Annual report 2024


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General data

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Registration number Chamber of Commerce	27173896
ANBI status	since 1 January 2008
CBF quality mark	since 1 August 2017
Date of incorporation	6 August 1998
Registered office	Pijnacker

Colophon

The annual report is written by:
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Content

Love, care, appropriate education, information provision, apprenticeship pathways and the promotion of behavioral change are essential elements of our approach, to give children and young people with disabilities a full place in society.

Our approach gives children a better self-image, creates a connection between child and environment and brings about a more involved government.

In 2024, we put a smile on the faces of 489 children with disabilities and their families, and supported them in taking a step toward a better future.

We would like to thank our corporate and private donors, and volunteers for their support in 2024.

Legal form: In the Netherlands: foundation with a board. Partner organization in Bangladesh: NGO with an executive committee.

Origin: Private initiative
(Antoinette Termoshuizen)

Registration:
Chamber of Commerce : 27173896
ANBI status (public benefit organization) : 807284427
CBF Recognized Charitable Organization

Distinguishing characteristics: Specific target group: children and young people with complex disabilities in Bangladesh. Knowledge organization in the field of providing holistic care for people with complex disabilities in Bangladesh.

Programs:

Early intervention :Offer parents support and advice when they think there could be problems in their young child's development.

Education : Provide a challenging learning environment that is based on opportunities and takes the disability into account.

Paramedical care: Provide care aimed at improving the functioning of the body, providing aids and adaptations.

Socialization: Actively promote and encourage the participation of children and young people with disabilities in society.

Nutrition: Raise parents' awareness of healthy eating and the prevention of underweight and nutrition-related complications.

Project-based: The projects are operationally managed by the NGO DRRA and are directed, supported and knowledge is provided from the Netherlands by the Niketan foundation.

Fundraising:

Total	Cost B&A
2019 : € 206.563	2019 : 3,7 %
2020 : € 248.681	2020 : 2,5 %
2021 : € 221.797	2021 : 4,3 %
2022 : € 202.814	2022 : 6 %
2023 : € 179.787	2023 : 6,6 %
2024 : € 171.421	2024 : 6,8 %

Operational costs: Project costs € 146.130 in 2024, capacity building and implementation costs € 21.353 in 2024

Financial audit: BAKKER accountants & adviseurs, Hendrik Ido Ambaccht

Term: As long as foreign support is needed in Bangladesh to permanently embed care for people with complex disabilities in government and society.

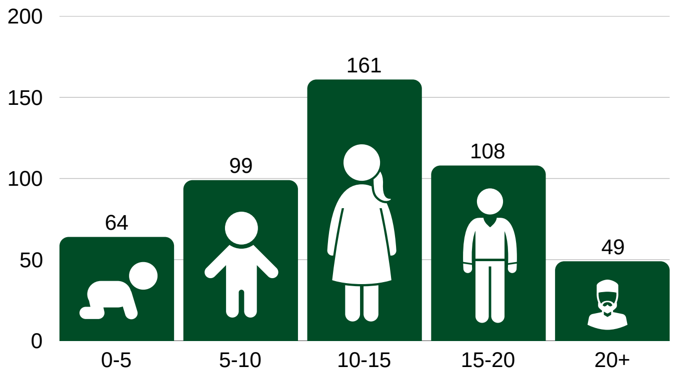
Membership of sector organizations: Partin, a sector organization for small charities in the field of international cooperation and development, and Goede Doelen Nederland, a sector organization for registered charities based in the Netherlands

Social relevance: Helping people with intellectual and multiple disabilities in Bangladesh is often seen as too complex by international NGOs. Private organizations and national NGOs are often better able to provide this target group with access to aid and hold the government and international aid organizations accountable for this. Because, as in all countries, it is ultimately a task of the government, together with various other parties, to ensure a safe environment for vulnerable children.

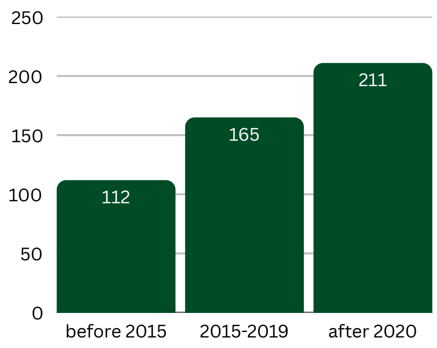
Family members who received support

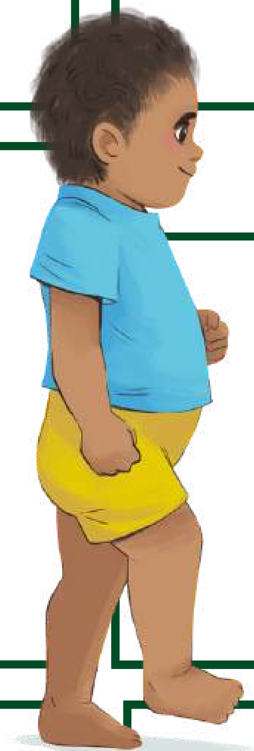
2.413

Age children



Support since:





2024 AT A GLANCE

175

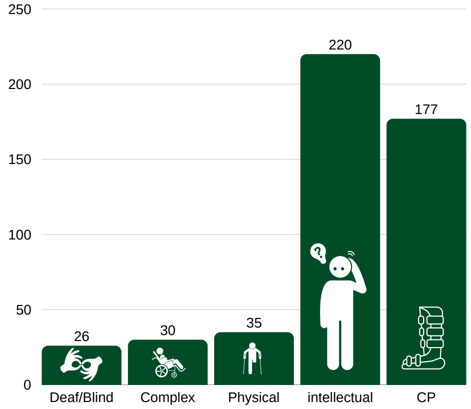
aantal dorpen / communities

489

villages / communities

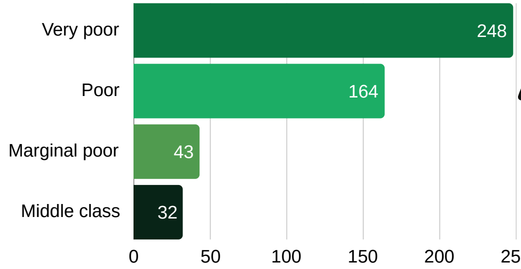
297 **192**

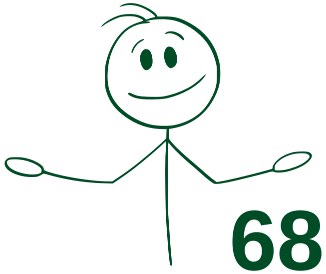
Disabilities



Cost per program part per child

Children growing up in poverty





68

children welcomed in the program

46

children left the program.

Foreword

2024 was another difficult year. Conflicts continued to escalate around the world: in Gaza, Ukraine, Myanmar and countless other countries. In Bangladesh, a new crisis emerged; after a student uprising that claimed many lives, the government fell and Sheikh Hasina fled to India on August 5. She has been replaced by a provisional government led by Mohammed Yunus, an internationally renowned development economist and Nobel Prize winner, who is tasked with preparing the country for new elections. Although the situation has calmed down for the time being, the future remains uncertain.

The election results, both in the Netherlands and in the United States, offered little hope that the international situation would improve. International solidarity is under pressure, and increasing conflicts and political instability are primarily affecting the most vulnerable people. The rich are getting richer and the poor poorer. Nevertheless, Niketan is proving at the local level that change is possible by putting children at the center and ensuring they have optimal social connections within their local environment.

Thanks to the financial support of many donors, foundations and equity funds, and thanks to the dedication of volunteers in the Netherlands and Bangladesh — many of whom have been involved in our work for many years — we have been able to continue our mission.

The informal care program, with its veranda schools, has been expanded, while we have also been able to conclude our support for a number of schools due to their success. We have also successfully continued the education program. In addition, we have continued to develop our platform Shokkhom (https://shokkhom.com), which allows us to give groups that lack professional support access to knowledge and expertise. Due to the political instability, progress on institutionally embedding local management is still insufficient, but we will take further steps in this regard as soon as the situation allows.

A special highlight this year was a big celebration lasting several days, which involved not only all employees and many board members from Bangladesh, but also several Dutch board members. Together with our teams, we celebrated the successes in Bangladesh.

After ten years, I'm stepping down as Niketan's President. Over the past years, I have greatly enjoyed working with the board, my colleagues in Bangladesh and the volunteers. I have enormous respect for Antoinette, who has been committed heart and soul to the most vulnerable children for more than 30 years. I'm passing on my responsibilities with confidence to board member Mahamuda Rahman, who was born and raised in Bangladesh and now lives and works in the Netherlands, making her an ideal President to give further shape to the continuity of our work in Bangladesh.

