson, vice chairperson, secretary and treasurer in some of these federations.



“My value in the family has been increased”

Alimon is a 55-year-old widow living with her son. Twelve years back she was affected by leprosy and gradually her condition deteriorated. The fingers of both hands and her legs got impaired. She was not able to do household work anymore. As a result she had been ill-treated by her son-in-law. People always stayed at a distance from her, because of the social stigma. In this situation the project staff identified her and she was selected to be part of a women's group. She received protective footwear from the project and started with poultry and goat rearing. Alimon was very happy with this chance, but she was not always able to nurse the ten poultry birds and two goats on her own. She needed help from others in her family. At this stage her daughter-in-law came forward and supported her fulltime to run the IGAs. Now the daughter-in-law takes care of Alimon and looks after the birds and goats enthusiastically, as these generate cash money for their family. Alimon is living a happy life now. “My value in the family has been increased; now my neighbours talk to me, visit me, touch me and take advice from me to run income generating activities. This is a great achievement in my life.”

Alimon, project beneficiary

“Sukina, a women with spinal deformity, is chosen by the other member of the group as a leader because she can speak and understand very well, and better than other beneficiaries. (..) At the beginning she got a lot of attention because of her disability, but now the focus is on her because she is a good leader.” **Polin, Group Development Agent**

It has to be noted that the majority of the women who are federation members have a physical disability, the women with other types of disabilities are not equally represented there yet. Interestingly, the number of women with a disability represented at federation level is higher than at the local women village group level. The federations were set up when the project was already running for some time. The participation of women with disabilities at federation level is

the result of increased knowledge amongst the women groups on the rights of persons with disabilities as a result of the sensitization sessions. When the leaders of the local women groups were elected at the beginning of the project, this awareness was not yet there.

At the beginning of the project many of the beneficiaries with a disability lacked confidence in their own capabilities. Along the road their self-esteem has grown. The life story of Asia is a good example of this. She gained self-confidence, she has earned the respect from her family, the neighbors see her as an example and she is now at a point where she can defend the rights of people with a disability: *“We are disabled, but we certainly can do everything, if you give us the chance!”* She has become a role model who speaks up for her own rights, but also for the rights of others.

“We are disabled, but we certainly can do everything if you give us the chance!”

“I am physically disabled, but it does not matter. Now I can do tailoring work and prepare dresses for children and other people in my village. Before joining this project it was beyond the imagination of myself and my family members to do work and to earn an income in this situation. I participated in the training course, received a tailoring machine and some materials like thread and cloth to run my IGA after completion of the training course. I started my tailoring work with full confidence. Now I am regularly running my IGA. I have my parents and three brothers in my house. All of them respect my work, give value; I can contribute to run the family financially. We have three full meals a day. At the same time my family lives peacefully with my brothers and me. People in the area tell others that they should follow my example: I can stand on my own feet, even though I am a person with a disability. Earlier people called me ‘Nangra’ (lame). Now they call me tailor. I have no language to express my feelings in a good way. We are disabled, but we certainly can do everything if you give us the chance!”

Asia, project beneficiary from Kuptala



[3] Lessons learned from disability mainstreaming

In April 2013 an internal evaluation took place on the disability mainstreaming process within the FSUP Gaibandha project. Later in the year also a study on inclusion of people with disabilities in the income generating activities was

carried out. On the following pages you will find the lessons that we have learned from implementing this disability inclusive project. In this chapter we follow more or less the chronological order of the project cycle.

Summary of the lessons learned about mainstreaming disability in the FSUP project

1. Invest in building up disability mainstreaming networks within and between development organisations long before any call for proposals is expected.
2. Inclusion starts right at proposal writing! It is unlikely to expect that people with disabilities will automatically be included in a project if there are no specific strategies formulated in the proposal to enhance their equal participation.
3. Make sure that your selection criteria do not exclude people on the basis of age or disability.
4. Inclusion of people with disabilities isn't very costly. But you do have to reserve budget in advance.
5. Having accurate data on disability during proposal writing is essential to make a good plan for your project. If these data are not there, make a thoughtful estimation and allow for flexibility in your budget.
6. All data collected should be disaggregated for people with disabilities; otherwise it will be impossible to measure equal participation. Include disability inclusion indicators in the M&E framework right from the beginning.
7. Training of staff is the most crucial part of the inclusion process, because the major barrier that prevents people with disability from participation in projects is the attitude of development practitioners.
8. Accessibility needs to be taken into account in all aspects of the programme, right from the beginning. Undoing inaccessibility later on is more costly and less efficient.
9. There's no need to organize special trainings or select special types of income generating activities for people with disabilities. The women with disabilities could participate in all income generating activities and reached the same results as beneficiaries without disabilities.
10. It's good to involve household members in the income generating activities and training if this is needed, but make sure the people with disabilities remain at the center of the intervention and maintain ownership at all times.
11. Make sure people with disabilities have access to disability specific services, such as physiotherapy, medical care or assistive devices. Refer to other service providers or hire specialists who can provide these services within the programme.
12. Don't forget that the provision of rehabilitation services is only one aspect of the inclusion process. Social inclusion and the removal of barriers within the project and society is equally important.
13. Sensitization of the women groups on disability and leprosy is important for the social acceptance of the women with disabilities and leprosy in the group.
14. Inclusion of people with disabilities is not a one time activity in a single project. It can only be sustainable if organisations incorporate the inclusion of people with disabilities throughout all programmes and incorporate it in the systems and structures of their organisations.

Consortium development

The FSUP project was jointly developed and implemented by one British and three Dutch development NGOs and their seven local partner organisations in Bangladesh. Each NGO had their specific task and role: ICCO and its partner organisations had a lot of experience on food security, income generation and women groups; TLM and its local partner brought in expertise on leprosy, disability specific service delivery and health education; and LIGHT FOR THE WORLD and its local partner CDD brought in knowledge and skills on capacity building for inclusion of people with disabilities. Before the call for proposals came out, the three Dutch development NGOs were already working together within a bigger alliance. So mutual trust was already established and a basic understanding on the inclusion of persons with disabilities was already present within the alliance in the Netherlands. This was a prerequisite for developing such a joint proposal, as it would not have been possible to form a whole consortium from scratch and develop a joint proposal in the short period of time that was available after the call came out. Therefore, if organisations wish to join or form consortia in order to facilitate the inclusion of persons with disabilities, we advise them to invest in building up disability mainstreaming networks long before any call for proposals is expected.

