

Rehabilitation International
Global Disability Development Fund / Africa Fund
Final Report

1. Executive Summary: the template below is only a guideline; however, please do not go over 5 pages.
2. Appendix with photos, links to materials made and other supporting materials.
3. Financial Report, signed by your finance manager, all Project Holders and Representative of your Board of Governors

Project: Capacity Building of Women with Disabilities: Advocating for Rights	Report No.: Final Report
Organization: Shanta Memorial Rehabilitation Centre, Bhubaneswar, Odisha, India	Name of Project-in-charge: Reena Mohanty
Approved Funding: (USD) : 99900.00	Actual amount spent: (USD) : 83683.72
Reporting Period: May 2019 – July 2020	

Executive Summary (not more than 5 pages):

1. Brief overview of your project and objectives

The opportunities and accessibility for girls and women with disabilities are extremely restricted and discrimination against this group is overwhelming. According to 2011 Census, there are 11.8 million WWDs in India who are marginalized, stigmatized and invisible on one hand but, there is also an energetic women with disability movement of whom almost 80 per cent reside in rural areas.

The goal of the project was to support and facilitate the agency for empowerment and inclusion of Indian women and girls with disabilities. This was done by taking a multi-disciplinary approach to build capacity of the project by leveraging existing resources and providing additional training to promote self sufficiency of the women. Additionally, critical services such as health and protection against violence, abuse and their ability to advocate for their rights and inclusion are also facilitated. The project also aimed at capacity building of women and girls with disabilities of India through SMRC's Gender Disability Facilitation Centres (GDFCs). This was organized to increase their knowledge on the law and at the same time helping them to access government provisions as per the Disability Act. The centers were managed by women with disabilities and helped in building capacity of women and girls with disabilities to learn about and advocate for their rights, provide information on resources in the community, rights, policies, government schemes, and provision of aids and devices, and support consumers to pursue employment and livelihood activities. The project also made extensive efforts to mainstream disability into health programs through sensitization and capacity building of

frontline government health workers as on the technical aspects of including the needs of persons with disabilities in their work. Health advocacy was conducted using the trainings and capacity building workshops.

2. Key output, outcomes and how you have measured them (as in the original proposal: if these were achieved or not and your comments)

An Indian National Gender Disability Facilitation Centre is in place and is being accessed by WWDs in India. It is further strengthened through Women with Disabilities India Network (WwDIN) for enhancing effectiveness of legislations, policies and accountability systems. The membership of the Women with disabilities India Network was increased by an addition of 407 WWDs. Advocacy for inclusion in health and other data systems were carried out by WwDIN.

The Two State Gender Disability Facilitation Centres enhanced awareness and visibility about health concerns and prevention of violence against Women with Disabilities. It also helped them to learn about their rights better and make sure that they protect them by connecting them to local Disabled Peoples Organisations (DPOs). Capacity building of DPOs was also done through training workshops to equip them with the latest addition of the newly provided schemes and other guidelines. A total number of 92 DPOs were trained in this regard. One Training Manual for Disabled People Organization was developed.

A total of 407 women and girls with disabilities and 158 family members were trained by developing skills in leadership by using different resources to enhance their knowledge on various provisions available to address Gender Base Violence (GBV), Sexual Reproductive Health Rights (SRHR), Financial literacy and other aspects to exercise their rights in the community. To maintain uniformity in the training one Leadership Skill Development Module and one GDFC skill building material was prepared. Also, 20 Implementers were made aware about concerns of women with disabilities and different methods to meet their needs. They also attended different workshops during the project period.

Sensitization of 4503 Community members on issues related to women with disabilities such as gendered laws, how we should stop violence against and how the group could be integrated in the community was disseminated.

Additionally, 289 Frontline health care and service providers were sensitized on specific needs of the women with disabilities in order to build a favorable environment and recognizing the need of an accessible health care system to help them get all the available facilities even at the grassroots level for the later. A training manual was also developed and circulated for the benefit of the service providers. The improved knowledge on health needs and prevention of Violence against Women with disabilities (VAWwDs) amongst

Frontline health workers has actually brought a gradual change in the behavior, practices and attitudes of the community towards looking at Women with disabilities.

An Advocacy Campaign '**Azaadi Ki Udaan**' to end violence against women was conducted to sensitise the community on the abuse faced by Women with disabilities in the family as well as in public places. Continuous Campaign on Social Media for removal of harmful practices was conducted by sharing real life experiences of the women that joined this project. A 16 Days activism on Elimination of Violence against Women (16 Days starting **25th November and ending 10th December**) was also used as a very important platform to discuss the violence faced by vulnerable women with disabilities. Different programs including street play, radio program, awareness programs, puppet show, painting competition were carried out. A total of 6045 participants were covered in the campaign.