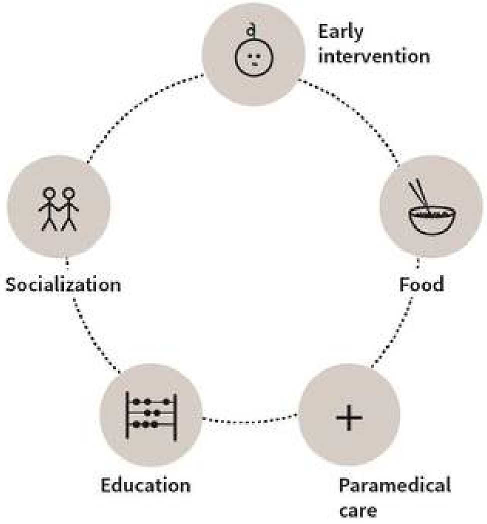
Rutger-Jan Schoen, President


25

Our dream and approach

We strive to create an equal opportunity society in Bangladesh where children and young people with intellectual and/or multiple disabilities are accepted and can develop to their full potential because they receive the care and education they need and thus gain self-confidence and as much independence as possible.

Niketan takes the individual needs of each child and his/her family as its starting point. Niketan supports the children and gives them space to develop at their own pace. We provide the children with education, a nutritious meal and paramedical care. As they get older, we continue to monitor them and adjust our support to meet their changing needs. We help them communicate better, stand up for themselves and develop their talents to the fullest. We help family, caregivers and teachers understand what the child's needs are and how to deal with them. Niketan thus demonstrates how children with complex disabilities in Bangladesh can receive optimal support and care despite the circumstances in which they grow up.



'Increasing our impact can only be done through wide-ranging cooperation with all parties: children/young people, their (grand)parents, their living environment, teachers, other NGOs and the different levels of government'

25th anniversary

Finally, with a year's delay due to political unrest, we were able to celebrate Niketan and DRRA's 25th anniversary with our children and their parents, staff and their families. Some of Niketan's donors and board members also joined us for the celebrations.

The first day was dedicated to speeches. We were honored to receive our new Dutch Ambassador André Carstens and the Manikganj District Commissioner. The important role of long-term partnerships in promoting sustainable development in the communities was discussed. Antoinette (Niketan's founder) thanked DRRA's staff and director Farida Yesmin for their dedication and friendship. Some staff and volunteers have been working with Niketan for 25 years, so they were given special recognition.

The celebrations also included a three-day funfair for all our children, with a carousel, a mini Ferris wheel, a swing boat, various dance and singing performances, and a good lunch with chicken. There were games for every target group, such as who could crawl the fastest, collect the most balls in a bucket, who's the best at the traditional Dutch games koekhappen and spijkerpoepen, and who could keep their balloon from popping the longest. There was laughter, selfies were taken, and there was dancing and singing.

"Three days of celebrations with beautiful speeches, wonderful performances by the children, a real funfair and fun games. And all of this took place in a beautifully decorated marquee. What I won't forget is the happy smiles on the children's faces. Many thanks for allowing me to be a part of this". – Lenie Riegen, donor

"I have never been so happy and proud. I danced on a big stage, I sat in a big swing boat and even though I got a little dizzy I kept going in it with my girlfriends. It was safe there and there were no boys bothering us. I enjoyed it so much! I want to go to the funfair again". - Srabonti Rajbongshi (13), girl with an intellectual disability

"I enjoyed the various attractions, such as the merry-go-round, Ferris wheel and swing boat. It was my very first time. Because whenever there is a funfair in my village, it is too expensive or I cannot enjoy those attractions because of my disability. I have never had such fun. I took part in dancing on the stage and won a prize in the cake eating game. It was great". - Afsharul Islam Tamim (8), boy with cerebral palsy

"It was a special, fun and joyful day for the children with disabilities. I don't normally get the chance to go to events like this with my grandson. So I'm grateful to DRRA and Niketan for organizing this fair. As far as I'm concerned, it may be organized every year". - Grandmother of Kawsher (8), boy with cerebral palsy

Partnership with DRRA

Disabled Rehabilitation and Research Association (DRRA) is the partner/executive party of a large number of Niketan's projects. It provides qualitative and quantitative care to children with motor, intellectual and multiple disabilities in rural and urban areas of Bangladesh. Niketan is co-owner, facilitator (financial resources and knowledge), supporter (monitoring, evaluation, strategic planning) and quality assurer of the projects. Existing DRRA projects are supported with funds. Niketan also shares knowledge and experience with DRRA as further professional training for their employees and to put the children with their different needs at the center of all their activities.
DRRA also carries out projects for other donors and can thus gain and contribute more knowledge and reduce its overhead costs.

Niketan helps DRRA adapt to the changing context. DRRA is one of the key partners in getting the government more and more involved and getting it to take its responsibility for disability care in Bangladesh.

Niketan influences the following sustainable development goals:

1 Families of children with disabilities have access to basic services and economic resources.

3 Children with disabilities have access to healthcare and rehabilitation. There is love and attention.

4 Children with disabilities can learn together with other children in school in their own community.

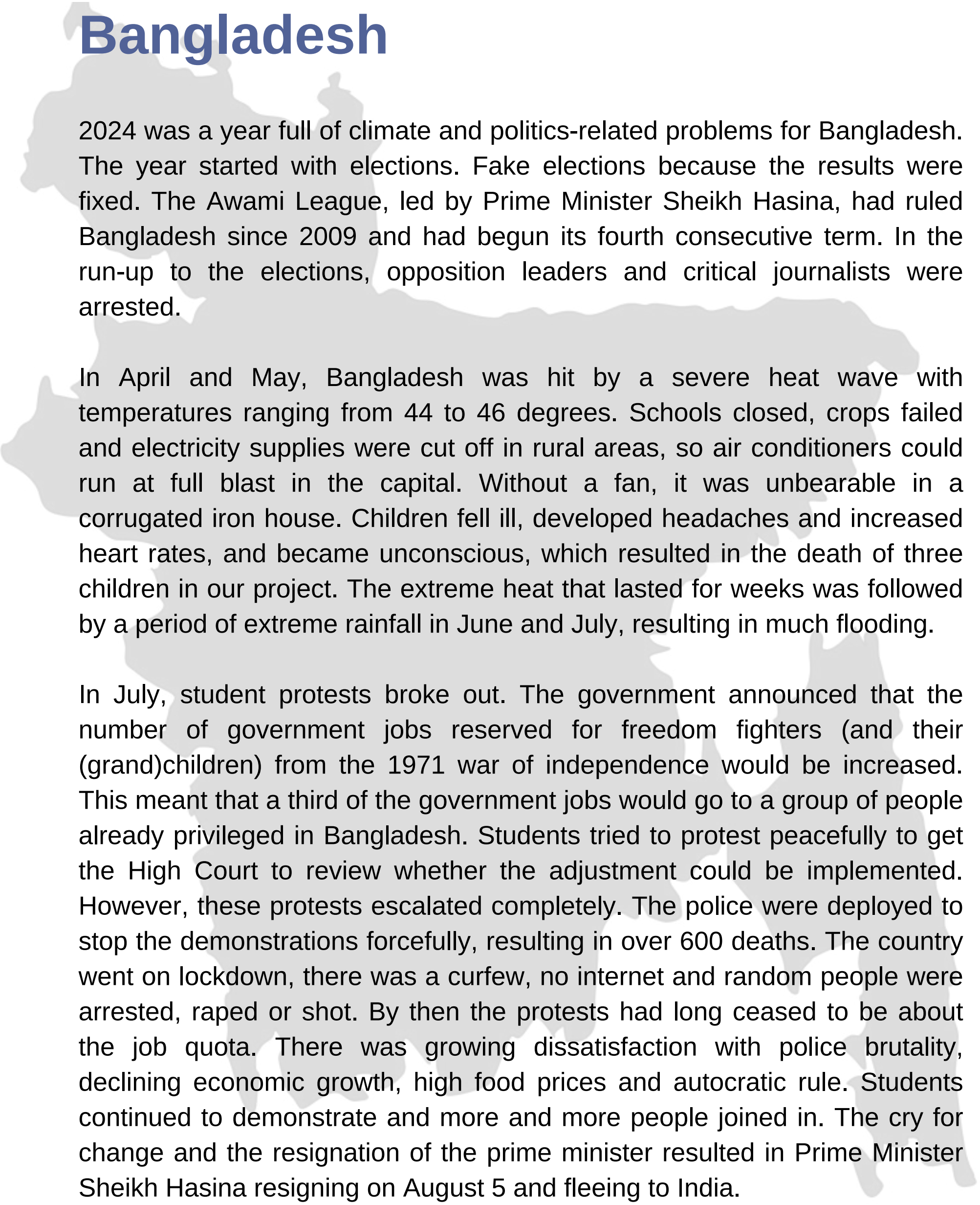
5 Boys and girls with disabilities have equal rights and opportunities.

8 Young people with disabilities have access to vocational education.

10 Children and young people with disabilities have equal opportunities and are involved in all aspects of society.

17 We collaborate with partners and organizations to make our results for children with disabilities sustainable.

Niketan in Bangladesh



Bangladesh

2024 was a year full of climate and politics-related problems for Bangladesh. The year started with elections. Fake elections because the results were fixed. The Awami League, led by Prime Minister Sheikh Hasina, had ruled Bangladesh since 2009 and had begun its fourth consecutive term. In the run-up to the elections, opposition leaders and critical journalists were arrested.

