

Final report 2020

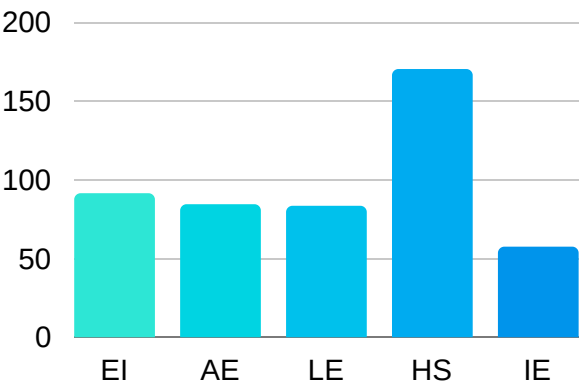
APRIL 2021

SHARE THE FUTURE



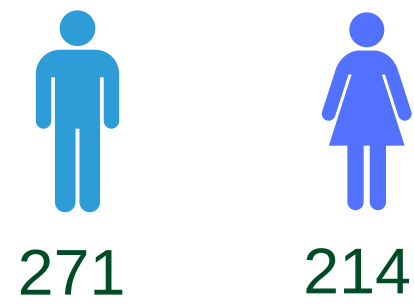
RESULTS

Actual number of children in the different programs.

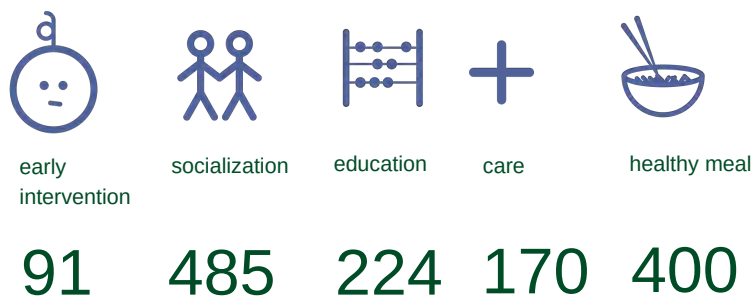


EI = early intervention
AE = Appropriate education
LE = Livelihood education
HS = homebased support
IE = Inclusive education

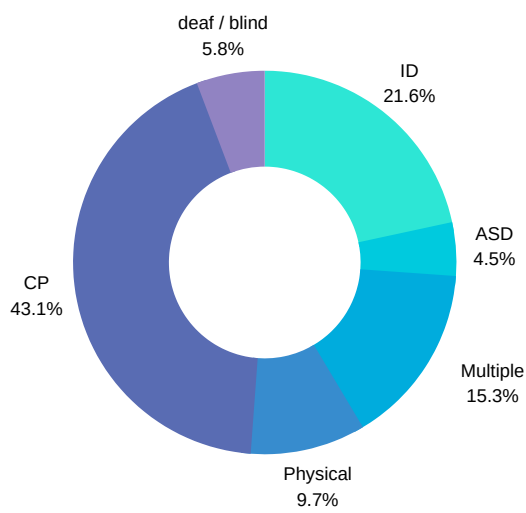
Gender:



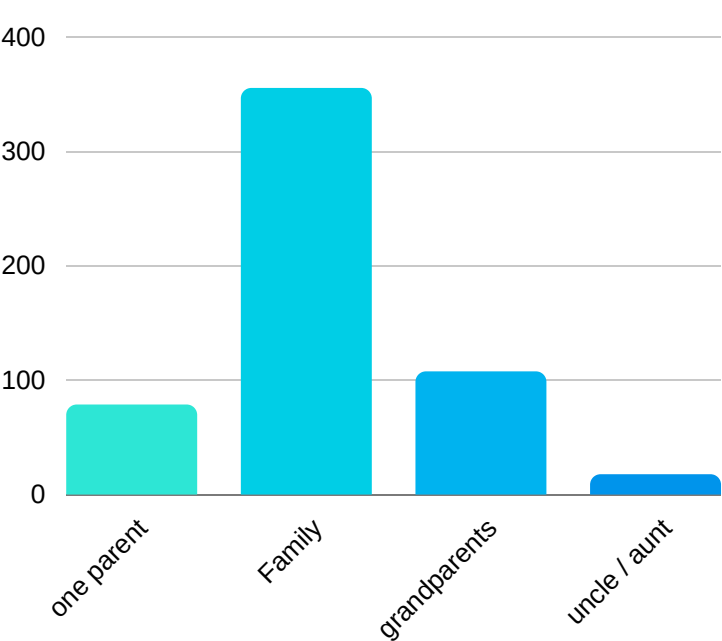
Support to children



Disability of the children:



Family situation children are living in



ID = Intellectual disabled
ASD = Autism spectrum disorder
Physical= Physical disability
Multiple = Multiple disorders
CP = Cerebral Palsy
Deaf / Blind = vision or hearing problems.