Dissemination of all information related to women with disabilities, all training materials related to the program was shared directly with 51 government stakeholders who will further disseminate it among their government officials and departments in both the states.

Through the Social media and Voice Message system we have disseminated information to more the 15000 women with disabilities in the Country.

3. Challenges and Issues arising and solutions

The main challenges confronted during implementation were the misconceptions and orthodox attitude of the family and the community about disability. The sensitization programs actually helped to create a new perspective and understand the fact that the person with disability is also a human being and faces the same issues and wishes like any other non-disabled person. The women with disabilities are capable of carrying out work independently on if provided with appropriate support structure. The sensitization of frontline service providers also added to the goal as they have a good rapport with the community and act as influencers.

4. Self-evaluation and Lessons Learned

Self-evaluation of the project made us realize that there was limited knowledge base available with the targeted women with disabilities on their rights and entitlements. Apart from information on basic provisions like travel concessions and monthly pensions, women with disabilities were found having no idea of other constitutional rights and entitlements that are vital to their existence as citizens. They had no information regarding disability specific laws that were made to protect their rights. The community had no knowledge on

the factors responsible for disability and so blamed luck and superstitions and kept women with disabilities in the four walls of their homes and treated them as burdens for the rest of their lives. The other evidence based lesson learnt on the process of implementation confirms that if timely wellness needs are provided and proper education and support is given to the young girls with disabilities they can excel in every field and become empowered. It was found out that after building their knowledge beneficiaries have developed the confidence to approach government officials, local ward members, family members and even the community and start asking questions, on their rights which have not been fulfilled.

5. Suggestions for dissemination

The training sessions and the length period of the workshops may be increased for more effectiveness of the program. The duration for each training session should have been at least 2-3 days each in order for proper dissemination of knowledge base and building up of perspective. This was expressed by the participants themselves. By the time the ice is broken and participants start opening up about their issues and challenges, the training period is over. The only possible option to reach out to community workers after the workshop was through telephonic conversation or meeting them in person. Training sessions provided favorable platforms as there are other women and girls with disabilities and they feel comfortable talking about problems around people who can relate them. Thus, the best way to disseminate more information in more elaborate training sessions and more printed material in form of IEC material for their future reference.

6. Recommendations (both for your own organization and other organizations working in the same thematic areas)

Suggestive measures recommended for agencies and stakeholders working to address the issue of disability, especially women and girls with disabilities may be as follows:

- Projects may assign more training time period for each identified beneficiary because persons with disabilities, especially women and girls with disabilities have very less literacy rate and are often neglected. Therefore their understanding and articulation is minimal. It usually takes more time and committed effort to make them understand about rights, Information, and service provisions.
- Sustainable livelihood opportunity and follow-up for the same may be considered to make them financially self reliant and preoccupied that would make them feel useful and satisfied. A strategic approach engaging all stakeholders may be

designed to work on this objective.

- The violence on women and girls with disabilities has been a grave issue of social concern. Easy and accessible mechanism on reporting may be developed to assure them reaching out options during vulnerable situations.

Prepared by: **Shanta Memorial Rehabilitation Centre**

Reviewed and Endorsed by: (Board Chairman) : **Prof. Asha Hans**

Date: **17.11.2020**

List of Annexure:

Training Program Reports :

- Leadership Skill Development Program
- Sensitization of Community Members
- Building the Capacity of Frontline Health Workers
- Sensitization of DPOs on issues of Women With Disabilities
- 16 Days Campaign to Stop Violence against Women

Database of all the Identified women & girls with disabilities

Analyzing of the Data

Case Studies

M & E Report

Photographs :

- Leadership Training
- Community Awareness
- 16 Days Campaign
- Frontline Health Workers
- DPO Sensitization
- Dissemination of Information with Stakeholders
- Others – Success Stories & Dr. Jenny Hui's Visit to the Project

Materials :

- Leadership Training Manual for Women With Disabilities
- Training Manual for Disabled People's Organization (DPOs)
- Introduction to the technical assistance Material
- A Manual for Frontline workers
- Handbook for Women with Disabilities on Financial Literacy (Additional)
- Handout on health for Women With Disabilities (Additional)
- Handout SHG Group & Women (Additional)
- SRHR Training Manual-Concise (Additional)

Financial Report : Expenses and Variation Statement for the Project