In April and May, Bangladesh was hit by a severe heat wave with temperatures ranging from 44 to 46 degrees. Schools closed, crops failed and electricity supplies were cut off in rural areas, so air conditioners could run at full blast in the capital. Without a fan, it was unbearable in a corrugated iron house. Children fell ill, developed headaches and increased heart rates, and became unconscious, which resulted in the death of three children in our project. The extreme heat that lasted for weeks was followed by a period of extreme rainfall in June and July, resulting in much flooding.

In July, student protests broke out. The government announced that the number of government jobs reserved for freedom fighters (and their (grand)children) from the 1971 war of independence would be increased. This meant that a third of the government jobs would go to a group of people already privileged in Bangladesh. Students tried to protest peacefully to get the High Court to review whether the adjustment could be implemented. However, these protests escalated completely. The police were deployed to stop the demonstrations forcefully, resulting in over 600 deaths. The country went on lockdown, there was a curfew, no internet and random people were arrested, raped or shot. By then the protests had long ceased to be about the job quota. There was growing dissatisfaction with police brutality, declining economic growth, high food prices and autocratic rule. Students continued to demonstrate and more and more people joined in. The cry for change and the resignation of the prime minister resulted in Prime Minister Sheikh Hasina resigning on August 5 and fleeing to India.

With a provisional government in place, the situation has calmed down somewhat, but the country has collapsed financially like a house of cards. Hasina's regime had squirreled away billions, which had been earned through stock market fraud and drug trafficking. The country's economic growth was based on lies. It is completely unclear which way things will go in Bangladesh. Things do seem to be taking a more conservative turn and the strict Islamic party Jamaat is trying to gain power.

Project area

Bangladesh is divided into 64 districts. Niketan operates mainly in the rural district of Manikganj. Manikganj is divided into 7 upazilas (subdistricts), 65 union parishads and 1643 villages. Most of Niketan's activities take place in the upazilas Ghior and Daulatpur. The 489 children supported in Manikganj live across 175 villages in 34 union parishads. Since 2020, we have also supported 7 children in 6 villages in the district of Tangail. These are villages adjacent to the upazila Daulatpur.

A Union Parishad (UP) is the smallest administrative and local government unit in Bangladesh

In remembrance:

Ashraful had a muscle disorder and lived with his extremely poor parents in a simple hut on the riverbed. As a child he attended school in Ghior, but when walking became increasingly difficult, he was given a wheelchair and a teacher visited him at home every week. His only outing was the tea shop near the market, where if he was lucky, someone always offered him a cup of tea. One day in October that fun outing ended dramatically. Out of nowhere, a group of young people threw hydrochloric acid on his leg, which gave him severe third-degree burns. Why? "He's disabled and poor, why does he get to hang out at the tea shop!" His mother had to stop working to care for him, which led to even bigger problems for the family. There was no more money for food, let alone for the expensive treatment of Ashraful's burns. Niketan paid for the medication and bandages, and with local donations we were able to make sure that they had enough to eat. Slowly he was doing a little better. Unfortunately, no one paid attention to the potential damage done to his organs. Ashraful died when his lungs stopped functioning. He was only 19 years old.

Care and education

Niketan has been providing care and education to children with disabilities since 1995. At the time there was a lot of shame and stigmatization, and unfortunately this has hardly changed in all these years. As a result, many parents and children still have fewer social contacts and face more loneliness.

Central to our care and education program is the creation of a safe environment in which children can develop to their full potential. In a country where parenting techniques consist of corporal punishment and verbal abuse, it is important to create an environment where children are seen, heard and respected. We therefore focus not only on the child, but on the entire family. To this day, teaching different parenting techniques remains an important central aspect of our work.

Early intervention and children with complex care needs

Our early intervention program is designed for parents who suspect their child aged 0 to 5 has developmental problems and for parents who feel that something is wrong with their child, but do not know exactly what. The early intervention program has a regional focus and works closely with local health centers.

In the early intervention program, parents learn how to encourage and support their child. We offer the children physical therapy and have an activity program aimed at improving their development. It is a program of hope. We see that when children show progress in physical and social development, as well as in language and cognitive skills, parents are motivated to continue the intensive exercises with their child. When parents need less time for daily caregiving, they can use that time to work in the fields, go to the market or socialize.

When children turn 6 they move on to our care-development group, special education or mainstream education.

In our centers, children are assigned to groups according to care intensity and care needs. Children with complex care needs come to our care-development groups three days a week. This involves 30 children with intellectual and often multiple disabilities, either physical, behavioral or a combination of these. Activities focus on gaining new experiences and stimulating the senses and motor skills. To optimally activate the senses, the multisensory room was renovated in 2024. By selectively stimulating the senses, the children learn to express their emotions and feelings.

Alif Mondol is 10 years old and has epilepsy in addition to severe spastic paralysis. Together with his parents and sister, he lives in a small corrugated iron house, which you can only get to on foot. After he was born, his parents soon realized that there was something seriously wrong with their son. A doctor in Dhaka recommended surgery and a neurologist in Manikganj recommended medication, but due to limited financial resources, this was not an option for them. However, they remained determined to help their son. One day they heard about DRRA/Niketan and Alif was admitted to the care-education group. They received financial support to buy medication and a custom chair so Alif could sit better, reducing drooling and improving hygiene. In terms of development, Alif is at 3-4 months, using his body to communicate his basic needs. Both parents attended all the training that could help them make Alif's life better and more enjoyable. Every little step in his development is celebrated. In addition, his mother now works for BanglaMa and this income allows them to give their son better nutrition.

"Alif Mondol's story is a testament to the power of professional intervention, parental dedication and community support. Thanks to DRRA and Niketan, Alif has made meaningful progress and despite setbacks his family has found hope". – Nizam Uddin, project manager.

The children's development

To better understand how the children are developing we measure their milestones. For the children in our early intervention program and the children with complex care needs, we measure developmental milestones from 3 months to the age of 5, which reveals whether the children are 'on track' in terms of calendar age and development, or whether there is disharmony. Teachers/therapists can also use this to set learning goals and give parents insight into their son/daughter's development.

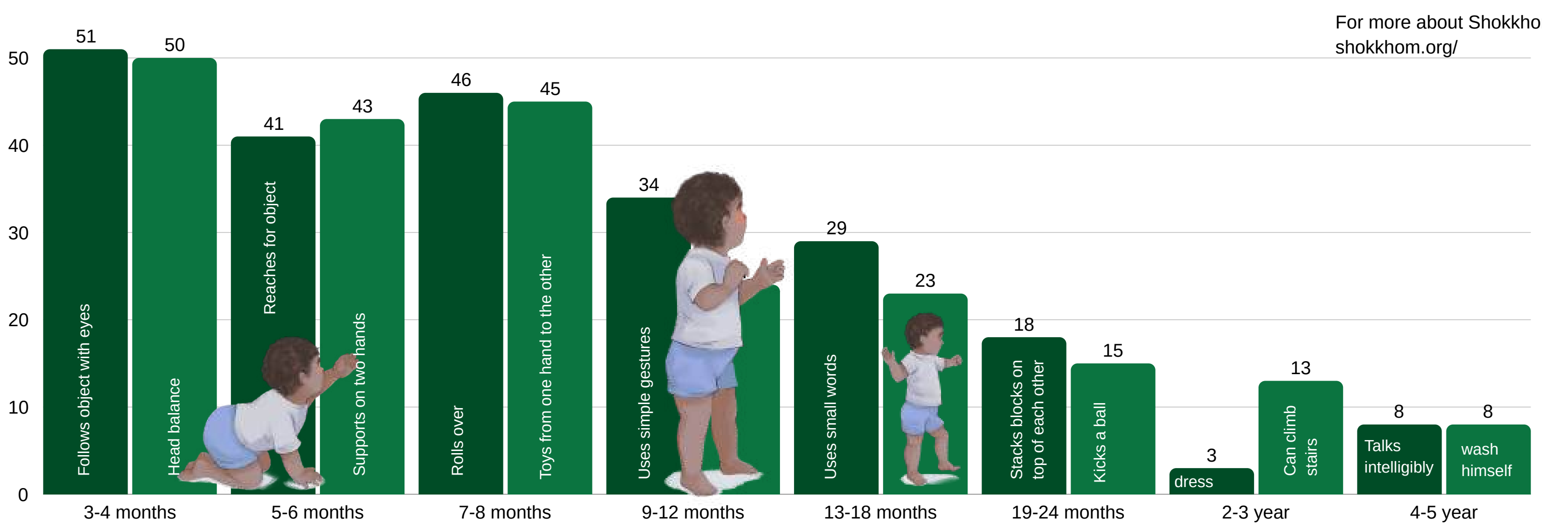
Results

It is clear that we can divide the target group into two categories. A very small target group that is reasonably harmonious in terms of calendar age and development and that we expect to be able to move on to our special education and then mainstream education.