Share the Future

Durable Care and Education for children with disabilities in Bangladesh

Covid-19 Pandemic

Throughout 2020 and by the start of 2021, the world was still preoccupied with the Covid-19 virus. In a relatively short time, the pandemic led to an unprecedented increase in poverty in Bangladesh. A household survey by the South Asian Network on Economic Modelling (SANEM) in November and December 2020 showed that poverty in Bangladesh rose from 20 percent at the beginning of 2020 to 42 percent by the end of 2020.

Statistics reveal that by the end of December 2020 there were 509,148 infections in Bangladesh and 7,452 people had died due to Covid-19. However, the figures are anything but reliable. There was corruption regarding the test results and the prices of the tests rose to such an extent that many people could not afford them. The number of deaths is likely to be higher. In Bangladesh only people who have died in a hospital from Covid-19 are counted. Anyone who died at home from for example, serious pneumonia or shortness of breath, are not counted. Medics were told not to test patients with possible Covid-19 symptoms so that they could not be classified as deceased from the virus.

Our children with disabilities are extra vulnerable. They often have poor health and depend on others for daily care. Additionally, they are often victims of domestic violence, which increases during stressful times such as during this crisis. Further, the impact of the protective measures to prevent the spread of Covid-19 is serious.

***“I have to think about what to eat
tonight. I cannot worry about
facemasks or Covid-19”***

*said Parvin Akter who works as a domestic worker
and became unemployed due to the coronavirus.*

In March 2020 schools had to close and remained closed until the end of the year. Most parents in this project, work as day labourers and lost their income due to the lockdown that lasted from the end of March to mid-May. The direct impact was that they could no longer buy food, and three meals a day were no longer possible. Working from home is no option for many such people in Bangladesh. Further, social distancing is not easy when you live in an overpopulated country, especially in the slums of Dhaka. Many families live with 5 to 10 people in a house that is far too small. Water points and toilets are often shared with several families. Most of the population does not have health insurance or access to healthcare. There are only 127,000 hospital beds and 400 IC beds within the whole country whose population is estimated to be over 170 million people.

Three families from our project in Badda - Dhaka have left. They lost their income, could no longer afford the house rent, and returned to their village. We could only reach the children by telephone. It is still uncertain if these families will ever return to the city and whether the children will be able to receive the therapy they need where they are now.

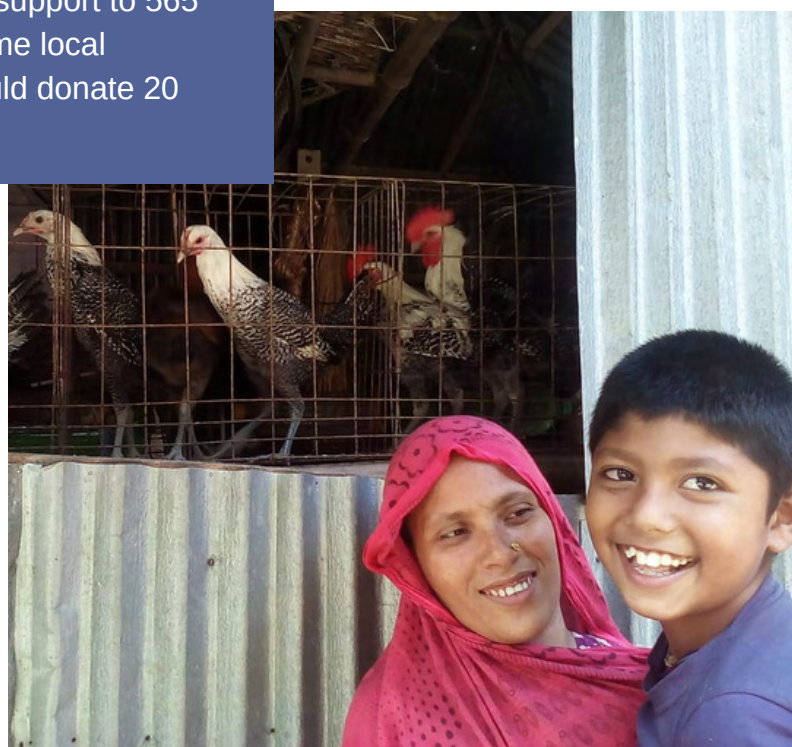
EMERGENCY SUPPORT



Parents and their children waiting for food



With the support of different organizations, local government, local donations and Wilde Ganzen Niketan could provide 3 months food support to 400 families and 3 months financial support to 565 families. With some local donations we could donate 20 families a goat.



With the support of different organizations, local government, local donations and Wilde Ganzen Niketan could provide 400 families with food support from April till July, and 565 families received financial support for 3 months through a digital transfer to their Bkash account. This support was for a lot of families crucial, since most of them lost their job, income and because of the flood, their stock, asset, crops and some even their house.

We knew that the financial support for some parents was just to ease the pain. Out of 565 families with a total of 2686 family members in our program, 485 families lost their income. That's why we continuously tried to raise local fund to give an extra helping hand to families. The team of coordinators asked relief support to the local government and they provided a helping hand with food parcels, money and a vegetable garden. With call for actions on Facebook we raised near about 6000 euro locally to give the families extra food support , soap, goats and sewing machines.

