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|  Danish organisation | ATOS – Alternatives to Separation  |
| Title of the intervention | No Separation - Strengthening local services for children with disabilities |
| Partner name(s) | The National Resource Center for Rehabilitation and Development, RCRD |
| Amount applied for | 499,550 kr.  |
| Country(ies) | Nepal |
| Period (# of months) | 20 |

1. Objectives and relevance

This proposal is partly based on several findings from the study “***Deinstitutionalization of Children with Disability in Nepal: existing scenarios and possible strategies”.*** It had special focus on children separated from their parents living at Resource Classes. The study presented arguments for the deinstitutionalization of children with disabilities, CWDs. It mapped national policies and provisions across sectors designed to support community level inclusion of CWDs. The study was one of the activities, conducted under the project, ***Deinstitutionalization of Children with Disabilities***, an RCRD / ATOS partnership project funded by the Citizen Participation Fund.

A major finding was that national government provisions across the health, education and children, women and senior citizens ministries are not consolidated. They are difficult to access, they do not underpin local government services. This shortcoming is one of the causes to why children are being separated from their families, local services simply don’t function. The study endorsed that in order to stop CWDs being separated from their families and in order for the government to embark on a path of the deinstitutionalization of 6,000 children with disabilities one of the initial steps would be to secure that local level services function.  The study was completed in May 2022. It was warmly received by disability activists, CBOs, and the National Council for the Rights of the Child of Nepal. The other source which underpins this project is the knowledge collected under a social mapping, “SEE It” of Helambu Rural Municipality in early 2022 where theproposed intervention project will be based.

**The** **proposed intervention**

Our overall development objective is to demonstrate and document, through a pilot project how cross sectorial national disability related policies can be translated into local inclusive services for children with disabilities and their families, thus avoiding children with disabilities being separated from their families.

There are four specific objectives:

1. By the end of the project the National Child Rights Council is strengthened so it better can promote no separation and de-institutionalization
2. By the end of the project local government is aware of national and international polices regarding the rights of children with disabilities. They are capable of translating these into local government services.
3. By the end of the project, parents to children with disabilities know their rights, can apply for services, are organized in self-help / advocacy groups.
4. By the end of the project schools and primary health workers are able to support children with disabilities

***Arguments for deinstitutionalization****,* A growing global care reform movement[[1]](#footnote-1) are working to support governments all over the world to transition away from residential care and instead set emphasis on prevention, supporting families and the development of inclusive local accessible health and education services. This movement has grown out of 80 years of extensive research, documenting the negative consequences of child-parent separation, and the overwhelming stories told across the globe of abuse endured by children in care. We know that growing up in an institution is detrimental to a child’s wellbeing, associated with significant delays in brain growth and physical and cognitive development. The lack of local inclusive services for CWDs is a key factor leading to their overrepresentation in institutional care. This exclusion is exacerbated when a child belongs to a disadvantaged group. The majority of the target population of this project are Dalits or from the ethnic group of Tamangs, both groups are among the most marginalized in Nepal. Some 60% of disabilities are poverty related, preventable. The CRC and CRPD[[2]](#footnote-2) emphasis the right of all children to a family. In 2019, the UN passed a Resolution on the Rights of the Child which focused on children who are or who are at risk of being separated from their families. The resolution calls on governments’ and international actors to realize the rights of child saying it is time for a major paradigm shift. Nepal welcomed the resolution, *“Pledging to initiate de-institutionalization of children residing in institutional care”[[3]](#footnote-3).*  The resolution clearly states that no child should be separated from their family due to disability or lack of local educational or health services.

***Resource classes*** were launched in the 1990s. They were technically and financially supported by Danida until 2017. The classes house children with special needs, ranging from mild to severe disabilities, the vast majority of these students have never been creditably screened. There are 380 of these classes spread across the country, each housing between 12 to15 children, representing some 6,000 of 8,000 CWDs separated from their families, the remaining children are housed at special schools. Characteristic for these children is that they are segregated at a young age, never returning to their homes. Very often, due to distance and engrained hierarchical norms, i.e., the teacher and education represent positions of power, while the majority of parents come from economically poor and marginalized groups, they feel inferior, alienated from the school culture,[[4]](#footnote-4)adding to reasons to why many parents lose contact with their children.