And a large target group of children who, due to the complexity of their disabilities, show a very disharmonious profile. These children will eventually move on to our care-development group or to care and support in the home environment.

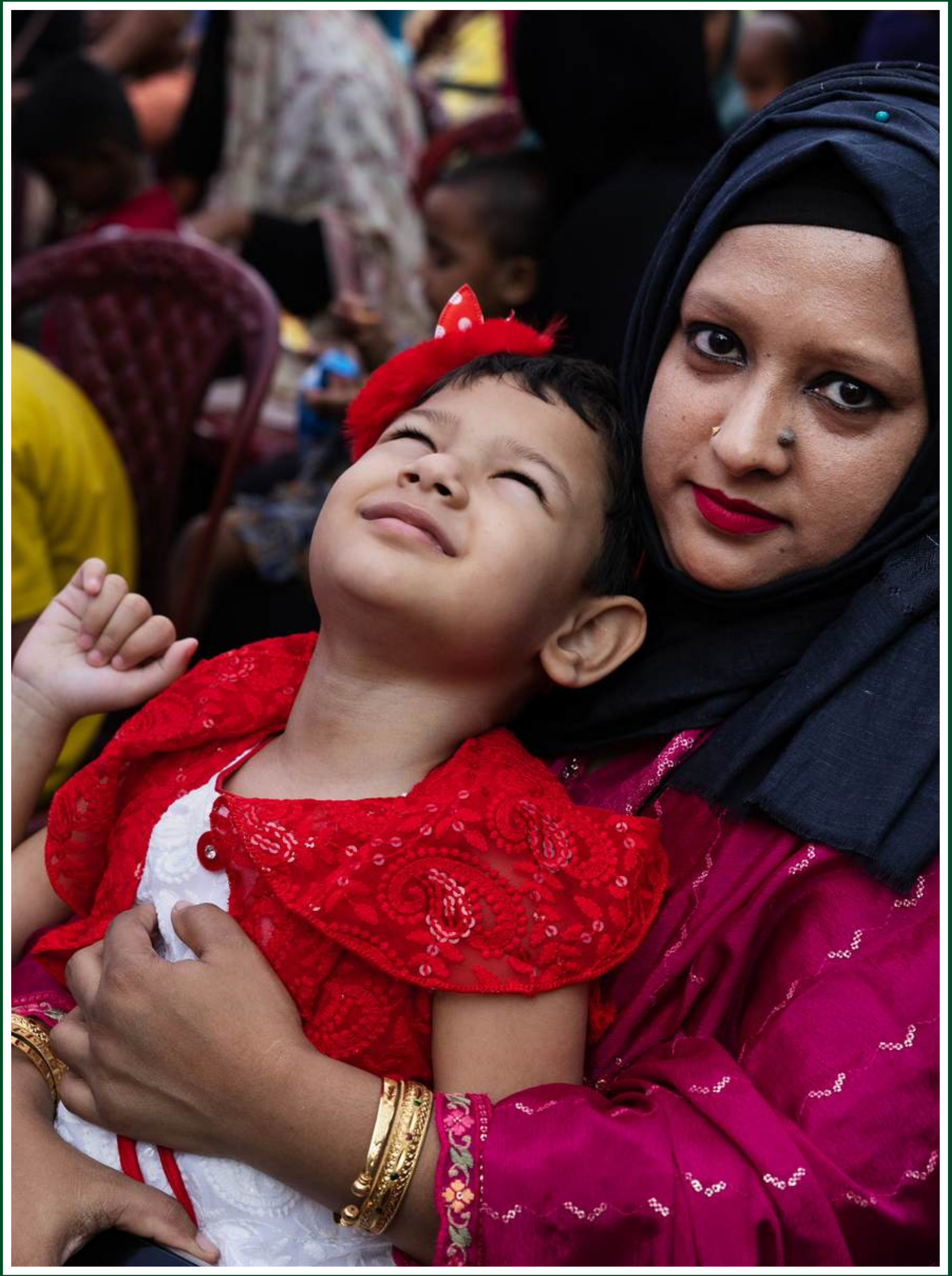
> ***"I have already learned a lot here and try to apply everything I learn at home. If I can't remember something, I look it up on the Shokkhom app. My son is improving and I feel heard and seen as a parent. That's very different compared to government health centers, where you are sent from pillar to post".***
> *– Aklima Akter, mother*

For more about Shokkhom see page 38 or go to https://shokkhom.org/



“My daughter Dewan Alifa (4) has epilepsy and spastic paralysis. For her treatment, I went to several doctors, even in India. I was prescribed lots of medicines but these did not make my daughter better. None of these doctors recommended physical therapy and other therapeutic interventions. Eventually, I heard about DRRA’s early intervention program through word of mouth. I now come here regularly and I’m so happy to see my daughter develop. I never dreamed that my daughter would be able to lie down and then sit up independently, let alone that she can now stand with support. She has begun to babble and sometimes says intelligible words. Her developmental level is now comparable to a one-year-old child, but she’s still making significant progress. I’m so proud of her”. – Mokseda, mother.

‘I am so happy to see my daughter's development’



Special education

In the Manikganj district in the villages of Ghior and Baniajuri, we provide special education to children aged 5 to 15 six days a week. The children are offered thematic teaching and learning activities. The schools consist of various classes according to the level and disability of the children. There is a structure class for children with autism, there are preparatory school classes for children with mild intellectual or physical disabilities who can move on to mainstream education, and there is also a class for adolescents in preparation for vocational education.

Because in Bangladesh all private, preschool and government schools use a school uniform, the parents wanted their children in special education to wear a school uniform as well, a wish that was shared by the children themselves. This was believed to have a positive impact on the children, the families they grow up in and the community. In addition to school uniforms, the children received shoes, a backpack and an ID card. The children are very proud of their uniforms and enjoy coming to school even more. The uniform creates equality, it inspires and motivates.

The various special education classes are offered three days a week and thanks to the unique cooperation with forty mainstream schools children are also able to attend three days of mainstream education. This opens up a new world for them and enables the development of social relationships and interaction with peers who do not have disabilities. Respect and understanding grow when pupils of different abilities and backgrounds play, socialize and learn together (see also page 36).

"I like going to special education, where I sing and play with my friends. It makes me happy that I have friends and can play with them. At home I often feel lonely because I don't have friends there to play and chat with". - Samiul Islam (9)

Community schools

To meet the wishes of parents to start several special education schools, we have run community schools in Narshi and Daulatpur for two years now. Both schools offering special education are open three days a week and are attended by 25 students. These schools are supported by the community, which provides the basic services needed.

For several years, our partner organization DRRA has been trying to let the special schools fall under the responsibility of the government. With the departure of Sheikh Hasina's regime and the arrival of a provisional government, we fear that it may take years before new relations are built and education for children with disabilities is back on the agenda.

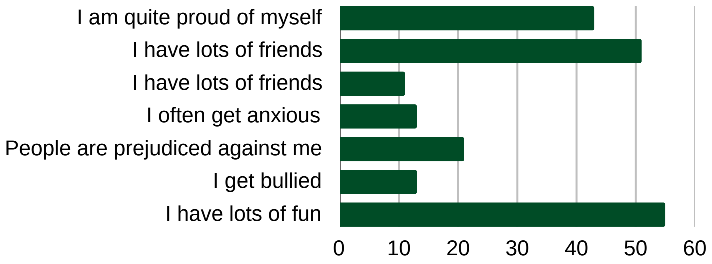
“Every month we organize a kishuri party and cook together with the children. Each child brings vegetables or herbs from home. The children get to help cut and wash the vegetables, light the fire and stir the vegetables in the pan. In doing so, the children learn important skills such as naming vegetables and herbs, cutting them, as well as communicating, working together and waiting your turn. But above all, it is a festive activity that we always conclude with a delicious meal we eat together, and with singing and dancing”. – Kolpona, teacher

‘Cooking together is a very enjoyable experience’

How happy are our children?

Using Children's Rights Director's Children's Happiness Scale, we once again asked 55 children in special education to answer yes or no to about 20 statements to gain insight into how happy they feel or do not feel. The highest possible score is 4.25 and the lowest is 1.68. A score of 2.88 is considered the average score by researchers. Almost all our children score slightly above average, at 3.13.

Below are a few of the statements that have been selected to illustrate the actual scores.



Compared to last year, the children are more proud of themselves, have more friends and more fun. The teachers also say they enjoy going to work, giving it an 8 on average. Their happiness is mainly derived from achieving goals with the children. Something that Niketan can improve, according to the teachers, is to get back to providing more substantive training.

"I had taught the children a new rhyme, making sounds and gestures. Two days later, I asked my pupils if they remembered the rhyme. Yeasin immediately started telling the rhyme using the same gestures and sounds. I was so proud".- Jenia, teacher.