Abdullah is a 7 years old boy with Cerebral Palsy. He was a regular Students of pre-school group but due to COVID-19 he is now enrolled in our Community Based Education program. Abdulla's father is construction worker and lost his job due to the COVID-19 situation. With no savings they could barely manage food for Abdullah. Days passed with only one meal a day and sometimes even no meals at all. Abdullah was crying for food. His mother tried to find work but in the village no work was available. We were so lucky when we received the financial support from DRRA / Niketan. Together with the money they received by selling Abdullah's mother ornaments, they started a small scale poultry farm. Now they collect eggs daily and sell them in the market. They can manage food for the whole family.

Corona Monitoring report

To indicate the effects of the Covid-19 pandemic on the families and the results of our approach we designed a Distance Monitoring tool. In this tool we mentioned the family situation of the child, if the child lives with his / her parents (355) or grandparents (102), or with a single parent (78). If they have more family members with a disability (23), the income of both parents and their daily jobs.

We monitored their physical and emotional health and their needs on a monthly base. We asked parents if they lost income (485), if they still could meet their daily needs (11) and if they received support from the government (29). We monitored how they utilized the financial donation received from Niketan.

We interviewed parents to understand their home situation, but we also asked students to make a drawing of their life in lockdown, to get a better idea of their emotional health. We found that a lot of students enjoyed the lockdown, they spend more time with their family and enjoyed playing with friends. But we also heard stories of abuse and torture, hunger and anxiety. Most of the students miss their daily structure and their school.

We tried to monitor the health of the families in our program, we cannot assure that all our families are still healthy, they might be scared to tell us the truth. According to the information we received one parent was infected and three children. Our team provided them information were to get their treatment and they all recovered. Some staff members and their family members of our partner organization DRRA were tested positive, some became serious ill and needed extra oxygen to overcome respiratory problems. Luckily they all recovered.

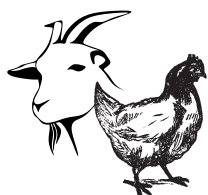
Corona Monitoring report

Utilization of financial support



food

256



livestock

79



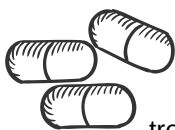
business

24



savings

152



treatment

70



repairment

10



loan repayment

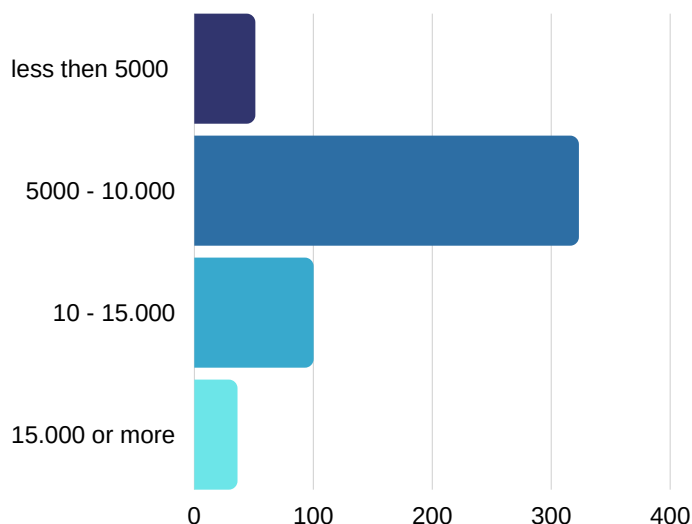
25



house rent

49

Income of parents before pandemic in Bangladeshi Taka (BDT)

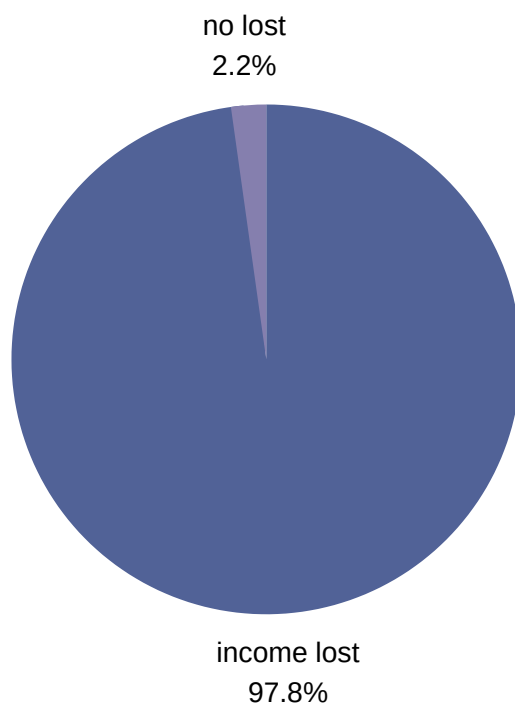


Highest income before the pandemic : 35.000 BDT

Lowest income before the pandemic : 750 BDT

1 euro =95 BDT

Families with income lost



Healthcare and education

Online education and veranda schools

At the end of March, all our schools closed, and we had to offer alternative forms of healthcare and education to all our children. The children received the manual “My Surrounding” at home. Through telephone calls and videos, they were taught, and parents were encouraged to undertake activities from the manual with their children. Parents of children with a complex disability, who require a lot of physiotherapy, were sent video modules on how to support the development of children’s gross motor skills at home. This allowed them to continue stimulating their child to further develop during the lockdown. It was far from ideal, but it was the best we could do. Parents experienced stress due to the loss of income, internet connections were poor, and the children lacked direct contact with their teachers and peers.