The consortium made it possible to include people with a disability (including leprosy) in this huge food security project. Most development organisations don't have the skills and knowledge to meet the needs of people with disabilities, therefore the involvement of TLM, LIGHT FOR THE WORLD and CDD added value to the experience and capabilities of the other organisations involved. Conversely, disability-specific organisations do not usually have the capacity to implement such large scale development programmes by themselves and may lack sectorial expertise. So the cooperation between disability-specific organisations and mainstream development NGOs in this way has proven to be an effective way to ensure the access of persons with disabilities to development initiatives.

The practice of working in consortia in social development interventions is relatively new, so there were some initial misunderstandings and tensions over power relations; not surprising considering that the local NGOs had previously seen each other as competitors. It took until the second year for really good working relationships to be in place between the different Bangladeshi implementing partners, and project

implementation was proceeding efficiently. When developing a consortium, it is therefore important to be very clear about the roles and tasks of each organisation, as well as the mechanisms and frameworks for working together. In the case of disability mainstreaming, it is important that all partners understand that the inclusion of people with disabilities is an integral part of the project and a joint responsibility, rather than the sole responsibility of the organisation that brings in the disability mainstreaming expertise.

When two organisations bring in a similar kind of expertise - like TLM-Bangladesh and CDD who both had knowledge on disability and leprosy - there is potential for duplication and confusion, so the definition of efficient and clear task divisions is important before the project starts. Within the FSUP project, both CDD and TLM were involved in the provision of rehabilitation services and in awareness raising. Looking back, it would have been more efficient if one organisation would have been responsible for the provision of the rehabilitation services and one organisation for the capacity building activities that are needed to mainstream the topic in the project, such as staff training and community awareness.

Proposal development

The call for proposals that was given out by the European Union for the FSUP project did not specifically mention the inclusion of people with disabilities, as this was not yet common practice amongst institutional donors five years ago. The ratification of the UN Convention on the Rights of Persons with Disabilities by many countries and by the EU as regional integration body encouraged institutional donors to specifically start asking for the inclusion of persons with disabilities in their calls. However, even without being explicitly mentioned, the inclusion of persons with disabilities easily fit within the guideline for applications, as it stated:

"The overall objective of the Food Security programme 2007 in Bangladesh is to improve food security in favour of the poorest and the most vulnerable and contribute to achieving the first Millennium Development Goal (MDG). (...) The programme is designed to support innovative interventions targeting the most disadvantaged ultra-poor to overcome the root causes of poverty and food in-security in a sustainable manner, taking into consideration the reduction of long term risks."

We could easily argue in the proposal that women with disabilities are among the most vulnerable and neglected groups when it comes to food security, and that they therefore needed to be explicitly included. Some organisations are reluctant to include disability in a proposal when the donor does not ask for it, because they are afraid that their proposal is not competitive enough, assuming that donors don't want to pay the costs that are involved to include people with disabilities. This fear is often unfounded. In fact, the EU highly valued our efforts to include this marginalized group when they appraised our proposal. Besides that, the costs to include people with disabilities are not extraordinary, as will be discussed in more detail in the paragraph on budgeting for inclusion.

ICCO's FSUP is one of four projects that make up the EU's FSUP programme. The agencies implementing the other three projects were WFP, CARE and Islamic Relief. Yet the Gaibandha FSUP project is the only project that actively included people with disabilities. Although there is no data available on the exact number of people with disabilities who participated in the other projects, anecdotal evidence tells us that the numbers are low. After the evaluation of their FSUP project, WFP concluded:

"Exclusion criteria actively prevented the selection of women over the age of 49 years, and selection practice prevented the participation of the majority of disabled or chronically ill women." To prevent this kind of exclusion WFP Bangladesh advises to "Incorporate strategies to identify and provide additional support for disabled, chronically ill, and other vulnerable women in the project plan." (2012, p11)

The WFP lessons learned report commended the approach of the ICCO FSUP in Gaibandha. Yet, it is an opportunity lost that only one out of four of the FSUP projects included a significant number of people with disabilities. If disability had been specifically mentioned in the guideline for applications this would not have happened, as it would have encouraged all the applicants to actively include them and to collect data on it. Excluding people with disabilities is usually not a matter of ill-will, but more often a matter of overlooking a group of people. A proactive approach by institutional donors would greatly stimulate the inclusion of this marginalized group in all development projects, most importantly in food security and safety net programmes which are designed to reach the poorest and most vulnerable people of society.



A good comparison to a project that did not specifically seek to accommodate people with disabilities, but that did do a survey on health and disability amongst their beneficiaries, is the Char Livelihoods Project (CLP), funded by the British (DFID) and Australian (AusAid) governments. Like FSUP, it also focused on providing livelihoods to ultra-poor people in the North Bengal region of Bangladesh, including the riverine areas of Gaibandha District. The project didn't formulate equal participation measures, but only adopted a policy not to exclude people with a disability. The outcome was that only 3% of their direct beneficiaries were people with a disability (CLP, 2010). This rate is more than three times lower than achieved under the FSUP Gaibandha project where 9.9% of the women participating in the women groups had a disability.

The lesson that we draw from this is that it is unlikely to expect that people with disabilities will automatically be included in a project if there are no specific strategies formulated in the proposal to enhance their equal participation. Inclusion starts right at proposal writing!