The children's development

We also want to better understand how the children in special education are developing, so we also measure the milestones of the children aged 5 to 8 to see if they are 'on track' in terms of calendar age and development, or if there is disharmony. We chose to go up to a developmental age of 8, because when children master the skills of an 8-year-old they can often move on to mainstream education. Teachers/therapists can also use this to set learning goals and give parents insight into their son/daughter's development.

Some skills of 82 children with calendar ages ranging from 5 to 21.

Drawing
Reading/writing
Counting
Social/emotional skills
General skills

Skills	5-6 year		6-7 year		8 year	
Drawing	Makes a simple drawing	39	Draws a person with 8 body parts	17	Draws a person with 16 body parts	2
Reading/writing	Can write a 3-letter word	37	Can write his name	35	Can read a simple sentence	10
Counting	Understands numbers	43	Can count back 3 numbers	18	Can count skipping every other number	15
EQ	Can focus on a task	51	Understands the feelings of others	53	Likes to surround himself with friends	66
General skills	Can jump with two legs	51	Can tell time	23	Knows the days of the week	24

Chaima (14) is a social and friendly girl with cerebral palsy, hearing problems and a developmental delay. She lives on a char (sandbar in the river) and has been attending special education in Ghior for 5 years. Her father earns his money as a rickshaw driver and her mother earns some extra income with her work for BanglaMa. Since Chaima has been in school, both she and her family have been progressing gradually. Chaima has become less shy and has made friends at school. She enjoys role-playing games, drawing and coloring. Like a real adolescent, she gossips and dances with her classmates at school. She loves doing puzzles and takes pride in being able to write short words. Because of problems with her oral motor skills, she sometimes drools and is shy to talk, but there is improvement, and at home and at school she communicates with supportive signs. Thanks to several courses at her school, her mother learned sign language and there are fewer frustrations at home. Through family development training, the family is better able to set priorities and save money. There are worries too; Chaima's mother worries about her future, because who wants to marry her daughter?

'Who wants to marry my daugther'

Informal care

Our informal care program is a unique and alternative care-education approach for children with disabilities. It involves informal care in communities where people are poor and do not have access to healthcare. Communities where children with disabilities would otherwise be excluded from care and education. In these communities, we organize weekly care and education on a community member's veranda. This can be a parent, but also a neighboring family, a teacher or a police officer. They provide the use of a toilet, mats, cups and a part of the yard to play on. We see that this gets the community involved in caring for children with disabilities. The children are not taken away from their homes, but grow up in their own families and communities.

In June 2024, because of its success, we were able to close one of our veranda schools and open a new one. The children who attended the now closed veranda school no longer need support. Some have learned to walk, while other children's motor skills have improved and/or their activities of daily living skills. Most of the children have been admitted to mainstream primary education. The new veranda school was started in Bonna near a riverbed and the Bonna Vanga char, in order to be able to support children living there as well.

The informal care program has grown organically over the years. There are now 19 veranda schools and we involve more and more community groups in our program. We work with pharmacists and staff at local health centers as well as with mainstream schools. Parent groups are 'the voice of children with disabilities' and operate as activists who seriously lobby for inclusion and better services for children with disabilities.

"To be honest, at first I didn't believe in the services of the veranda school, but I thought it wouldn't hurt to give it a try. Contrary to my expectations, my son has improved his physical, communication and cognitive skills. He has learned to do his own personal care, he can count and has become much more social. He plays with other children, and he has received an ID card and even disability benefits. We are very happy and grateful". - Nasma Akter (39) mother of Raju (11) boy with Down Syndrome

In the hospital in Daulatpur, we run a small rehabilitation unit three days a week. Besides caring for 32 children, because of the visibility in the hospital, we also receive more and more patients (31) who need care because of a stroke. In hospitals in Bangladesh, rehabilitation care such as physical or occupational therapy is not provided. For a small fee, the physical therapist provides care to these patients. Organizing care in the hospital is also beneficial for our children, who for example, get medication for free when they are ill and do not have to pay for doctor's visits.

"My name is Joba and I'm Jannati's volunteer. Jannati and I live in the same village. She has spastic paralysis and a developmental delay. She is 14 years old. Because I live nearby, I visit her regularly and I also look after her when her mother has to go out for a while. I became a volunteer because I noticed that nobody spoke to Jannati and the villagers ignored her. I could imagine how lonely that must be for Jannati and her mother. The first few times I was alone with Jannati, I didn't know what to do. I thought I had to teach her to read and write, but Jannati didn't want to cooperate. She wanted to play. So I started playing with her and we had so much fun together, which I'll never forget. I don't have much time because of my studies, otherwise I would visit Jannati more often. It would be great if we could involve the community more in the lives of children with disabilities. There needs to be more awareness. I don't know how, but I definitely want to work toward that".

'We have a lot of
fun together'

Volunteers

Our 120 volunteers play an important role in raising awareness in the community. Whereas in the past many people thought they themselves would become ‘possessed’ when they came in contact with people with disabilities, the volunteers proved the opposite. The volunteers (mostly high school and college students) spend one to two hours a week with a child with a disability. They play with the child, relieve the mother and support the family. Because of the volunteers’ weekly visits, we see that parents begin to take better care of their child. The volunteers also take the children outside, allowing them to meet other people. This helps reduce negative stigmatization for the entire family. In addition, 11 volunteers are closely involved in running the veranda schools, of which there are now 19. In 2025, 10 volunteers will read inclusive stories to children in various villages to raise their awareness of diversity.

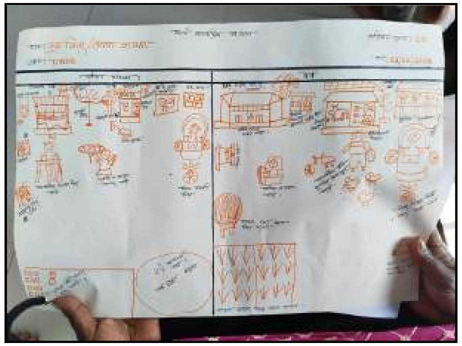
Practical assistance at home

In addition to the 19 veranda schools, we also provide practical assistance at home to 75 children. These are children who attend mainstream education and only need physical therapy, children with complex disabilities who no longer attend a school or veranda school, and children who are temporarily unable to attend school due to family circumstances. The care is practical, focused on what the child and family need in the home situation.

Supporting families

The external review (CBR 2023) has shown that the child-family oriented approach is what makes our informal care program successful. Niketan has therefore decided to continue to invest in this and to further strengthen families. We do this by offering training aimed at parents learning how to interact with and care for their child, but also by offering a series of training sessions in which parents learn to express their dreams and we help them take control. This can be done by giving them a small amount of starting capital, but also by helping them make better use of the money and resources they already have.

Economic security reduces stress and problems and allows parents to take better care of their families. But how do you get more economic security? In 2024, Niketan organized family development training with the NGO Dipshika, in which 20 sets of parents learned that by taking simple daily steps, dreams can be within reach. These were parents classified by Dipshika as ‘poor’ and ‘extremely poor’, i.e. sets of parents who cannot afford two meals a day.



The parents learned how to gain insight into the financial situation of their household and which daily or weekly expenses were unnecessary. If you set aside the money you use for gambling or stimulants every day, how much would you save per week, per month and per year? And what could you do with that money?

Dreams were drawn out and expressed. The future suddenly did not seem so far away. It was wonderful to see the sets of parents becoming increasingly enthusiastic and cheerful as the training progressed. DRRA followed up on and discussed the step-by-step plans with the parents at their homes and will continue to do so. As additional encouragement to make a step in the right direction, all sets of parents received about 100 euros.

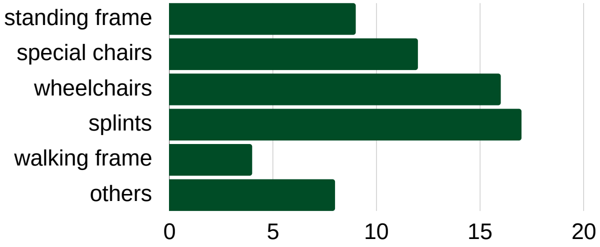
Al-Amin (10) has cerebral palsy and lives in the village of Charmotto in Zaigur union. It takes several hours by car to get to good healthcare. He was born prematurely and developed jaundice right after he was born. He also developed epilepsy. When his parents noticed that Al-Amin was not developing like their daughter, they visited several quacks, but to no avail. The parents could not afford to visit a real doctor. They are extremely poor. His father hauls bricks for construction, working an average of 6 months a year, and his mother is a housewife and mainly takes care of Al-Amin. Both parents have no education and at first did not know what to do with Al-Amin. Through word of mouth they heard about Niketan's early intervention program. Al-Amin was 4 years old and could not yet sit independently. Now more than 6 years later, Al-Amin can walk with the help of a walker and attends the care-education group. He enjoys coming and playing with his friends with blocks and cars. His mother got the opportunity to work for BanglaMa and attended family development training with her husband in 2024. Thanks to the training and the financial support they received, the family was able to buy ducks, whose eggs they now sell at the market. The family has high hopes for a more carefree future.