After the lockdown, 38 extra veranda schools were opened in the Manikganj district. This meant children could receive healthcare and education in small groups close to home on someone’s veranda. This form of support had advantages and disadvantages. The biggest advantage was, of course, that the children could see their teacher again. A disadvantage was that the 3 times per week frequency of education and healthcare (as in the normal situation) had to be reduced to 1 time per week. Additionally, teachers and physiotherapists had less play material available during their sessions. Thus, with less education and healthcare sessions and less available play and development materials, children’s progress has slowed.

An important advantage though was that children who are normally in the informal homebased healthcare project and for various reasons not in school, could now come to the veranda schools, creating opportunities for more social contact. Another advantage was that villagers and family members gained more insight into our work and therefore responded more positively to our activities and to children with a disability in general. Where once children in school were divided into groups by age or level, this was not possible in the veranda schools and a lot of creativity and flexibility was required by the teachers. They often had to fulfill the role of social worker also when parents shared their concerns with them. It is therefore admirable that the teachers and the pupils managed to successfully complete the curriculum topic “My Surrounding” and start the new topic “Vegetables”.

“The inclusivity really shines. We find the concept of veranda schools, where children are not hidden away, very impactful.”

Kees de Jong, Director Wilde Ganzen.

32 volunteers were deployed to support activities at the veranda schools and to provide homeschooling for children who could not come to these schools. The videos previously recorded by supervisors were shown to children on locally donated laptops. Another 60 volunteers involved in the project also visited their assigned children and families on a weekly basis throughout the pandemic. The visits were meant to give attention, doing activities, or help parents with their child’s healthcare needs.

“My name is Gopal Serkar. I am 23 years old and the buddy of Rafi Mia, a young boy in my village who has autism. During my training I have learned that I can influence people’s behaviour by sharing knowledge. I therefore see it as my duty to inform the villagers about Rafi’s disability. There is now more understanding for his sometimes strange behaviour. He is no longer called the village fool.”



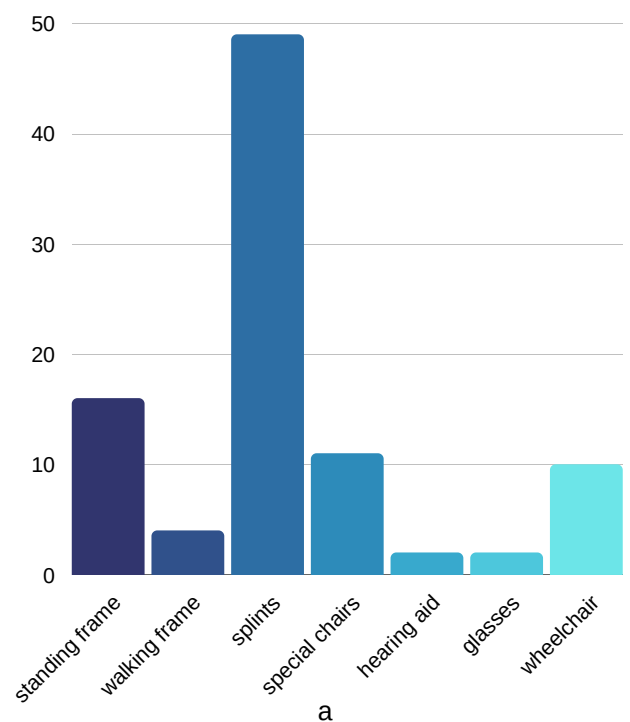
We were able to continue with the 16 existing veranda schools in Daulatpur and Ghior throughout the pandemic. The children were divided into time slots to have as little contact moments as possible between different families and thus prevent corona infection.

In the Badda slum in Dhaka, it was not possible to establish veranda schools, so we provided healthcare and education again immediately after the lockdown was lifted. Each teacher, or physiotherapist, provided 2 students 1.5 hours of therapy or lessons 3 times a week. There was 15 minutes between each group of students, so they would not meet each other in the same building.

Providing therapy to children with complex disabilities is extremely difficult with social distancing, wearing masks and other protective gear. Where possible, the parents were trained to do the exercises with their children however with some children, the physiotherapists had to intervene to prevent serious stagnation or contractures.