Selection Criteria for Project Beneficiaries

For the project to identify its target group members among the community the following criteria were used, the **first three** of which were always met:

1. **Female headed household without regular income and/or totally depending on others e.g. casual/day labourer, beggar, housewife, maidservant.**
2. **Chronic food insecure, i.e. members of the household often skip meals due to insufficient food.**
3. **Household owning no or less than 0.15 acres of land.**

The following criteria assisted in further ranking and ultimate target group member selection:

4. Household with at least one family member suffering from malnutrition.
5. Household having family member(s) with disability and/or leprosy. Households with a man who cannot generate an income due to a disability or illness will be included when the women are the main income provider (household is female headed).
6. Ultra poor women of ethnic/tribal/religious minority.
7. Children of school going age not attending school and/or engaged in labour.
8. Government safety net supported people (i.e. VGD/VGF cardholders, elderly), are not necessarily excluded, as the support they get is minimal.
9. Housing conditions (material and water and sanitation facilities) of household are very poor.

Afterwards another three criteria were added in consultation with the EU. These were:

1. Households where the male members are alive but not earning and there is overdependence on the woman to bring income.
2. Households where the male earning member or children are suffering from disability, leprosy or chronic illness.
3. Households where there are single women (either divorced, widowed or unmarried) who are living in their maternal house due to social stigma related to identity, exclusion or illness.

Selection criteria

Beneficiary selection criteria for development projects often implicitly, and sometimes explicitly, exclude people on the basis of age or disability, as was illustrated by the quote from the WFP Bangladesh report above. Within the FSUP Gaibandha project we deliberately made sure that the criteria were not excluding elderly women and women with a disability. However, after the second year we needed to broaden the admission criteria to make sure more women with disabilities, leprosy or a disabled husband could be enrolled. Initially, we had only selected women, including those with a disability or leprosy, who were heading a household. An amendment was needed when we discovered that some of the most vulnerable ultra poor women, were not necessarily women heading a household. Many women with a disability or leprosy are fully dependent on their family and never get the chance to start their own family or household. Additionally, women with a disabled husband were initially excluded because they were not nominally heading the household, but experience showed that they often were the functional head of the household, because the husbands with a disability or leprosy were usually unable to gather any or sufficient income. This meant that, in practice, the women with a disabled husband or husband affected by leprosy were in the same financial situation as single women heading their households.

It is not suggested that having a disability or a disabled husband (or other family member) should automatically lead to enrolment in food security programmes, as some people with disabilities are actually economically comfortable. However, when enrolling beneficiaries their economic status should not be the only criteria; social status, level of participation in the community, position in the family/household, and the resilience of the person with a disability (or the caretaker of the person with a disability) should also be considered. Additionally, one should also take the extra (health) expenses that people with disabilities often have to make into account. To prevent difficulty with enrolling persons with disabilities in programmes, it is suggested that a clause be added to the selection criteria that states that people with disabilities (and caretakers of disabled people) get priority to participate in such projects, and that selection criteria will be used more flexibly to ensure equitable participation of people with a disability.



From begging to business

Kulsum is a 50-year-old woman with a visual impairment. When her husband Tara Mia gets affected by leprosy and loses his job in the brick factory, they go to Dhaka to beg on the streets. When the field staff of the food security project started selecting project beneficiaries and specifically asked where they could find people with disabilities, the villagers of Farkundapur remembered Kulsum and Tara Mia. The couple went back to their village and Kulsum became a member of the women group. Tara Mia got treatment for his leprosy and cured completely. One of the project staff remembers very well that he was really shocked when he saw Tara Mia for the first time. He had never seen a person with such ulcers before. With support from the project Kulsum and her husband started a grocery shop. Kulsum also received 10 chickens. The business goes very well and with the profit they have been able to buy two cows and two calves. Their life changed completely. Tara Mia explains: “Without my wife’s initiative, it could never have materialized. I am so proud of her, she truly saved my life. I am so grateful to her throughout my life.”

Kulsum and Tara Mia, project beneficiaries

Beneficiary selection process

Apart from discriminating criteria, people with disabilities are often further excluded from development programmes by the beneficiary selection practices. This is because project staff or communities often use unofficial criteria when beneficiaries are selected such as “ability to learn”, or “fit enough to generate income.” People with disabilities are often considered unable to meet these criteria. Disabled people themselves frequently internalize the message that they can’t perform, and thus do not consider themselves as potential project beneficiaries. The WFP lessons learned report also mentioned this problem:

“Disabled and chronically ill women were not excluded specifically by selection criteria, but selection practices and even self-exclusion played a role. Project staff were

told by some community members that certain individuals were ultra-poor but ‘not in a position to manage an IGA’. Project staff themselves only considered disabled women who were deaf/dumb or had some mental disabilities. Despite this, all staff reported that they felt there was scope for other women with disabilities to participate in similar projects if they were provided with the support to do so. (2012, p11/12)

Even within the FSUP Gaibandha project, where inclusion of persons with disabilities was a prominent part of the programme, some problems were encountered at the beginning of the selection process, with a few project staff reporting that they were using the unofficial criterion “ability to learn.” The only way to overcome such problems is to make sure that all the project staff are trained on the rights and abilities of persons with disabilities, before they start selecting project beneficiaries (see staff training below for further discussion).

Planning and budgeting for inclusion

People generally think that the inclusion of persons with disabilities in development projects will be very expensive, and this is frequently given as a reason for excluding this group of people. However, existing literature estimates that the extra costs of including people with disabilities are only between 1-7% of total project costs. Within this food security project the cost of inclusion of persons with leprosy and disability was 6% of the total project budget (based on the real expenses up to 2012 and the estimated expenses for 2013). This amount falls within the mentioned range, but is relatively high as rehabilitation services were provided not only to project participants, but also to their household members with a disability or minor impairment. In projects where people are referred to other service providers for their rehabilitation needs, the costs can stay lower, around 1-3%, because the only extra cost incurred then will be for the training of staff and for making project activities accessible (e.g. transportation, communication).