***From centralization to local government,***Nepal’s new constitution[[5]](#footnote-5), and Local Government Operation Act has provided immense power to municipalities to plan and manage local-level services, including managing those related to CWDs. However, the operational systems, and mechanisms to run local governments on a day-to-day basis are after five years still very weak. Many local governments currently lack the institutional capacity in terms of human resources and infrastructure. “Since the onset of federalism, the programs meant to empower people with disabilities have stopped altogether,” says Raju Basnet, general secretary of National Federation for People with Disabilities. The participation of people with disabilities and their families seems to have been annulled…... we need to support local government so they can serve all their citizens” [[6]](#footnote-6)

***Education, child separation and protection,*** Nepal’s 2016–23 [School Sector Development Plan](https://planipolis.iiep.unesco.org/sites/default/files/ressources/nepal_ssdp_final_document_oct_2016_0.pdf) defines inclusive, IE schools as settings where CWDs receive education in their local schools. IE is deeply rooted in a human rights advocacy framework and sees parental and community participation as paramount to effective development of IE. Well before federalization, Nepal’s Tenth Plan set the stage, for an inclusive, decentralized education system, it was to enhance the quality of education and promote a sense of school ownership among communities. Parents were to play a central role in School Management Committees, SMCs, the committees were to reflect the diversity of the community. However, the government did not facilitate communities in this process, not enough attention was given to the governance structure of groups who are veiled in historical gender and caste discrimination. While some schools and communities have been able take up the challenge of management the vast majority have not. Parents to CWDs are invisible to these bodies. The birth of federalism is seen as a possibility to rekindle the visions of the Tenth Plan.

***Deinstitutionalization in Nepal***, up until recently institutionalization was on the rise in Nepal[[7]](#footnote-7) It was estimated that over two million children were institutionalized[[8]](#footnote-8) an estimated 90% having parents. With the restructuring of governance, the National Council for the Rights of the Child, NCRC was formed. Its mandate states include, “…the council should advocate with local governments to develop to increase the implementation of child-friendly laws, policies, plans, and programs….it should play a specialized role in reviewing existing policies, rules, and regulations and evaluating impact as well as assisting in drafting policies, guidelines needed to assist implementation”[[9]](#footnote-9). Since the issuing of the UN resolution the council has taken vital steps to deinstitutionalize non-disabled children. However, there has been no focus on the institutionalized CWD. While institutionalization of non-disabled children in Nepal has primarily been conducted by non-state actors CWDs are predominantly institutionalized by the state.

The Study***, “Deinstitutionalization of Children with Disability in Nepal: existing scenario and possible strategies”,*** was the first ever to focus on Resource Classes users i.e., CWDs, their families and service providers e.g., teachers’ views. Among the findings the following eight are relevant for this project:

1. Resource Classes are not boarding schools, children at best see their families once a year, this situation constitutes child separation. These facilities should be guided by the UN alternative care guidelines, they are not. There is no government or independent supervision or monitoring of these residential facilities.
2. Parents reluctantly admit their children to Resource Classes, as its’ the only available service to them.
3. The educational gains of spending many years in a Resource Classes is minimal.
4. There are numerous contradictions found across government policies regarding services for CWDs.  This situation complicates implementation at local government level. Government policy across ministries should be harmonized.  The National Child Rights Council should lead this process.
5. The Ministry of Education has developed a host of provisions for CWDs, so they remain in their community. However, few families have gained access to these services.
6. It is estimated, in line with international research, that the cost of local provisions when established will be less than of the cost of Resource Classes.
7. Municipalities are unprepared, they lack the capacity necessary to support CWDs.
8. New admittance to Resource Classes should be closed so the classes can be gradually closed. Focus should be on upgrading community health and education services.

***New opportunities and relevance of the proposed pilot,*** until now critics of Resource Classes and campaigners for inclusive education have focused mainly on influencing the decision makers within the education sector. With the 2019 UN Resolution and the formation of NCRC new advocacy possibilities and partnerships have emerged. The present chair of the NCRC is a keen advocate for parental rights. In 2020, the first year of his five-year tenor, the council made significant progress in addressing deinstitutionalization of non-disabled children. Since the study the council has recognized that separation of CWDs falls within its mandate, it is not only a Ministry of Education affair. On completion of the study the NCRC took leadership calling a cross sectoral ministerial meeting to discuss its findings, among the attendees were top civil servants from the Ministry of Education, Ministry of Women, Children and Senior Citizens and Ministry of Health. This was the first meeting of its kind where CWDs and separation was on the agenda. There was strong consensus among the participants regarding: the need to address policy inconsistency, to capacity strengthen local governments, inform the general public of the harms of separation and to campaign for the systematic closer of Resource Classes over time while local services are simultaneously developed and strengthened. There was also strong agreement that there was a need for a pilot project which would seek to employ the services already developed. It should seek to capacity strengthen local governments’ understanding of national policy and how local services can be delivered in line with these policies.