Assistive devices

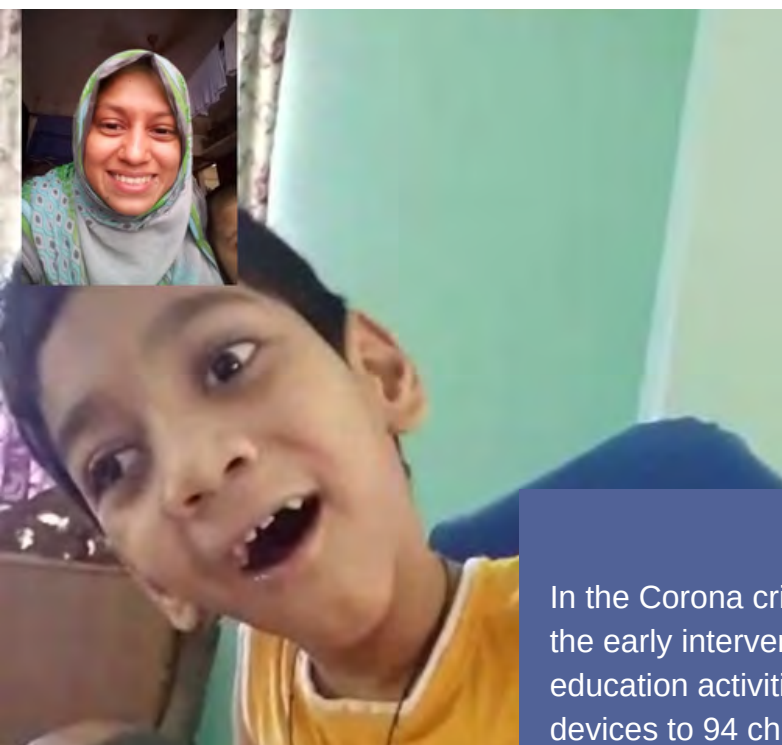
Despite the difficult circumstances, we have still been able to provide the children with assistive devices and supported adaptations in their home environment where needed. These help to stimulate and improve children’s motor skills. Thanks to such devices, children learn to sit, stand and walk - experiences of great importance for social and physical development. It gives the children a different view of the world and makes it possible to play and socialize with other children. We’ve been able to purchase devices thanks to donations from organizations, the local Ministry of Social Welfare and several companies.



ALTERNATIVE CARE AND EDUCATION



Providing education in the yard or veranda



In the Corona crisis we continued the early intervention and education activities, we provided devices to 94 children and guided parents in providing therapy at home.



Livelihood education

The Covid-19 pandemic has shut down societies around the world, leaving millions of women and girls in dangerous circumstances at home. Before the pandemic, one in three females in Bangladesh experienced sexual and/or physical violence by a partner or family member. New reports show that there has been a worrying 70% increase due to the pandemic. In addition, girls and women with a disability are more often victims of domestic and/or sexual abuse. A recent research from BRAC shows that 74% experience emotional violence, 33% physical violence, and 10% sexual abuse. However, it is also known that young people (with and without a disability) are discouraged from reporting violence. They are taught that it is a part of their lives and that reporting it is unnecessary. The figures are therefore undoubtedly much higher.

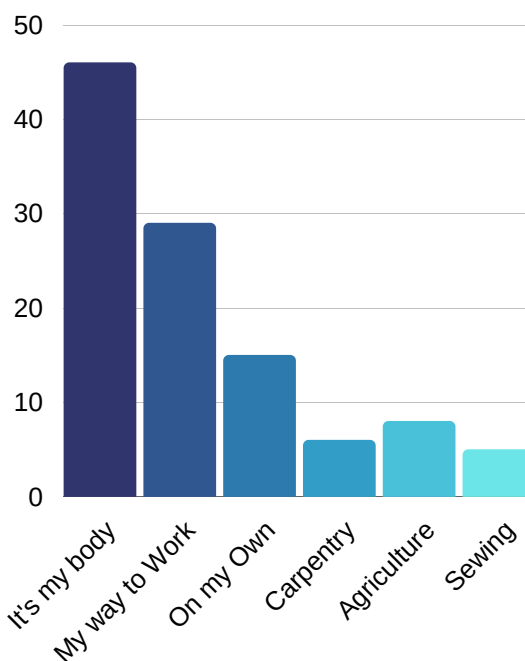
Our employees also received alarming messages from girls with disabilities during the pandemic. Reason enough to try to start the lifelong learning training, called the “Right to Decide project”, in a Corona-proof way.

“Pritty is a girl with an intellectual disability and a victim of a sexual game. In conversation, Pritty tells and demonstrates what her “boss” (private teacher of her brother) does. According to her such a game (Natok) is not strange. As a trainer, I talked about this Natok with Pritty’s mother, but she says it is not true and it is just Pritty’s fantasy. But Pritty’s story and what she has seen is certainly not a fantasy. It is abuse, it is deceiving a girl and making her do unheard acts in a role- and power game. Pritty wants to marry this “boss”. Fortunately, we eventually convinced her parents to sack this teacher and Pritty is now safe. But Pritty misses her “boss” and is now very sad.” - Rabeya - Trainer

20 girls received their certificate for the training “It’s my body” and 3 new groups with a total of 30 girls started in 2020. During the training sessions, the focus was on the home situation, confiding in each other and sharing experiences.