When preparing the budget, organisations should be aware that providing rehabilitation services can create a lot of extra, unforeseen demand among community members. Although very legitimate, this needs to be anticipated in terms of flexibility in staffing and resources. Having accurate data on disability during the proposal writing phase is helpful in this regard. Triangulation of data on disability and leprosy during proposal writing is very important to set realistic targets. We assumed that there would be many more people with leprosy, but this was not the case, so we needed to adapt our planning and budget later on. On the other hand, the need for eye surgeries was much higher than initially anticipated. If reliable data are not available beforehand, make a thoughtful estimation and allow for flexibility in your budget. At the same time, make sure that good baseline data are collected early in the project - this can be done by an early diagnosis of all people with disabilities enrolled in the project. If these data are available, it is possible to plan according to the real need. A prerequisite is that organisations and donors are flexible in changing the budget division after the first year. The provision of rehabilitation services should always be demand driven, and not target driven.

Monitoring inclusion

Including specific and holistic disability indicators in the M&E framework is an important step in the disability mainstreaming process. All the data collected should be disaggregated for people with disabilities, otherwise it will be impossible to measure equal participation. The collection of disability data from the FSUP project has been a struggle at times. This is not merely about the logistics of actual data collection, but also about how disability is defined, and who should be included within the category of 'people with a disability'. We learned that everything starts with a clear definition of disability and a good assessment of the people with disabilities. It is also important to record the severity of the disability as well as type of disability, and to have indicators to measure the level of inclusion, in order to monitor whether all people with disabilities have equal access to and participation in the project. It might be that in a project people with physical disabilities are included, whilst people with intellectual disabilities or speech and hearing impairments are still left out. Or that only people with mild disabilities are included. This can be measured by collecting data that is disaggregated by severity and type of disability.

Working definitions

We used five different disability categories:

- (a) physical impairment,
- (b) visual impairment,
- (c) speech and hearing impairment,
- (d) mental /intellectual disability and
- (e) multiple disabilities.

In addition,

(f) people affected by leprosy and /or disability due to leprosy have also been included. People affected by leprosy were labeled as a separate group, because we specifically wanted to monitor their participation in the project, even though they belong to the group of people with physical impairments.

In a later stage we also made a distinction between people with disabilities and people with minor impairments and treatable diseases.

In retrospect, there was too little focus on the monitoring of the inclusion process under the Gaibandha FSUP. Indicators to measure inclusion were not developed or developed too late. For example, the Group Development Agents could have been more involved in the monitoring of the inclusion process within the women groups. This should have been included in the design of the M&E framework. Then staff would have been trained to collect the data right from the beginning. We also paid too little attention to the monitoring of the disability mainstreaming process at the overall project and partner organisation level; such as the accessibility of all project locations, or understanding of the concept of disability mainstreaming at project management level and at the level of the participating organisations. When the FSUP project started, disability mainstreaming was a very new topic and we simply were not aware which areas should be monitored. With the experience we have now, it is much easier to set up a sound monitoring framework.

Overall, we have learned from the FSUP project that the M&E framework should be clear on the inclusion of people with disabilities right from the beginning. It should not be an add-on to the existing framework, but disability and inclusion should be truly mainstreamed as an integral part of the overall M&E framework.

Implementation

In the previous chapter we have shown that the success of women with disabilities in income generating activities is equal to the success of women without disabilities. What is the reason for this, and what can we learn from that? Before we can answer this question, it is important to understand how the income generating activities were selected, how they were run by the women, and how the other family members were involved.

The direct beneficiaries of the Gaibandha FSUP project were organized into women groups where they received training and developed income generating activities. The field workers of the project, called Group Development Agents (GDAs), played a crucial role in the inclusion process. They identified all the beneficiaries, including the women with disabilities, sensitized the women in the women groups on disability, and made sure the women with disabilities were included in all women group activities. The GDAs referred the beneficiaries with disability specific needs to the disability and leprosy agents, who provided these services



The following specific activities were undertaken to make sure that persons with disabilities were successfully included in the project:

- Staff training for fieldworkers, trainers and managers on the rights and inclusion of people with disabilities
- Identification of beneficiaries with disabilities by Group Development Agents
- Assessment of people with disabilities enrolled in the project by disability & leprosy team
- Provision of rehabilitation services, surgeries and assistive devices when needed
- Non technical follow-up on use of devices and after-surgery support by Group Development Agents
- Disability and leprosy awareness and health sessions in women groups
- Training of Traditional Birth Attendants on disability prevention, early detection and intervention
- Training of federation leaders on disability, rights and inclusion
- Support in accessing safety net schedules of the government
- Federation workshop on anchoring disability in the bi-laws of the federation
- Workshops on mainstreaming disability with relevant stakeholders at sub district (Upazilla) level: Disabled People Organisations, TBAs, federation leaders, government officials and local government representatives
- Placement of disability information boards in the communities.

within the FSUP project. The GDAs were also involved in the non-technical follow up of the clients with a disability, such as monitoring the use of their devices and the progress of their income generating activities.

When you look at the activities that were undertaken in the implementation phase to include people with disabilities in this project, you will see that most of these activities are not very complicated or of a very special nature. Staff training; awareness raising in the community - these are all very common project activities where a disability component can easily be incorporated. In the following paragraphs we will go deeper into several of the activities that were organized, and what we learned from them.

Capacity building for inclusion

Training of staff is the most crucial part of the inclusion process, because the biggest barrier that prevents people with a disability from participation in projects is the attitude of development practitioners. As long as staff are unaware and do not consider people with disabilities as part of the target beneficiary group (with equal rights), disability issues can remain overlooked throughout the project cycle.

The project staff of the FSUP Gaibandha project admit that when they started working for the project, they were sceptical about the inclusion of people affected by disability. They report that they thought it would be difficult to include them and that people with disabilities would not be able to generate their own income. After training, however, the staff were motivated to work on inclusion, and after having seen the good results of the inclusion process, they were really convinced about the capabilities of persons with disabilities. Staff training should include the following topics: understanding the concept of disability as the interaction between the medical impairment of a person and the barriers s/he faces in society (environmental, attitudinal and institutional), the rights and capabilities of persons with disabilities, how to remove barriers that block participation, and clear instructions on their own role in the disability mainstreaming process.