***Selection of pilot project site,*** Helambu Rural Municipality***,*** is situated in the district of Sindupalchock a mountainous area. Generally, the situation for CWDs in mountainous area is bleaker as families are often isolated. RCRD will collaborate with The Just Nepal Foundation, JNF a local CBO. They are presently implementing a development intervention, “Better Life – Educating & Keeping Children Safe”, in partnership with CICED[[10]](#footnote-10) funded by CISU. A community profiling exercise, named, “SEE IT”, has been conducted at 34 schools and community sites. The process adhered to the principles of inclusive inquiry, co-learning experiences. Data, challenges, needs and resources were recorded. Data includes information on caste and ethnicity, missing and traffic prone children (the area has got the highest record of child trafficking in the country), out of school children, child led families, children with disabilities, alcohol dependency, families faced with acute undernourishment and levels of authentic community engagement in local government bodies and committees. The project area is divided into four clusters. Each cluster has two JNF resident outreach social workers. While JNF is well versed in social capacity building, mobilization and children protection, the specific technical and medical needs of CWDs falls beyond its capacity.

JNF found 30 children with middle and complex disabilities none have been screened or receive any form medical or educational services. Their families generally belong to Tamang and Dalit communities, they are not aware of their and children’s rights. there are no CBR[[11]](#footnote-11) provisions in the area. Additionally, it was recorded that threevillages have severe alcohol dependency. The 2 schools who service these settlements have huge challenges with children who have developmental delays relating to fetal alcohol syndrome, due to mothers drinking under pregnancy. After much investigating and discussions with mental health experts and AA Nepal[[12]](#footnote-12) on how to approach the challenges of alcohol dependency, activities relating to prevention, together with support to affected children were identified as entry points. The schools need to adjust classroom practices so to serve these children while all communities need to be made aware of the woes of alcohol, there will be special focus potential mothers in the three settlements. A recent study of the area told that women are not aware of the harms of alcohol. “A substantial proportion of women consume alcohol during pregnancy with high consumption frequency. There is an acute need to increase awareness about consequences of drinking during pregnancy and postpartum period. It would probably be helpful as a component of routine antenatal care or primary education intervention. Interventions should have special focus on groups such as Dalits, disadvantaged indigenous groups such as Tamang. In general, interventions that demonstrated efficacy have higher levels of engagement with pregnant women over longer time compared to those delivered in single sessions”[[13]](#footnote-13).

The collaboration between JNF and RCRD is an opportunity to deepen their work, both CBOs have focus on inclusive education. RCRD’s community-based rehabilitation approach, CBR is based on comprehensive knowledge of disability and local solutions while JNF has a high level of everyday engagement within communities and schools. JNF can continue the kind of engagement with pregnant women referred to above far beyond this projects’ period.

***Relationship between the two CBOs the local communities and Helambu municipality:***  JNF and RCRD meet in a host of different networks e.g. The Everest Network – focused on climate change, The NGO Child Rights Forum of Nepal, and The Danish Child Protection Network. JNF requested RCRD to aid them in supporting the CWDs. RCRD has visited the area a number of times meeting families, screening some of the children and recording their needs and wishes. They have held meetings with the municipality which has now requested both JNF and RCRD to assist them. This is documented in the so called, “Red Book”, a record of the municipality goals and plans for the next five years, indicating a strong wish to receive assistance. All local bodies in Helambu have been newly elected for a tenure of five years while none have any knowledge or experience working in field of disability there is a substantial time frame to capacity strengthen and influence local policies.

***Strengthening civil society organising,*** this intervention contributes to social justice by supporting CWDs right to a family and education. It will support cultural and economically marginalized families to realize their rights so their children can access services designed to support them. By confronting the harms of alcohol which often “holds” marginalized groups powerless the project is addressing a root causes of multilabel challenges present in these communities. It supports the development of more just government institutions both at national and local levels. It promotes public engagement by facilitating the formation of parent municipality self-help /activist groups, so their collect voice is visible when decisions are made regarding them and their children.