By involving the parents in the sexual development of their son or daughter, parents are able to better take care of their maturing child.

Sex and reproductive health education classes were not the only ones that were continued. “My way to work”, which focuses on how to behave when being employed, and the training “On my Own”, which focuses on money management, also continued. In our protected work/life environment, the training courses aimed at agriculture and woodwork. Where necessary, the groups were divided into smaller groups to safeguard social distancing. The training sessions were the highlight of the week for many young people and they could forget the stress that Corona brought.



Youngsters in training.

To further combat domestic violence in the Badda slum, and to give young people with a disability a perspective for the future again, a small sewing workshop has been set up where young people learned to make facemasks. Thanks to various calls on Facebook, we found a market and partners to collaborate with in Bangladesh. Five young people were able to generate a small income.

An important positive effect of our trainings is that we see the boys behave less masculine (harsh, sexually and physically aggressive). They are more open to gender diversity issues and prepared to do activities traditionally done by women. At the same time, we see that girls behave less traditionally feminine (calm and quiet, weak and asexual). They dare to speak out more and show less vulnerability. In Bangladesh, unequal gender standards teach boys to behave masculine and girls to be feminine. Because of such gender norms, girls often face sexual harassment and abuse by men.

Research

A small research done with 35 trainees, 35 parents and 7 trainers, taught us the following:

- 27 trainees feel more valued by their parents and families and community members, because they have gained knowledge and skills their parents and others do not have.
- 2 trainees experienced problems at home as their parents did not agree with them receiving the SRHR training.
- 34 trainees said that the training program changed their life. They gained better social skills, it made them more independent and stronger.
- 16 trainees mentioned that they liked the “My Way to Work” training best, because it taught them basic and effective communication skills and how to stand up for their rights.

- 12 trainees liked the SRHR training best because it gave them more knowledge about their body and they now feel stronger to protect themselves against domestic violence.
- Regarding the question what they liked best in the trainings, all trainees mentioned the role plays and the fun they had together when doing role plays.
- 34 parents said that the communication skills of their son or daughter improved tremendously because of the training programmes.
- The trainees and trainers considered the “On My Own - money management” training the most difficult because both – trainee and trainer - missed the key mathematics and calculation skills.

All the interviewed participants agreed that the most significant change has been the trainees' positive behavioral change. Trainees feel more confident, are able to start a discussion, claim their rights in the family and feel more valued.

Leadership training

The leadership training could not take place in its original form, in which guest speakers would speak with the girls in a motivational way. An alternative program was created in which the girls learned to document their lives and their dreams. It turned out to be difficult to say out loud that you do not want to be called a “fool”, that your father is abusive or that your parents dumped you with your grandparents. Visualising a future and daring to think in terms of possibilities resulted in great discussions. Some girls focused on traditional roles and jobs (25%), while there are also girls who would like to start their own business (25%) or who want to work for the local government in Social Affairs or in education (50%). In a “life plan” the girls worked out the steps to be taken to achieve their dreams.

LIVELIHOOD EDUCATION



Sanjida receives private class in recognizing the difference between male and female



Tanjin makes mouthmasks and earn a small income with it



We provide livelihood education towards 83 youngsters. Beside of teaching them vocational skills, we stimulate their social, cognitive and emotional development by using our Right to Decide approach. We had to stop the training for 2,5 months due to the lockdown, but re-started the training in small groups.



Talking through a microphone as exercise to get more confidence.



Session on body parts

Residential Care

The residential care farm 'Afroza's place' remained a safe haven for young people with complex disabilities throughout the pandemic. They were able to keep the virus out and were actively working with the animals and in the vegetable- and rice fields. They helped put together food packages for the school children and transport them. They received an extra investment from the local government to grow more vegetables and thus to not be dependent on third parties throughout the lockdown. The care farm grows organic vegetables and produces enough rice and vegetables to provide healthy meals for everyone at 'Afroza's place'. A resident, Shobuj, decided to return to his family and found work at a local restaurant, where he can now apply everything he learned.

I lived in Afroza's place for over six years, I couldn't do anything when I came, but I wanted a lot. I gave my life less than a 5 at that time. However, I was able to follow a lot of training and gained more self-confidence. I learnt carpentry, how to behave in a workplace, better understood my strengths and weaknesses, as well as my body and learned how to handle money. After 6 years I was ready to go out into the wide world again. I now work at a local restaurant and earn 20 euros per month. I now give my life a good 8.
- Shobuj

Master trainers

We were fortunate that just before the Corona outbreak, we could conclude the 5-year master trainer and 'train the trainer' program for all our employees. In recent years, the 'train the trainer' program consisted of training teachers working with various training curricula. This included thematic teaching packages, the application of total communication, working with individual education plans, and also providing sex and reproductive health education to, for example, young people with disabilities. During the pandemic, the teachers were given the ultimate test to create online teaching modules and put everything they had learned into practice.