In the FSUP project we started with training the field workers and trained the higher management at a later stage, but in retrospect it would be better to start with training the higher management right at the beginning of the project, as it is very important that they are able to support the fieldworkers in the inclusion process. We also learned that staff training is needed throughout the whole project period

in order to refresh their knowledge and to deal with staff turnover. Furthermore, the project proposal writers should ideally already be trained on disability before they even start designing a project, as this will enable them to remove the barriers that block the inclusion of persons with disabilities at the design stage. It is recommended that organisations who are willing to include people with disabilities in their projects, should organise a short workshop on disability mainstreaming for higher management and proposal writers, even before a call for proposals comes out. Because once a call comes out, time is too limited for workshops.

Considering the FSUP overall program, with four projects being implemented simultaneously but only one project specifically designed to include disability mainstreaming, the opportunity to exchange best practices to address disability issues in the other projects has been underutilized. We hope this publication will make up for this pitfall.

Awareness raising in women groups

The acceptance of the women with disabilities in the group was not a big problem. However, sensitization proved to be important to reach full social inclusion in the groups. 'Name calling' was a particular problem at the beginning of the project, but this improved after the orientation on disabilities in the women groups. For some women with disabilities it was even the first time that they were addressed by their names in the community, and not by their disabilities. The women with disabilities were treated like everyone else and received assistance from their group members where needed. Also the women affected by leprosy were accepted in the groups and able to participate on an equal basis. We did not notice a big difference in stigma between people affected by leprosy and people affected by other type of impairments. The election of women with disabilities as group leaders and even federation leaders are a good indicator of increased social acceptance; we found out that more women with disabilities were involved in federation leadership than in the local women groups. The reason for this is probably that the federations were set up when the project was already running for some time. When the leaders of the local women groups were elected at the beginning of the project, not all groups were sensitized on disability yet. This underlines the importance of awareness raising in the community right from the start of a project.



IGA selection process

In this project the women could select two income generating activities from a list of 17 different kinds of income generating activities. Each women group received a limited number of each type of income generating activities to divide amongst its members. The women in the group could indicate their preferences. During a group meeting the division of the income generating activities was discussed and decided upon. Because there were limitations to the number of people who could for example get a cow, or start with shop keeping, not every participant could chose the IGA of their preference. The same process was followed for people with disabilities. In the previous chapter we mentioned that the type of income generating activities were equally divided amongst the beneficiaries. The women with disabilities received the same kind of income generating activities as women without disabilities. However, they received priority for the shop keeping and tailoring, since these trades were considered to be very suitable for people who have difficulties in taking care of animals or doing farm work due to physical limitations. In the first year only women

with disabilities, or women with a disabled family member, were allowed in the tailoring and shop keeping training. We changed this after the first year, because it was not considered fair towards the women without disabilities and went against the philosophy of equal opportunities for everyone.

The process of choosing an income generating activity for women with disabilities, was thus exactly the same as for women without disabilities. Looking back, we learned that it might be good to give the women with disabilities a bit more support in making a choice for an income generating activity. Since many women with disabilities did receive support from their household members in running their income generating activities, it would have been good to involve these household members more in the selection of the IGA's. At the same time, one needs to ensure that the person with a disability is making the choices, and not the family members. In an ideal income generating project, one should not work with a pre-set list, but help the participants find out what kind of income generating activity would best fit their interests, needs, capabilities and environmental factors.

Household involvement in the income generating activities

Originally, the focus of the project was on individual women. Only women could participate in the groups, so in the case of a man with a disability, it was his wife who was selected as a direct project beneficiary. In case of a woman with a disability, this woman was selected as direct beneficiary and thus participated in the group. Where needed, family members were involved in the project as well. For example in the case of women with communication or learning difficulties, the project involved family members or neighbors in the trainings. This worked very well; the family members were very motivated to give support where needed.

Not only during the trainings, but also in the implementation of the income generating activities the women with disabilities received a lot of support from their family members. In some instances the income generating activities were even fully run by members of the household. One could argue whether this is a favorable situation or not. A few things are important here. First of all, the person with a disability should be encouraged and supported to do as much as possible to run their own income generating activities. Help from others is not a problem, but others should not take over if this is not really necessary. Almost every person with a disability can carry out income generating activities, and care should be taken in not letting anyone else do it in their place. Only when people are really not able to run their income generating activities by themselves, for example in case of severe sickness, severe intellectual disabilities or multiple disabilities, family members could be asked to run the income generating activities on behalf of the disabled person. It is important to make sure that in all instances the person with a disability remains the owner of the income generating activity and has the most important say in decision making. This should be monitored carefully, otherwise the empowering effect for the people with disabilities might be lost. In case of a woman with a disabled husband or another disabled family member, the persons with a disability were actively involved in the income generating activities from the beginning, and the IGAs were run as a household business. This may be an additional reason for the fact that the women with disabled family members were able to generate more income from the IGAs than the women with a disability or without disabled family members. The conclusion that we draw here is that it might be helpful to approach the income generating activities more as a household activity rather than an individual activity. However, it is important to monitor that

the person with a disability is doing as much as possible to run their own income generating activities. Household members can be involved in the income generating activities where needed, but as a project you need to make sure that the person with a disability remains at the center of the intervention at all times.

Suitable IGA's for people with disabilities

Before we started the project, we asked ourselves the question: "What kind of income generating activities are very suitable for people with disabilities? What can a person who is blind do? What can a person do who has a physical disability?" Along the road we realized that there is no clear cut answer. This question cannot be answered with a list of income generating activities, disaggregated by type of disability. The choice for an income generating activity should be based on the interests, capabilities and needs of a person, taking into account the local context and market. We should not select an IGA on the basis of the only thing that a person is not able to do. In the previous chapter it became clear that the women with disabilities were able to do all types of income generating activities in this project, and were able to be as successful as the others. From experience in this project and in other programmes we know that everything is possible: a blind farmer who grows his crops independently, a completely paralyzed shop owner who runs her business successfully, repairing bicycles with your feet. We should be careful that our prejudices are not limiting people with disabilities from choosing the IGA's that they are most interested in. So instead of giving a list of suitable IGA's, we think it is better to work according to the following principles:

- Start from the capabilities and interests of the person
- Let people with disabilities decide for themselves
- Find out what kind of support is needed and is available in the household/ neighborhood
- Involve family members in the selection process if needed
- Select IGAs that bring immediate, regular and adequate income.