***The partnerships, climate and environmental considerations,*** Nepal iscategorized as a “stable context”, nevertheless, it is one of the most natural disaster-prone countries in the world, mainly due to climate change. “Common experience reveals that persons with disabilities are more likely to be left behind or abandoned during disasters and conflicts due to a lack of their inclusion in preparation and planning “.[[14]](#footnote-14) JNF has recently initiated an Anticipatory Action project funded by DERF, it has a component focused on CWDs. Both JNF and RCRD are founder members of The Everest Network its purpose is that members utilize / share their resources so to better cope with the challenges presented by climate change, to advocate for local marginalized communities’ right to participate in the designing, planning and implementation of adaptation and preparedness interventions.

ATOS is presently designing an organizational climate strategy. The proposed ATOS responsible person for this project oversees three projects in Nepal reducing the number of monitoring flights considerably

The partnership/collaborators

***The National Resource Center for Rehabilitation and Development, RCRD*** is an CBO of 22 years, whose main objective is to share information, capacity building tools, and advocacy strategies with CBOs and governmental bodies. RCRD also runs Community Based Rehabilitation Services, CBR. CBR is a multisectoral approach, it provides outreach services to families identifying and responding to any disabilities giving children a chance to reach their potential and keeping families together. Home-visiting programs span over child protection, health and nutrition and early childhood development also giving families support to connect to specialized services. RCRD are well versed in working with government bodies. Over the years they have had partnerships with a host of INGOs e.g., Save the Children, Handicap International and Karuna Foundation. Together with other CBOs they have continually questioned the legitimacy of CWDs separation.

***ATOS - Alternatives to Separation***, is a Danish member-based organization founded in 2015. ATOS has the objective to ensure that children and adolescents, who are at risk of being separated or who have been separated from their family, are provided with a safe and stable upbringing with respect to the child’s ethnic, religious, cultural, and linguistic background. ATOS works on a two-fold strategy; a) to prevent children’s unnecessary separation from their family, and b) to find local alternative family-based care services for children without parents. ATOS emerges from the development work carried out in AC International Child Support, with the merger of AC and DanAdopt in 2015 and the establishment of DIA (Danish International Adoption), it was decided to close down the project department of AC. In order to ensure the continuation of ongoing projects and partnerships, these partnerships were handed over to ATOS. The secretariat of ATOS consists of five persons working on voluntary basis. ATOS forms Project Groups of persons who follow specific partnerships closely. The board members have extensive knowledge within the field of social work, project management, fundraising, research, human rights and international relations.

RCRD and ATOS members have a long history of partnership and collaboration. Among the members of ATOS’s Nepal Project Group, are Rita Tisdall, who has 30 years of experience working in Nepal, she has worked with RCRD on numinous occasions most recently on the successful implemented *Deinstitutionalization of Children with Disabilities,* project*.* Previously, on a special needs education project, running across ten districts, a four-year partnership between the Danish School of Education and the Nepalese government, funded by Danida where she was coordinator. As an MS Development Worker, she worked with RCRD establishing local parent support groups, and the first national CBO disability network. As an inclusive educational advisor to the Ministry of Education, Kathmandu they worked closely where the focus was on translating policies into practice. Stine Højer, as a MS Development Worker, worked with RDRD across four districts implementing activities with focus on sanitation and nutrition. Shanti Shrestha, from Nepal, resident in Denmark has a background in economics and project management.

ATOS is a founder member of The Child Protection Network, Denmark, a network of Danish NGOs, the majority are members of CISU, who together with their partners in the south work to promote the UN Resolution. The network arranges international online seminars with guest speakers and attendees from all over the world. RCRD and JNF are regular participants. A seminar presenting the outcomes of this project will be held on completion.

***Role of ATOS* -** ATOS will provide financial and technical support to the project. ATOS will monitor the project outcomes based upon project site visits, regular zoom meetings, receiving periodic reporting, seeking necessary clarification as needed. ATOS will make one monitoring visit to Nepal.

***Role of RCRD* -** RCRD will be responsible for the day-to-day management and coordination of the project. RCRD will carry out project monitoring, progress, and financial reporting in accordance with the CISU guidelines and formats. A project coordination team, comprising of; the project coordinator, outreach staff and a JNF coordinator will be formed. This team will agree on monitoring guidelines reviewing the project as it unfolds assuring project activities are adjusted if necessary.