The master trainers are authorised to conduct intake meetings and examinations in addition to giving the training courses and training new teachers. We noticed that the master trainers were able to put all lessons learned into practice during the Covid pandemic. They responded adequately to the needs of children, young people, teachers, and therapists. In addition, they arranged the necessary training and guided the development of the online lessons. We are proud that the Neuro Developmental Disability Protection Trust has appointed one of our master trainers as the Trust's master trainer. From this position we can further influence the curriculum for the trainers.



RESIDENTIAL CARE



The youngsters and their caretakers harvest the potatoes



At the end of the day, they enjoy playing a game together



Mishu harvest potatoes

In the lockdown the youngsters living and working in the carefarm Afroza's place stayed and continued their activities like before. Beside of a vegetable garden they also received solar panels from the local government on their compound.



The vegetable garden received from the local government

Society

Inclusive education

At the end of March 2020, the Bangladeshi government closed all schools and they remained closed until the end of the year. Online education where children don't have computers or internet access is impossible. Alternative education of 30 minutes per day via TV was offered by the government, but many families do not have TV or electricity either.

Most of the parents are also insufficiently able to provide home education. However, all children in Bangladesh passed on to the following school year without an exam. The question is still how many children (with and without a disability) will go to school again after the pandemic. Many girls have been married off and will never complete their education. There is also a worldwide fear that girls with disabilities will be kept at home again, so that they can help with the household and take care of (sick) family members.

Due to the closure of regular schools, the activities of Niketan in these inclusive primary schools have also been temporarily halted. The children and young people who normally go to regular primary school are taken care of in the veranda schools and have received homework guidance from our project teachers. The attention after the reopening of schools will focus on the reintroduction of our children with disabilities into mainstream education.

"Hello my name is Sanim. I have mild Cerebral Palsy, which makes walking a bit difficult. I am in the sixth grade of primary school, but this year I have only been to school for two months. Due to the Corona pandemic, the school closed and I ended up at home everyday. Really boring! My parents are divorced and I live with my grandmother. My grandmother lost her job as a cleaner at an NGO. We had no food. Oh, how hungry we were. Luckily, we got money and a goat from Niketan. I have spent a lot of time with my chickens and goats. My school is still closed, I try to learn something at home, but I will be so happy if I can go back to school soon."



Training of (principal) teacher and school boards

In Thana Daulatpur there was a 3-day training given to 10 teachers, 10 headmasters and 10 school managers on how to organise inclusive classrooms. This focused on for example what to do as a teacher when there are children in your class with a disability such as autism. There was a lot of interest from the teachers for practical tips, while the headmasters and school managers were more interested in organising inclusive schools and opportunities to provide for support. The conclusion was therefore that follow-up training is necessary for the various regular school stakeholders, so that more attention can be given to their specific needs.

Anti-Domestic Violence Committees

This year, the 3 anti-violence committees were more important than ever. As earlier reported, violence against girls and women has increased during the pandemic and more girls than ever have been married off.

The committees consist of parents, a person with a disability, a teacher, someone from the municipality, a police officer, and a religious person. At these meetings topics such as Covid-19, domestic violence, rights of people with disabilities, child marriage, oppression of girls/women, and legislation were discussed. The purpose of the committee is to mediate when problems occur and acts especially as a preventive measure. In villages where a committee is active, our young people report a reduction in verbal and physical violence.

"I am Nasrin, I am 17 years old and I have cerebral palsy. My father died when I was very young and shortly afterwards my mother remarried and left me with my grandmother. My uncles, who were living with my grandmother, did not want me there and they left. We survived by the grace of the local government. In October 2020 I was brutally raped by my neighbour. He came into the house in the middle of the night and raped me. Through the Sex and Reproductive health training 'It's my body' I understood what was happening, but I could not defend myself because of my disability. I had also learned to speak to someone I trust about what happened. I discussed it with my counselor and together we went to the village head and the police. They arranged a village meeting with the "anti-domestic violence committee" and punished the boy. The verdict was a fine of 150,000 Bangladesh Taka (1,500 euros) and the boy publicly lost face. I am glad that I had this training and am not afraid it will happen again to me and the boy next door has learned his lesson now and will not do it again."



Training pharmacists and health workers

At the end of 2020 we were able to give a refresher course on disability identification, disability rights acts and referral service to 37 pharmacists. The pharmacists shared their experiences and the problems they faced since the first training. For example, a pharmacist shared that parents often do not want to be referred to a clinic or organisation. They just want to get medicines to cure the disability, which they consider an illness, of their child. When the child has epileptic seizures the parents just want the pharmacist to blow away the ghost in their child. It is therefore commendable that the pharmacists continue to refer to DRRA and other NGO's working in the disability field.

A similar refresher course was provided to 38 community health workers. The health workers shared their concerns regarding accessibility and acceptability. They do not always have sufficient time for people with a disability, experience communication problems and they have not the authority to prescribe medicines for children with epilepsy. Apart from that most health clinics are difficult to access and do not have waiting room facilities and therefore people do not feel comfortable to talk about private matters.