If people live in extreme poverty, direct income is very important. Poultry or tailoring, for example, will bring in income directly and are thus very suitable for people living at survival level. Starting with a tree nursery will only give profit in the long run, so might be more suitable if people are already able to meet their basic needs.



“I can’t see, but I feel the smiling faces of my family members”

Beauty Begum is a 30-year-old married woman. Gradually she lost her visual abilities and became blind. Her husband, a day laborer, often remained unemployed and the family didn’t have assurance of two meals a day. She was selected as a project beneficiary and received training on goat rearing and poultry keeping. She was also given goats and chicks to start her own income generating activities. Beauty is taking care of the vegetable garden, the goats and the chicken herself. However, she asked her family members to communicate with the local livestock office for vaccinations and other health care for her goat and poultry birds. Her husband is selling the vegetables and eggs at the market. With the IGAs the food security of the family is enhanced. Beauty is also able to save money with her village group. “I can’t see, but I feel the smiling faces of my family members. They are having food. If we can continue the IGAs, we will never fall in extreme poverty.”

Beauty Begum, project beneficiary

Inclusion in Disaster Risk Reduction

Disability was also included in the Disaster Risk Reduction activities and the water and sanitation services of the project. In case of floods or other emergency situations, people with disabilities are often forgotten and left behind. This is not only a very dangerous situation, but it is also traumatizing for people and their families. So when the communities prepared their evacuation plans and conducted evacuation drills, they also paid attention to the evacuation of people with disabilities. Flood shelters, latrines and tube wells were made accessible for people with disabilities, with access ramps up to the shelters. Some federation leaders with disabilities were also member of the Disaster Management Committees that were formed. This is a good example of where people with disabilities' needs can be addressed without extra costs due to its consideration in the design phase of the project.

"Years ago the water rose even at our home. I stayed for the whole day inside the house. I kept on waiting until they came to help me out. It is better to die, than remembering those times."

Sobita, project beneficiary with a physical disability

Accessibility

One of the barriers that prevent people with disabilities from participation are environmental barriers such as inaccessible buildings, offices, latrines, and flood shelters. For people with hearing or visual impairments, information is sometimes not presented in an accessible format. If disability is mainstreamed in a project, these barriers need to be removed. During the design phase of the Food Security Project, not enough attention was paid to accessibility. This resulted in offices and flood shelters that are inaccessible for people who are using wheelchairs. This could have easily been prevented by using Universal Design standards during construction works. CDD has also developed a disability friendly design for flood shelters, housing and toilets.

"I have seen a flood shelter with an access ramp which would be too steep for a wheelchair user to go up without assistance. The adjacent toilet was of the squat type, without any room to put in a movable toilet chair. The toilet was also not attached to the flood shelter meaning someone who wished to use it during a severe

flood would need to go down the steep ramp, through the water and up the steps. This is regrettable for an attempt was made to make shelters accessible but they did not always attain the required standards. Better designs were available, but these were not circulated at the beginning of the project."

James Pender, programme manager, TLM England & Wales

More could also have done to provide training materials in accessible formats. Pictorial information would have helped the women with hearing impairments and intellectual impairments. At the same time it would have benefitted all women, since many of the project beneficiaries are illiterate or have low levels of education. So, an important learning point for us in this project is that accessibility needs to be taken into account in all aspects of the programme, right from the beginning and that it benefits all participants, not only the women with disabilities. Undoing inaccessibility later on is more costly and less efficient.

Disability specific service delivery

When people with disabilities are included in development programmes, the demand for disability specific interventions, like physiotherapy or assistive devices, automatically goes up. Generally, there are two ways to respond to these needs: organisations can refer beneficiaries to other service providers, or they can hire specialists who can provide these services within their own programme. The first option fits well for small projects in areas where these services are available and affordable. In the context of Gaibandha, service delivery within the project was the best option, because there were no large scale disability specific services available at that time in most locations.

As a result of lobby and advice from CDD, the government of Bangladesh is currently setting up disability resource centers in Gaibandha and other locations throughout the country. This means that in the future it is possible to link to government facilities for disability specific service delivery.

When starting a disability inclusive project, the sustainability of the disability specific service delivery needs to be taken into account right from the beginning of the project, because continued access to rehabilitation care, after the project has ended, is very important for people with disabilities. People should know where to go when their wheelchair breaks



down, and where to go if they are in need of more physiotherapy. This means that an exit strategy needs to be formulated in the design phase. In the case of the project in Gaibandha, the beneficiaries can go to the government disability resource centers for the rehabilitation services when the project has ended. Both CDD and TLMB will remain active in Gaibandha district the coming years and can thus provide support and advice where needed.

Within the FSUP Gaibandha project, service delivery was done by a team of disability agents, leprosy & disability agents, and physiotherapists from TLMB and CDD. This team assessed the beneficiaries with impairments and decided what kind of assistance they would need. It is important to note that not all people with disabilities were in need of rehabilitation services or devices. Many people with disabilities could participate in the project without any disability specific interventions. However, there is always a group of people who can really improve their functional

abilities with physiotherapy and/or medical treatment, or who can improve their mobility with the help of devices. In some cases, people can even fully recover from their impairments. The provision of these services can have a very positive influence on the performance of peoples' income generating activities. Nonetheless, it should always be taken into account that the provision of rehabilitation services is only one aspect of the inclusion process. Social inclusion and the removal of barriers within the project and society is equally important.

From the design of the project until the last day of implementation, it is important to communicate to the staff and to beneficiaries that the rehabilitation services are a means to an end. The services are provided to enable the beneficiaries to improve and to support their economic situation and their social inclusion. The rehab services should not become a goal in itself; it should always be supportive to the overall goal of the project.