'We have high hopes for a carefree future'

Aids and medication

Aids can be essential to the development of children with disabilities. When you can stand, you stimulate bone formation, growth, metabolism and circulation. It strengthens muscles, promotes breathing and improves digestion. Standing upright gives a different view of the world and allows a child to play at eye level with other children. Corner chairs are perfect for children who may need head, trunk and pelvic support to achieve a good sitting posture.

In 2024, the following aids were distributed to children.



70

children received medication for epilepsy and/or reflux problems.

Nutrition

For children with neurological disorders (such as those with spastic paralysis or autism), eating and drinking can be a huge challenge for the child and their parents, which can sometimes lead to frustration and a refusal to eat. Children with spastic paralysis are more likely to suffer from additional problems such as reflux or constipation. Children with autism often process stimuli in a different way than children without autism do. This processing of stimuli often plays a major role in eating problems. For example, being picky about food can cause a child with autism to structurally eat too little or too one-sidedly. We teach parents to recognize and interpret the signs in time and offer them tools to deal with them better.

In all our centers, we provide **116** children with a healthy meal or snack. This contributes to improving the children’s wellbeing and ability to learn. Healthy and happy children learn better and are more likely to lead healthy and fulfilling lives, while poor nutrition leads to more physical as well as cognitive developmental delays. We remind parents and caregivers of the importance of healthy nutrition for their children and themselves.

“My son Binoy Sarkar (6) is a bright and cheerful boy with Down syndrome. Before he went to special education, he ate only liquid food, but now he has made remarkable progress in this respect. At school, he has learnt to try and enjoy things with his classmates. It is extraordinary to see him looking forward to going to school and eating there. He loves to dance and is good at reciting rhymes. His development and enthusiasm fills the hearts of my husband and I with happiness. We are really proud of his progress and grateful for the support and care he receives at school”. - Bimola Sarkar, mother

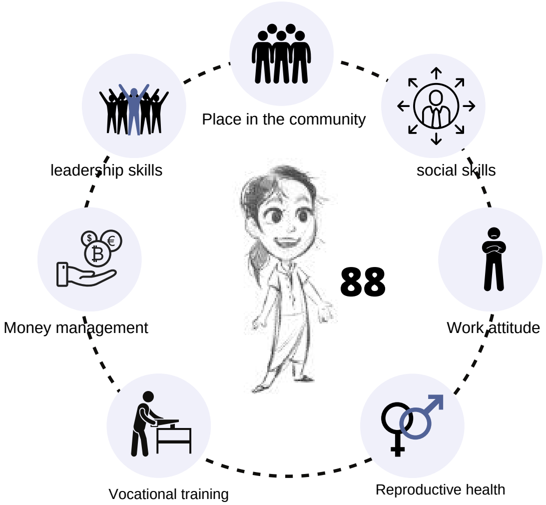
Sumi (14) has an auditory disability and communicates by signing. She came to the early intervention program as a 4-year-old and then moved on to special education. She can draw beautifully and has won several local awards with her talent. Sumi also attends mainstream education for three days a week where she tries to keep up with classes. Because she grew up in a non-sign language environment, her cognitive skills unfortunately lag behind her calendar age. That's why she doesn't have friends in elementary school, but fortunately, she does have them in special education, where there are several children with auditory disabilities. Together they sit outside and 'gossip' about the teachers and other children, and play a game of badminton. Sumi also enjoys the hands-on lessons and likes to help out. For example, she helps with cooking and serves the lunches she helped make to the others at school.

'I love being able to gossip with friends in sign language'

Lifelong learning

The lifelong learning curriculum is for young people (boys and girls) over the age of 13, with varying intellectual levels, from normally gifted (with physical disabilities) to light and mild intellectual disabilities. Many of these young people have had negative or unpleasant experiences and thus have experienced a longing for or lack of security, appreciation and attachment. They have developed a negative self-image and often lack self-confidence. They doubt their self-worth.

To help young people see that they have much more to offer than they think and that we think they are worthwhile, we have developed several training courses: It’s My Body, in which young people receive reproductive health education, My Way to Work, which focuses on social skills and work attitude, and On My Own, in which they learn to handle money. To conclude the training program, we offer leadership training, in which young people learn more about their rights and how to take more control of their life path.



The lifelong learning training package 'The Right to Decide' consists of various modules and subject-oriented training courses and aims to help young people find a place in society.

> ***“I see the young people change the most during the It’s My Body training. At the start of the training, young people often come in shyly and with poor personal hygiene. Halfway through the training you see that they’re becoming more aware of their personal hygiene. They start to dress and wash better. At the end of the training, their self-image has changed to the point that they dress self-consciously and the girls also wear make-up. At the start, some girls come in heavily veiled and at the end they go out and about with confidence and dressed modernly”. –*** Dalima Rahman, trainer

The effect of the Right to Decide program is that in addition to gaining knowledge, the young people have become more self-assured. They have gained tools to positively change their lives. They have learned how to aim for positive experiences and have thus become more resilient and able to take the first steps toward their future.

However, interviews with parents indicate that outside pressure plays a major role in young people with disabilities’ determination how to lead their lives. Family, fellow villagers, neighbors … everyone has an opinion and influences people with disabilities and their families. It is very difficult to escape parents’ or relatives’ wishes. For example, there is pressure on boys to find work and generate income and there is pressure to marry off daughters. Although some parents know quite well that that is not the solution. In addition, there is the constant fear among parents of rape and exploitation. In Bangladesh, 84% of women have experienced sexual violence and women with disabilities are very easy victims.

Shohan is a boy with a mild intellectual disability. He came to our special education program for many years and then attended the My Way to Work training and reproductive health education classes. He now works in the restaurant of a nearby hospital, where he makes rotis and parathas. His boss is very pleased with his work attitude and the hygiene he maintains while working. Shohan works 6-hour shifts and earns about 9,000 tk (85 euros), which is a reasonably well-paid job. He lives in the hospital grounds and gets all his meals there. Shohan is bursting with self-confidence thanks to this job.

'I am super proud that I was able to find a job in the hospital'

Vocational training

In vocational education, young people work in a chain to create a product. This gives young people the opportunity to be able to work with minimum requirements in terms of skills and knowledge. It teaches them to share, take over and carry responsibilities. There is a build-up in the degree of difficulty of the work offered so that young people can continue to develop according to their work competencies. They learn to interact with colleagues and deal with authority and gain appreciation from and participate in society.

Woodworking: In the woodworking group, 8 boys are taught woodworking skills based on a three-year learning module. The boys collectively make aids such as standing tables, special chairs and walkers. Sometimes, based on their work competencies and acquired skills, the boys can advance to a workplace outside the organization.

Sewing: 14 girls come to the center in Baniajuri to learn skills such as measuring, marking off, cutting, hemming and sewing. These are skills that many girls continue to be interested in and can use to generate some income at home.

Farming: On the care farm, we grow organic vegetables and teach 10 boys to care for the livestock, which consists of sheep, ducks, chickens and a cow.

Strengthening young people

Young people with disabilities are among the most marginalized and poorest young people in the world, whose basic rights are not well met and for whom full social acceptance is often unattainable. The external evaluation (CBR 2023) of our program found that we too were not paying enough attention to young people.

In 2024, we assisted 10 young people in finding employment. These young people were known to DRRA/Niketan. As small children they often came to one of our projects and as they grew older they attended one or more training courses from our Right to Decide program. They were young people who we knew were eager to find work. After the initial selection, we met with them and their parents several times to discuss which income-generating activities would be most realistic and feasible. In September, all young people received a starting capital of 40,000 tk (€350) and were able to start their income-generating activities.

Alpona attended Niketan's Lifelong Learning training program. She learned social skills, received reproductive health education, learned more about her rights and how to handle money, after which she was ready for a new step in her life. She and her parents have now opened a small supermarket, which turns into a meeting place at night. That's when villagers gather for a cup of tea, the latest news and to watch a soap opera. Alpona has achieved her goal of an independent and self-reliant life.

“I know what extreme poverty and neglect is. For years, this was my fate. I was given nothing or hardly anything to eat and was neglected and mistreated. All that changed when Niketan came into my life. I attended all the Lifelong Learning training, dared to raise my voice against my parents and stand up for my rights. With financial support from various local organizations, our family got a new house, a well and some goats. I completed in-house training to become a seamstress, but unfortunately, because of my severe disability, they could not find me a job in the garment industry. With Niketan’s financial support, I bought my own sewing machine, some fabrics and haberdashery. Now I make clothes at home for my customers and in doing so, I have achieved my goal that I had once set as part of the leadership training: an independent and self-reliant life. I’m now appreciated and respected by my family”. - Marufa

‘I am now valued and respected by my family’

Measuring self-confidence

Using the Rosenberg Self-Esteem Scale (RSES), we measured self-confidence in 51 young people. This test consists of 5 questions focused on self-competence and 5 questions on self-esteem. The maximum score is 30 points. The average score of all these young people was 19.4, which can be seen as normal self-confidence (a score between 15 and 25 is seen as a normal level of self-confidence). The score for self-competence averaged 9.6 and self-esteem 9.8. Three young people scored just 15 and three young people only scored 13 points. At the top end were five young people with scores of 25 or higher.