VGF: Vulnerable Group Fund

VGD: Vulnerable Group Development

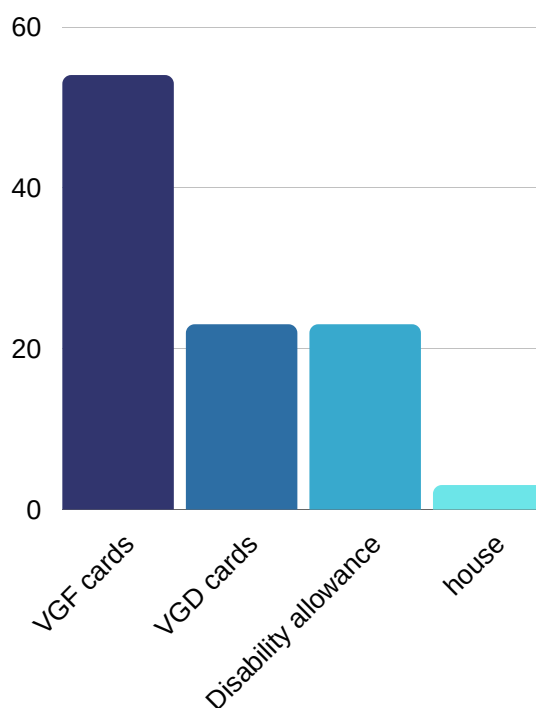
With both cards families can get food from the government. The VGF card is for short time use well the VGD card gives families the opportunity to get two year support.

Local government

Cooperation with and contributions from the local government took off this year. It started early in the year with the donation of blankets to help children through the cold winter. This was followed by a donation of solar panels and a plot for a vegetable garden for our care farm. During the lockdown a number of our children received money and food from the local ministry of Social Welfare. The local ministry of Women's Affairs supported our Corona approach and together we distributed face masks in various communities. This year, 3 families with a child with a disability were given a house by the local government. 54 children received a VGF card that allows families to buy rice, flour, and oil at great discount.

Furthermore, our team has been involved in the local government budget discussions and can and could thus advise on investment priorities.

Children with disabilities and their family received from the local government:



SOCIETY



Anti Domestic Violence meeting to discuss the problems girls with a disability are facing.



The compny Bangladesh American Tabacco donated 10 laptops for our veranda schools



Momotaz Begum, Member of Parliament of Manikgonj visited our school in February.



A local pharmacists in a village who received a refresher course



Community health workers better understand the needs of children with a disability.

Income generating activities for parents

In collaboration with the Dutch organisation 2Mothers* and Sunbird Dhaka, we can offer a group of 30 parents training and work using jute. Products are made from jute as well as handmade designer clothing from secondhand saris. The products are sold in the Netherlands and in Indonesia. Unfortunately, the mothers in the Corona pandemic received fewer orders, resulting in lower income for what many of them hoped for.



I am Monowara, the mother of Nayem Hossain, and I have received training in making clothes and jute products. I make the clothes for my children and family and also get assignments from my fellow villagers. I regularly receive orders from BanglaMa for making jute placemats and plant hangers. My monthly income is now about 20 euros per month. My mother-in-law has taken over the household tasks and I provide the income, so I can now make decisions for my family. I am very grateful to BanglaMa for providing these opportunities.



The training of parents and creating income generating activities offers mothers financial independence and thus, control over their own lives and that of their family.



*<https://www.2mothers.org/>

CONCLUSION

2020 was not an easy year. It was a year of continuous adjustments and anticipations of the evolving pandemic situation. We could not run and monitor each program part separately and had to combine services. We are therefore incredibly proud of our employees who demonstrated their creativity and flexibility, and continued to put the children first. They continued their healthcare and education tasks undiminished and additionally took on the coaching of the families of the children.

Despite all these extra efforts, there are unfortunately still challenges and for some children their development stagnates. That is why our help will still badly be needed in the coming years. We consider ourselves fortunate that the number of corona fatalities in our project has been limited to just 1 boy with autism.

We sincerely hope that the schools can reopen soon and that we can receive the children with open arms again.

Problem faced with NGO-AB:

The NGO Affairs Bureau in Bangladesh had due to the lockdown and COVID-19 consequences a delay in monitoring the projects. They made unnecessary quarries and delayed the collection of Certificate from Upazilla Nirbahi Officer (UNO) or District Commissioner. Therefore we had to wait for some months to get permission from NGO-AB to receive the second 50% fund from Niketan. We had to continue the program without financial input and therefore parts of the projects like trainings implementation were delayed.

FINANCIAL JUSTIFICATION

The financial justification is included in the excel sheet.

A summary of our donations spend to DRRA:

Date	Euro	Rate	Taka
11-03	43.836	94,3	4.135.514
20-05	37.603	90,7	3.413.957
26-11	47.232	99,3	4.691.025
15-12	38.476	101,2	3.893.461

COVERAGE OVERVIEW