Pulling a riksha again

Alam, Shevali's husband, got injured a long time ago playing football. He hurt his spinal lumbar. At that time he ignored the pain, but the pain started to get worse over time. After 15 to 20 years he slowly lost the movement in his legs completely. Alam has got physiotherapy from the project. Shevali got also a training on how to give her husband physiotherapy. Alam is completely cured now, and is able to walk again. "I never thought that my husband will ever be able to stand and now he is pulling riksha in Dhaka!"

Shevali, project beneficiary



Leprosy

Within this project there was a lot of attention for people affected by leprosy. In the end, the number of people affected by leprosy was much lower than initially expected, although with 910 people a significant number were reached. The main reason for the low result was that the targets set at the beginning of the project were too high, as reliable data was not available to underpin them. In the last 20 years the Government of Bangladesh and NGOs have been very successful in their fight against leprosy. The people in Gaibandha are much more informed about the treatment and early detection of leprosy, and the incidence of leprosy has gone down. In future programmes it would be better to further integrate people affected by leprosy within the overall disability intervention, rather than working with them separately. Leprosy is a cause of disability and does not necessarily need a different approach than the other causes of disability in the implementation of many activities. However, in projects where disability is mainstreamed, the specific needs of people affected by leprosy must be considered because this group faces additional challenges.

This is to make sure that the stigma related to leprosy is addressed, and that ample attention is paid to the early detection and treatment of leprosy. In this regards, an important output of the FSUP project was the training of the staff from the non-disability focused NGOs in the consortium in the identification of leprosy symptoms, allowing them to refer cases as well as provide a better understanding of the disease, leading to a reduction of stigma and fear towards people affected by leprosy. Furthermore, the simple fact that leprosy-affected people were included within a mainstream development programme alongside those with other or no disabilities helped facilitate inclusion and a reduction of stigma. The acceptance of leprosy-affected people within the village federations and within the communities targeted was impressive, for stigmatization and the exclusion of people affected by leprosy is still high in Bangladesh.





Crawling to the women's village group

Mariom Begum is a 37-year-old woman with multiple disabilities. Her husband, Siddik, also has a physical disability. Before the project they were fully dependent on the charity of the community and their relatives. They were staying at the house of Mariom's landless father. Mariom became a member of the women group in Durbolagari Mahila Dol. She attended the group meetings by crawling all the way from her house to the meeting place. Mariom received training on rearing poultry and operating a shop and got the necessary resources to start a business. With the profit from the eggs and the small shop, they bought a cow. They feel proud that they are able to earn money for their own food, clothing and other necessities. They are even able to save money. In the meantime, they have received a wheelchair from the project, which speeded up their mobility. Despite the progress the couple has made, Mariom says with regret: *"People still call us beggar. I hope they will realize that disabled people also have their different capacity. We can also develop and lead a quality life."* Siddik adds to this: *"Some people ask about our condition now. We feel so happy that at least they are talking to us now."*

**Mariom Begum and Siddik,
project beneficiaries**

Sustainability of disability mainstreaming

Inclusion of people with disabilities should not be treated as a one time activity in a single project. It can only be sustainable if organisations incorporate the inclusion of people with disabilities throughout all programmes as well as incorporate it in the systems and structures of their organisations. Starting with inclusion in one project, however, can be a good starting point to mainstream the topic throughout the whole organisation. The organisations who implemented the FSUP Gaibandha project are now very motivated to include people with disabilities in their other programmes as well. This is another benefit of the consortium, as the training and example presented to the staff of other NGOs by TLM-Bangladesh and CDD, has helped the staff to understand the importance of including people with disability within their interventions. This could be further maximized through a short capacity building programme for the management of the implementing organisations, focusing on disability mainstreaming at organisational level.

The FSUP Gaibandha project ended in 2013, but the federation and the women groups will continue their work to improve the livelihoods of its members. In the last project year the federation leaders received extra training to ensure sustainable attention for the needs and rights of people with disabilities. During the trainings the federation leaders, for example, learned about the safety net structures of the government for people with disabilities, and how they can help their members to access these provisions. Also, a workshop was organized to include disability in the by-laws of the federation.

A group of project beneficiaries have proven to be good entrepreneurs and would benefit from micro loans to extend their businesses. We need to make sure that also the people with disabilities are able to access micro finance institutions and banks. We have seen that women with disabilities have problems in getting loans or a bank account, so a training and awareness programme for MFIs and banks in Gaibandha district on inclusion of people with disabilities would be a good follow up of this food security project.

Concluding remarks

It was a great adventure to be involved in the FSUP Gaibandha food security project for the last six years. During these years we learned many things about disability mainstreaming. We aim to use these lessons to improve our future work, and we hope it helps you to start with, or improve, your disability inclusive projects.

The most important thing that we have learned is that the inclusion of people with disabilities does not happen automatically. Inclusion needs to be planned for, otherwise it is not going to happen. At the same time we have learned that inclusion is not a complicated thing. There are hardly any extra activities required to make inclusion of people with disabilities a reality. The most important activities to be undertaken are related to attitude change: first the training of project staff, and later on awareness raising in the communities. In the annex we provide a list of tools and resources that can be used during the inclusion process. In the end it is all about our mindset: how do we look at people with disabilities? Do we see people with rights and capacities, or do we only see their impairments and limitations?

In this project the women with disabilities have clearly shown that, if they are given a chance, they are able to earn their own income. We hope that this publication, and in particular the life stories of the women with disabilities, will inspire you to work on inclusion of people with disabilities, and that you will see from your own experience that inclusion works!

“We are disabled, but we certainly can do everything, if you give us the chance!”

Asia, project beneficiary



Do you have a question about this publication? Are you interested in following a training on disability inclusive project management?

Please contact Paulien Bruijn for more information: p.bruijn@lightfortheworld.nl



Tools & Resources

We hope you were inspired by our experiences in this food security project. If you want to make the (food security) projects of your own organisation disability inclusive as well, we can highly recommend the following guidebooks. We have also developed a checklist that incorporates the lessons that we have learned on the inclusion of people with disabilities in this project. It is a helpful tool to plan for a disability-inclusive project throughout the whole project cycle.