The specific roles and responsibilities of each of the partners will, as always, be clearly stated in a partnership agreement drafted and signed upon the approval of the application.

***Role of The Just Nepal Foundation* –** JNF will guide RCRD field staff matching them with their staff in the field. They will secure the nexus of their activities with the activities of this application within 34 schools and their catchment communities.

***A National Consultative Committee* –** under the NCRC, a committee will be formed it will facilitate ministerial intersectoral communication securing that the project challenges/ findings are distributed and addressed.

***A Helambu Rural Municipality level disability coordination committee*** will be formed under the Lord Major securing sustainability i.e., the institutionalization of policy based on national policy and on the needs and lived experiences of CWDs and their families within his jurisdiction.

***The reach / interest in the pilot project***, the most significant duty bearer supporting this project is the NCRC, it has the ability to disseminate and use its findings to insist on a paradigm shift. It has a national reach across all sectors.

Non-government duty bearers such as the Federation of People with Disabilities. The federation internally is split regarding the closer of residential facilities saying that, “something is better than nothing”, this stand acts often as a barrier to promoting inclusion, weakening the collective voice of people with disabilities. Practical evidence showing that it is possible to move a municipality towards being disability friendly will be of huge interest to them. Local CBOs who are struggling to mainstream disabilities will also be interested.

ATOS is in communication with The Open Society Foundation who are presently expanding their activities in Nepal in inclusive education, Humanity & Inclusion and UNESCO have shown keen interest in the report and pilot project. As Nepal is preparing for its next ten-year education sector plan this is an opportune time to seek to influence

***How this intervention will contribute to developing the relationship between the partners;*** There already exists a strong collaboration between the partners, both between JNF and RCRD and between their two Danish partners ATOS and CICED. Both CICED and ATOS are members of The Child Protection Network, Denmark which is promoting the UN Resolution. JNF and RCRD are regular participants at CPN online seminars. This is an example of unitizing all parties’ resources optimally.

**Government actors:** Through this project stronger links will be nurtured between local governmental bodies, national level duty bearers and CBOs, advancing sustainability.

1. Target groups, objectives and expected results

***The strategy of the intervention*** is threefold addressing CWDs rights at; national, local government and community levels.

***Community level***: three CBR outreach workers will reside in Helambu over the course of the project. They will join the JNF existing outreach teams, capitalizing on JNFs strong engagement in the area. JNF has established online communication platforms where field workers post their lived experiences daily, it acts as a support system to the staff, and contributes to documentation and monitoring of the project. Distances between clusters can be up to four days walk so online weekly monitoring meetings are held. RCRD will join these platforms. Each cluster have community books which are open for anyone to voice their views or give information. JNF also communicates out to the public via the municipalities’ Instagram and Facebook. RCRD will also join these links. The RCRD outreach workers will be responsible for giving hands on support in all disability related issues e.g., local communities, schools, health posts, CWDs and families. Together RCRD and JNF field staff will supported families in gaining access to services. Parent self-help /advocacy groups will be formed. Their representation in SMCs and PTAs, presently being established will be sought.

***Local government level***: lead RCRD trainers will conduct a host of capacity building workshops for key government duty bearers i.e., the Lord Major and municipality staff, Ward chairs and staff securing that the development of innovative approaches are congruent with existing national policy. Additionally, they will capacity strengthen voluntary female health attendants, health post staff, SMCs, PTAs, schools teachers and members of the municipality Child Protection Committee. They will also lead the implementation of a disability preventive campaign, in this context with special focus on alcohol misuse while their CBR workers address these challenges on a day-to-day interaction with the women.

***National level:*** NCRC will form a cross sectorial group which will follow this intervention closely, giving feedback and advice, securing that information collected by the pilot project are relevant to its agenda, underscores the study contributing to the fulfillment of Nepal’s commitment to own and the 2019 UN Resolution.

***The pilot project component,*** before commencing activities RCRD will further develop a detailed plan so to assess and document the process of implementation and decide on best methods and avenues to promote learnings and dissemination of acquired information during and after the intervention. The RCRD coordinator, who is well versed in action research and one of the lead persons in crafting the study will lead this activity.