We can say that in general, these young people are satisfied with their lives and feel that they have some good qualities. However, many young people feel that they have little to be really proud of and that they could actually love themselves more. Some young people with intellectual disabilities have an unrealistic self-image; they have a limited ability to reflect on reality. They feel that they have as much potential as anyone else.

👍	**46**	Young people are satisfied with their lives and believe that they have good qualities.
👎	**27**	Young people sometimes think that they are worthless.
👎	**7**	Young people still have low self-esteem.
👍	**47**	Young people are positive about their possibilities.

Afroza’s Place residential group

For 15 years, we have provided residential care for a diverse group of young people who no longer have parents or whose families cannot cope with their complex care needs. Afroza’s Place is a residential facility where young people are seen, listened to and learn important cognitive and social skills. A place where everyone learns new values about friendship, belonging and security. Over the years, the group of boys has become very caring toward each other, helping each other with all kinds of daily skills, playing a game of cricket with each other and helping the house mothers. They help with cooking and serving food. They wash their own clothes and help the farmer with tasks in the fields and on the farm.

They learn to make choices and take responsibility for them. This does not always go well. The process does not always go smoothly, something which those around them must anticipate. We support and train their parents and encourage family visits so that the young people remain part of their family.

“I’m Alamin and I’m 21 years old and as they say All Days Heavily Busy. So I have ADHD and a mild intellectual disability. I have lived at Afroza’s Place for three years and if it is up to me, I’ll never leave here. I really like it here. I learn things here that I never learned in the 18 years before I came here. I feel seen, heard and respected. That wasn’t the case at home. I always argued with everyone. With my parents, my neighbors, my cousins, you name it. I was always blamed for everything and was beaten a lot at home. Here I completed all the training, work in the fields and in the woodworking group. The most important thing I learned were the lessons from the My Way to Work training. How to ask for something, how to criticize and be criticized, and how to make friends. I’m also very proud of everything I’ve learned in the woodworking group. I can make a stool all by myself and love to help make standing tables. I’d like to learn a lot more, so like I said before, I'll never leave”.

‘I feel seen, heard and respected’

Context and society

Collaboration with society has grown organically and has been successful because we have moved along with and listened to the needs of the community, parents and children.

For several years we have been working in 19 communities. However, they have not been the same communities year after year. When our support is no longer needed in a community, we initiate a survey and discussion with the local government to see in which new community we can start to offer our services. Because Community Based Rehabilitation (CBR) is not about a single child with a disability needing therapy. CBR is about identifying all children (and adults) with disabilities in a given project area and providing services for and with them, regardless of age, gender, type and severity of the disability.

In recent years, our work in the community has led to increased awareness and interest from the community, both socially and terms of local government. The local government involves us in budget discussions, in which it determines annually what it invests in children with disabilities and their families. Elementary schools admit children with disabilities, pharmacists no longer automatically prescribe them medication, and public transportation and health clinics have reserved spots for people with disabilities. The local government has also granted families with a child with disabilities access to various safety net programs (benefits for people with disabilities, widows, orphans, etc.) and solar panels, a sewing machine, blankets and/or land were offered to these families.

Collaboration with Union Parishads (UPs)

77

VGF card - structural financial assistance from the government

391

Golden Citizen card' - entitles you to financial compensation for disability-related costs

6

families received compensation for medication expenses

3

families were trained in livestock care.

9

children received financial support for their education.

There are 15 UPs in Ghior and Daulatpur Thana. They are supported by committees consisting of elected representatives of the UPs. A UP is responsible for participation of local people and they deal with education, health, family planning, social welfare and disaster management, and agriculture, fisheries and livestock pharming. It is also responsible for handing out so-called Golden Citizen cards (benefits) and resources. Every quarter, people with disabilities are identified. Often people are misdiagnosed by incompetent doctors. For a year now, DRRA staff have been closely involved in making diagnoses. This has greatly increased the likelihood that children with cerebral palsy, autism and/or an intellectual disability will now receive the correct diagnosis.

Many UPs do not yet have sufficient knowledge of families with a child with disabilities, and these families do not know what support they can receive from the local government. Because our program for children with disabilities is vulnerable as long as it depends on donors, we hope to embed it further with the local government in the future.

In a UP, we collaborate with: The Social Welfare Department, Upazilla Nirabahi, District Commission, Agriculture, Livestock, Youth development, Primary education and Rehabilitation Service.

Together with the parents forums, we have achieved the following in 2024.

"My name is Urmi. I'm 18 years old and I'm a little person. I have dwarfism. And I'm studying. When I was young, my family wanted to send me to the circus! As a child I often hid. I was very shy. I also didn't dare to talk to anyone because I felt fear and shame. My mother was always there for me and helped me. My first day at elementary school I remember well. I could not get up on the bench to sit at my desk, because it was much too high for me. When I tried to sit on it, I saw that all the pupils in my class and even the teacher were laughing. I felt terrible. What I also remember very clearly is being locked in their house by my relatives during my cousin's wedding. They were afraid that the wedding would be called off if the in-laws-to-be saw me. This is apparently still the case because I'm still not allowed to meet new family members. I have completed reproductive health education and leadership training and now know what my rights are. But now it actually hurts more when someone ignores me.

My problem is not my disability, I can manage by myself very well. My problem is the behavior and negative attitudes of people in our society. They make me disabled".

'The society make me disabled'

Awareness and involvement should not only be focused on governments and (government) institutions. We also help the community become more inclusive by organizing:

Outdoor cinemas: 4 meetings were organized in 2024. Due to the political instability and the temporary ban on meetings in the evening, other meetings could not take place. At the meetings we show popular movies and share success stories about people with disabilities. We talk about equality and discuss common stereotypes such as misconceptions about the abilities of people with disabilities.

Focus group discussions: in 22 villages discussions were held about (gender) equality, misconceptions about the abilities of people with disabilities, child marriage, abuse and emotional and social humiliation. Parents, police officers, teachers, local religious and political leaders, youth with and without disabilities, villagers, etc., participated in these discussion groups.

Anti-violence committees in 22 villages. During our work in the communities, we see less (domestic) violence and fewer child marriages. Villagers now dare to hold each other to account and report (domestic) violence and child marriages to the committee.

> ***“I live in Vorra, near the veranda school. I enjoy the fun the children have during their therapy and education. I think it’s remarkable to see how involved everyone is and I’m impressed by the progress the children make. I was asked to join the committee for the prevention of abuse of children with disabilities. I was honored to be asked and of course became a member of that committee. You can see now that in Vorra and the surrounding areas this group of children is much less neglected. I’m proud of that”. –*** Parvin Begum (38), housewife.

Collaboration with mainstream primary education

In 2013, we began collaborating with mainstream elementary schools to help them organize inclusive education. Inclusive education requires schools to be ready to customize education for pupils with various support needs. We saw that while schools had registered children with disabilities, these children did not go to the school. This was due to barriers such as accessibility, unsuitable teaching materials or behavior by teachers and pupils.
By talking to children and teachers at schools, we saw over the years that behavioral change in teachers and pupils toward children with disabilities is possible. To provide more tools to achieve behavioral change, we work with Stories for Inclusion. This program consists of training courses and a read-aloud book with a teacher’s guide (for more information, see page 40).

Over 284 teachers and 7974 students in 40 elementary schools use the read-aloud book My Name is Runa every Thursday. It is a book about a girl with a disability. Social workers have visited all schools twice a year to invite the school children to play together with their classmate with a disability. The book and playing together are changing assumptions and misconceptions.

For example, whereas before pupils did not ask a fellow pupil with a disability what their name was, now they do. And whereas before they did not want to sit next to someone with a disability, now that is no longer a problem. A good lesson they learn at school, because equality leads to greater respect and ultimately a more inclusive society.

Yeasin (11) has a problematic childhood in addition to a spastic paralysis, but it seems the sun has now begun to shine for him as well. As a small baby he came to Niketan's center, and despite his disability he quickly developed into a little mischievous rascal. He made friends and the future looked bright. But then his parents had financial problems and their marriage ended. His mother remarried and Yeasin moved away. As a result, he could no longer go to school. Yeasin became depressed, he missed his friends and in the process his motor development deteriorated significantly. His foster father forced his mother to leave for Saudi Arabia to earn substantial money. Money was borrowed, Yeasin went to live with his grandmother and lost a lot of weight. After more than two years, his mother returned from Saudi Arabia sick, broken and in considerable debt. She divorced her second husband and soon found a job at a health center. Yeasin now lives with his mother again and is more hopeful about his future. He attends special education three days a week and mainstream education three days a week. His friends in special education bring him lunch and he is very proud that he can now eat that lunch independently. He can read, write and do math, loves reciting rhymes, but most of all he is having fun with his classmates again. The government pays his school fees and the elementary school funded a wheelchair for him.