Suggested guidebooks & websites

COUNT ME IN. Include people with disabilities in development. A practical guide for organisations in North and South.

Developed by LIGHT FOR THE WORLD.

Content: tools and resources to create disability-inclusive programmes and organisations

<http://www.lightfortheworld.nl/en/what-we-do/training-and-services/count-me-in>

Travelling Together. How to include disabled people on the main road of development.

Developed by World Vision

Content: Training manual to organize a one-day awareness workshop for project staff

<http://www.wvi.org/disability-inclusion/publication/travelling-together>

Disability, Poverty & Livelihoods. Guidance from Trickle Up.

Developed by Trickle Up

Content: tools and resources to include people with disabilities in economic & livelihood programmes

<http://www.trickleup.org/media/publications/upload/Disability-Poverty-Livelihoods-Guidance-from-Trickle-Up-small-file-2.pdf>

MAKE DEVELOPMENT INCLUSIVE. How to include the perspectives of persons with disabilities in the project cycle management guidelines of the EC.

Developed by CBM

Content: online toolkit with disability-inclusive project management tools

<http://www.inclusive-development.org/cbmtools/>

ASK Source - International Online Resource Centre on Disability and Inclusion

Developed by Handicap International

Content: brings together all tools, manuals, reports, websites and organisations on inclusion in development and humanitarian assistance.

www.asksource.info

Checklist on inclusion of persons with disabilities in all Project Cycle phases

Aim of the tool:

- To assess the disability-inclusiveness of your project throughout the different phases of the project cycle.
- To be used during the planning & design of a disability inclusive project.

No. Question

Policy setting / strategic planning

1. Does the donor have a policy on disability, or request for specific attention to vulnerable groups, amongst others persons with disabilities?
2. Are the values in the strategic plans and policies of your organisation informed by equal human rights?
3. Are the strategic plans and policies of your organisation referring to vulnerable groups, amongst others persons with disabilities?
4. What is the strategy/are the strategies to include or work with vulnerable groups, amongst others persons with disabilities? Are there different strategies for different groups of people?

Identification

5. Are there links between your organisation/your partner organisations and Disabled People Organisations, or persons with disabilities? What does the relationship/partnership look like?
6. Is the number and the type of disability of persons with disabilities being identified?
7. Are needs and barriers of persons with disabilities being studied?
8. Do persons with disabilities have an active role in obtaining and validating information at the identification phase?

Formulation

9. Are targets for inclusion of persons with disabilities being set?
10. Are criteria for beneficiary selection being disability inclusive?
11. Is an activity plan being made to achieve inclusion of persons with disabilities?
12. Is planned infrastructure (newly built and renovation) in accordance with universal design standards or other disability sensitive standards in use in the country?
13. Are actions related to inclusion of persons with disabilities being budgeted separately, or earmarked (e.g. training, offering rehabilitation services or providing assistive devices)?

Contracting

14. Is flexibility being bargained/possible with the donor to adjust the programme when there is good justification (e.g. if baseline data on disability are limited/insufficient, and new data may change the quantitative targets).

Implementation (M&E)

15. Is staff being trained on disability (mainstreaming), to increase their knowledge, attitude and practice?
16. Are indicators for disability inclusion being formulated and fixed into the monitoring system?
17. Are disability disaggregated data being collected and analysed within the monitoring and evaluation system?
18. Is referral to or provision of rehabilitation services and assistive devices being done?
19. Is awareness being raised in communities and with authorities on disability (rights) and how disabling barriers need to be addressed?
20. Are persons with disabilities being empowered themselves (i.e. grow in self-confidence, healthy social relations and economic control)?
21. Are (community) meeting places being made accessible for all persons with disabilities (i.e. are they able to come and stay)?
22. Is communication made accessible for persons with disabilities (i.e. easy read/pictogram, sign language, audio/braille print)?

Evaluation

23. Is (the impact and sustainability) of inclusion of persons with disabilities in the programme, part of the Terms of Reference for the final evaluation?
24. Is the evaluator familiar with equal rights and disability?
25. Do persons with disabilities have an active role in obtaining and validating information in the evaluation phase?

A woman is shown in profile, focused on her craft of spinning yarn. She is seated and operating a traditional wooden spinning wheel. The background consists of vertical wooden slats, creating a textured, rhythmic pattern. The lighting is warm and soft, highlighting the woman's face and the intricate details of the spinning wheel and the yarn being spun.

Tool references:

Developed by LIGHT FOR THE WORLD
on the basis of:

- Making Development Inclusive project, 2008.
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List of abbreviations

CCDB	Christian Commission for Development in Bangladesh
CDD	Centre for Disability in Development
EU	European Union
FSUP	Food Security for Ultra Poor
GBK	Gram Bikash Kendra
GDA	Group Development Agent
IGA	Income Generating Activity
M&E	Monitoring & Evaluation
MFIs	Micro Finance Institutions
TBA	Traditional Birth attendant
TLM	The Leprosy Mission
TLMB	The Leprosy Mission Bangladesh
UST	Unnayan Shahojog Team
WFP	World Food Programme
WHO	World Health Organisation

Colophon

Inclusion works! Lessons learned on the inclusion of people with disabilities in a food security project for ultra poor women in Bangladesh

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Copies of this book are available free of cost.
You can download your copy here:
<http://www.lightfortheworld.nl/en/inclusionworks>

Or contact: info@lightfortheworld.nl

This publication is also available in a version that is accessible for screen software.



People with disabilities are often amongst the poorest in the developing world, and yet they are usually left out of development projects. Inclusion of persons with disabilities in mainstream development programmes is a relatively new concept in development. The ICCO Gaibandha Food Security Project in Bangladesh is one of the first programmes that has mainstreamed disability on a large scale. This book presents the lessons that are learned about mainstreaming disability in this programme. It is a source of inspiration and offers practical suggestions to make a start with including people with disabilities in (food security) projects.

“We are disabled, but we certainly can do everything, if you give us the chance!”

inclusion works!

The following organisations have contributed to this publication:



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