***The alcohol campaign***: as stated above after much investigating and discussions activities relating to prevention, with focus on women together with support to affected children were identified as entry points to this challenge. A detailed campaign plan is in the making. It will be a campaign of 3 months, one month at a time over a year period. Practice in Nepal supports this model. During interim months campaign activities will be followed up by CBR field staff through local community discussions and home visits.

***The primary target groups:***

**- 30 children**, 17 boys and 13 girls with middle to severe disabilities 90% are from marginalized groups of Dalits and Tamanags.

**- 60 parents** to the 30 children with middle to severe disabilities will receive hands-on support from CBR staff on how to give their child daily / technical care. They will mobilize the formation of parents in self-help / advocacy groups.

**- 300 children** with mild / hidden learning disabilities relating to alcohol dependency at 2 primary schools all from Tamang communities, 150 girls, 250 boys.

 **- 600 parents** to children with mild to middle disabilities.

 - 70 teachersfrom the 2 focus schools and 7 schools in the catchment area of the 30 children with middle to severe disabilities.

- **40 members** of School Management Committees and Parent Teachers Association.

- 45 local government officers ,7 ward chairmen, 7 staff, the Lord Major, the vice major,15 key health, education and 2 child protection government officers.

- 6,633 potential mothers across the municipality. Special focus on women of the 3 focus communities.

- 30 health post workers and birth helper volunteers through capacity strengthening workshops addressing

pre- natal care, avoidable disabilities and methods of early detection, signs of disabilities giving the child

better development opportunities

- 10 members of the municipality child protection committee. Workshop address the special rights of CWD

and the responsibilities of the committee to safeguard these rights

- 7 members of The National Child Rights Council - consultative committee

*The secondary target groups:*

* 8 JNF field staff, 4 male / 4 female will be capacity strengthened, “learning by doing” as RCRD outreach workers join their teams for 19 months.
* Greater population of 21,000 people in Helambu municipality, will gain better services.
* 8,000 institutionalized children by supporting targeted advocacy for the deinstitutionalization of CWDs across the county by deepening and strengthening the findings of the 2022 study.

 **Objectives, activities, and outcomes**

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| **Objectives** | **Activities**  | **Expected outcomes** |
| **A.** **By the end of the project the National Child Rights Council is strengthened so it better can promote no separation and de-institutionalization** | * **Formation of National Consultative Group** under NCRC with representation of key ministries.
* **Consultative Group** **Induction Workshop –** endorsement of detailed pilot project process plan
* **RCRD develop** **a detailed plan** (research protocol) to assess and document the process of implementation & best methods and avenues to promote learnings during and after the intervention
* **A midterm workshop** is held at NCRC where RCRD and JNF present preliminary findings.

Relevant for cross sectoral government bodies, INGOs and CBOs * **Final workshop** is held at NCRC where Parents, local government, RCRD and JNF present project findings& those applicable for duplication
* Compiling (editing, translation & printing) of easy read/ inspirational document for municipalities & public.

 “How to serve CWDs locally & avoid separation, lessons from Helambu” | The NCRC capacity is strengthened so it better can advocate to local governments to harmonize their practices with national & international disability policies which seek to prevent CWDs being separated from their families.Cross ministerial collaboration, supporting the harmonization of policies concerning CWDs has been strengthened.The study “*Deinstitutionalization of Children with Disability in Nepal* as an advocacy tool has been applied & strengthened/ amplified Disability activists, INGOs, CBOs opposing segregation benefitCWDs separated from their families benefit |
| **B. By the end of the project local government is aware of national and international polices regarding the rights of people with disabilities. They are capable of translating these into local government guidelines and services**. | * **Formation of municipality level project consultative committee,** with representation of health, education, child protection committees
* **Compile cross-sectorial policies** and guidelines for CWDS services in one document.

Editing & easy read- translation and printing.* **Induction Workshop 1**

“How best can local government support children with special needs”. Relevant for municipality and Ward staff, key cross sectorial local government officers.* **Midterm Workshop 2**

 “Helambu’s Municipalities Vision” – how we want to go forward to support CWDs, agreement on local strategy /policy. Formation of local government Disability Committee. Relevant for municipality staff and Wards parents, school & health post staff and any other locally identified key persons.  | Local government is capacity build and have together with key stakeholders conceptualized a child centered disability approach for Helambu municipality.A local government Disability Committee formed and capacity build – providing relevant, easily accessible services for CWDsCWDs and their families have improved life conditions |
| **C. By the end of the project, parents to children with disabilities know their rights, can apply for services are organized in self-help / advocacy groups.**  | * **Workshop “Our child’s rights & how to access services**”

Relevant for parents to CWDs * **Establish and capacity build a parent to CWDs municipality wide support group.**

Relevant for parents to CWDs* **Home visits** Individual screening of children, advice to parents on daily childcare strategies. Setting goals for each child, establishing case protocol – supporting the overall child & family inclusion in their community.
 | Parents know which services are available & how to apply for themParents and families to CWDs are capacity strengthened & are organized in a formal local support groups and a cross municipality wide group which influences local policy. They are linked up to the National Federation of People with Disabilities.Families have acquired specific skills relevant for their child, improved life conditions for CWDs |
| **D. By the end of the project schools and primary health workers are able to support children with disabilities.** | * **Workshop, “How to prevent disabilities”,** supporting families with CWDs, early referral systems”, Relevant for Health volunteers + Health Post staff
* **“School Workshops “Including CWDs in the school, Accommodating CWDs in the Classroom”,**

 Relevant for school staff, PTA’s & SMCs* **Transition to school** – CBR’s outreach staff daily hands-on support to CWDs, families and teachers
* **Home schooling** – CBR’s, JNF & local teachers give hands on educational support to CWDs in their homes o community groups
* **Municipality wide campaign “Free from Alcohol while Pregnant”** content: Posters, handouts to be distributed by JNF / RCRD / health outreach staff, local Radio talks / jingles / community dialogue sessions

**AA visits** offering advice/ how to restrain from alcohol. | Communities in Helambu are more disability sensitive, they are informed of pre-natal / post-natal care preventing certain disabilities. Health staff can screen and refer childrenCWDs are receiving relevant in school or home schooling The population (women in particular) are aware of the woes of alcohol under pregnancy. They are aware AA services and 35% of the population in the 3 settlements areas have reached out for support.JNF staff are capacity strengthened so they can continue to support women who drink alcohol & support CWDs & families after the project |

***Systematising experiences along the way and at the end of the intervention****:* A monitoring plan at the startof the project will be made, tools will be in place from the start to adjust the project swiftly if needed. Field and workshop logbooks will continually record activities. As a pilot project there is of course extra / intensive documentation of the intervention and conclusions, a detailed plan (research protocol) to assess and document the process will be designed at the start of the project.

The process and conclusions of intervention will be presented at the final national workshop and at a Child Protection Network, Denmark seminar. It will also be documented in the writing “How to serve CWDs locally and avoid separation, lessons from Helambu”.

1. Institutionalization and deinstitutionalization of children, policy, and practice recommendations for global, national, and local actors. The Lancet Group Commission 2021. [↑](#footnote-ref-1)
2. Convention of the Right of the Child & The convention of the Rights of People with Disabilities [↑](#footnote-ref-2)
3. <https://www.ohchr.org/EN/HRBodies/CRC/CRC30Pledges/Pages/Nepal.aspx> Nepal Pledge 2019 [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. Nepal’s new constitutions ,2015 with its first local government elections in 2017 [↑](#footnote-ref-5)
6. Local governments across Nepal are failing people with disabilities, Investigative Journalists, Nepal 2021,Laxmi Basnet [↑](#footnote-ref-6)
7. Separation: Denial of Rights, Children Living Without Parental Care in Nepal, CWISH / ATOS, 2012 [↑](#footnote-ref-7)
8. Nepal’s National Living Standard Survey, states that 11.1 percent of all children under 15 are separated from their families, 2010/11 [↑](#footnote-ref-8)
9. The National Council for the Rights of the Child, Scope Of NCRC, 2022

 [↑](#footnote-ref-9)
10. CICED, NGO member of CISU, https://www.ciced.dk/ [↑](#footnote-ref-10)
11. Community Based Rehabilitation Services [↑](#footnote-ref-11)
12. Alcoholics Anonymous-Nepal [↑](#footnote-ref-12)
13. Alcohol Consumption during Pregnancy and Postpartum Period and its Predictors in Sindhupalchowk District, Nepal , 2019  [K Arial](https://pubmed.ncbi.nlm.nih.gov/?term=Aryal+KK&cauthor_id=28327678) [& Pedersen](https://pubmed.ncbi.nlm.nih.gov/?term=Stray-Pedersen+B&cauthor_id=28327678) [↑](#footnote-ref-13)
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