'I feel like a real hero'

Knowledge sharing

To be able to reach more children and young people with disabilities in Bangladesh, we have been sharing our knowledge and entering into various partnerships since 2018.

Reaching the Hard to Reach

Every child has the right to develop (Article 6 of the UN Convention on the Rights of the Child), but some need professional help to do so, which is not always available everywhere. That's why Niketan, partner organization DRRA and communication consultancy RedOrange took the initiative to create a knowledge platform. The platform is available as an app on phones and is intended for parents/caregivers, semi-professionals and administrators. At the moment, the online modules are aimed primarily at parents. There are modules on nutrition, drooling, gross motor skills and communication. Please take a look at: https://shokkhom.org/

In 2024, we shared and discussed videos focused on puberty, menstruation, setting boundaries and falling in love with various stakeholders. The response to the videos was very positive, but we decided not to make them public just yet due to the conservative turn the political situation in Bangladesh is currently taking.

"The topics are explained in easy terms and it helps a lot that the presenter talks slowly. These videos help us start the discussion at home. It's not always the case that we feel too shy to talk about it. We just don't know how to start. These videos are really helpful". - mother

"I watched the four video tutorials. They are very well produced, clear and easy to understand. It's amazing how the presenter has described issues that (in the context of Bangladesh) are so sensitive so simply. Congratulations on your efforts". - Tahrima Rahman, human rights activist

The modules developed are used in Bangladesh by our partner organization DRRA, as well as by NGO BRAC, NGO CDD, Friendship NGO and the rehabilitation center LAMB. In addition to the knowledge platform, the videos are also available on YouTube, where they are used by parents and semi-professionals from India, Nepal, Sri Lanka, Vietnam, Indonesia and Pakistan. We also reach target groups outside Bangladesh through the Enablement Foundation and Liliane Foundation, who use our modules in training sessions.

In the coming year, we will create a module on the importance of play. We will also upload modules for teachers at mainstream elementary schools on the knowledge platform.

"I'm a construction worker and I have two children. My youngest has spastic paralysis. He's 5 years old, but cannot walk yet. My wife takes him to a veranda school, where he has learned to sit and crawl. At home we regularly check the Shokkhom app to see how we can help our son stand and walk. We've learned a lot from that. In particular, that it's important that it is gradual and we do not force him. I wish that all parents with a child with a disability could have this information. It should also be aired on local TV as far as I'm concerned". – Sharif Mia

'The Shokkhom app helps us take better care of our son'

Stories for Inclusion

Children's books are an invaluable source of information and values. They reflect society's views on diversity. Because children are naturally more open, curious and adaptable than most adults, they are more receptive to understanding and embracing new ideas.

Stories for Inclusion focuses on making children with disabilities visible and ordinary. Its main objectives are (1) to give children and teachers access to inclusive storybooks to increase awareness and understanding, and (2) to advocate for inclusive classrooms. By introducing inclusive values early on, children can grow into advocates for positive change, hopefully shaping a more empathetic future.

To better support teachers in achieving inclusive education, Niketan has created a training module. This module helps schools raise awareness and offers teachers insight into various disabilities and associated challenges in education, and how to respond effectively and effectively support the learning process of all children. After running a pilot in our own project area, we were also allowed to run the pilot at NGO BRAC, the world's largest non-profit organization.

We are extremely proud of our collaboration with NGO BRAC. After they approached us about using our My Name is Runa book in their curriculum, we were also allowed to provide several Train the Trainers sessions. Subsequently, BRAC printed 35,000 books for their schools. Because BRAC schools will be taken over by the Ministry of Education over time, the ultimate impact of our training and Runa book may become a lot bigger in the long run.

In addition to training for NGO BRAC, we were also asked to give a workshop at Dhaka University, where we showed students on the communication disorders course the importance of using inclusive children's books in developing inclusive education.

The Stories for Inclusion project is in partnership with Biblionef Netherlands. The children's book is also used in Ghana, Sri Lanka and Uganda.

"I learned today what inclusion really means and what barriers children with disabilities face. I want to stop labelling children with disabilities in our society and in our work". – student of Dhaka University.

Other partnerships

USAID: USAID's Advancing Nutrition knowledge platform includes a link to Niketan's knowledge page and a reference to our instruction videos. https://www.advancingnutrition.org/resources/disability-resource-bank/disability-resources

2Mothers: This Dutch social enterprise works together with the Bengali social enterprises Corr te Jute and Beni Bonoon. Together they provide employment opportunities for 48 of our parents of children with disabilities.

Niketan in the Netherlands

Governance and supervision

The Niketan board consists of volunteers.

Rutger-Jan Schoen: President, policy development and quality assessment. Board member since February 1, 2014 (not eligible for re-election). Rutger-Jan works as strategic communications and change management consultant in the field of international cooperation and development.

Antoinette Termoshuizen: General Secretary, contact person for Bangladesh and fundraising. In office since August 6, 1998 (eligible for re-election).

Saskia Caspari : Treasurer. In office since 1 June 2023 (eligible for re-election). Saskia has many years of experience as a financial analyst, including at the Dutch development bank FMO

Joost Kurstjens: Second Treasurer. In office since September 1, 2019 (eligible for re-election). Joost is a retired internal auditor and has many years of experience in the finance department of the European Commission.

Marion Elzenaar: Contact person Jostiband (ambassador of Niketan), care coordinator and child development monitoring system. In office since 1 April 1999 (eligible for re-election). Marion is coordinator of practical learning at Middin.

Els Heijnen-Maathuis: Contact person for cluster 2. In office since February 1, 2020 (eligible for re-election). Els is a senior education consultant with years of experience in several developing countries in Africa and Asia.

Mahamuda Rahman: General Board Member. In office since 1 August 2024 (eligible for re-election). Mahamuda is a senior communications advisor at ‘Count me in’.

Niketan does not have a supervisory body as recommended in the Wijffels Good Governance Code, but does have an Advisory Board. Since August 2017, Niketan has been a charity recognized by the Netherlands Fundraising Regulator (CBF) (www.cbf.nl). This means that it meets all the requirements set for this and is audited annually. The recognition passport is available at www.cbf.nl/organisatie/niketan.

The General Secretary of the foundation undertakes all office activities. The Board provides direction for and supervises these activities, and supports their implementation. Board members provide their support without any form of payment. The average time commitment of board members is around ½ to 1 day a week. The General Secretary is involved with Niketan full-time.

Advisory board

The Advisory Board provides “solicited and unsolicited” advice to the Board regarding Niketan’s activities. The Board and Advisory Board meet once or twice a year. The members of the Advisory Board contribute to Niketan without any form of payment. The Advisory Board consists of:

Felix Piguillet, retired, former President of Niketan and former regional manager for intellectual disability care at Ipse de Bruggen.

Runa Laila, interdisciplinary researcher and advisor in the field of gender and development at the VU in Amsterdam.

Ella de Voogd, retired, senior policy officer at the Ministry of Foreign Affairs. Has many years of experience in the field of gender and SRHR in Bangladesh.

Shorif (27) has an intellectual disability and as a small child he was left with his grandmother by his parents. For a long time, this went well, until Shorif hit puberty and began to show increasingly difficult behavior. When he was 12, Shorif came to live at residential facility Afroza's Place. Shorif works in the woodworking group, sanding and planing wood for standing tables and other aids. He also enjoys working on the care farm where he cuts grass for the cows or helps harvest rice and vegetables. Shorif has few fears; he lifts snakes and runs away sometimes. He overestimates himself, wants to be seen and has difficulty controlling his emotions. This regularly ends in a big cry and/or aggressive behavior. Our training and support are good for him, but they are also emotional. There are positive changes in his behavior, social skills and independence and his ability to focus has increased, but Shorif wants more: he wants a paid job, to get married and have children. This is a vision of the future that is not realistic, because he will not be able to handle this cognitively and emotionally. We do hope to get him to an even higher level of independence so that he can live an independent life.

'I want a paid job, get married and have children.'

Fundraising and increasing support

In 2024, we were mentioned in the local and national news several times in Bangladesh in connection with our anniversary. We worked on an article about our Stories for Inclusion project for the Asian Journal of Inclusive Education and wrote a learning brief about our sex education project. Together with the Embassy of Bangladesh in the Netherlands, we organized a networking day at which board member Els Heijnen-Maathuis spoke about the need to take an honest look at our own attitude and that of our organizations toward people with disabilities so that inclusion is not only something we say we do. We also told our story in several Protestant churches.

In 2024, several volunteers contributed to our results. This year we would particularly like to thank Sifat Parveen for interviewing parents and young people and writing the learning brief on reproductive health education.


ঘিওরে ডিআরআরএ ও নিকেতন ফাউন্ডেশনের অনুষ্ঠানে বক্তব্য রাখছেন নেদারল্যান্ডসের রাষ্ট্রদূত অ্যান্দ্রে কার্সটেন্স ■ নয়া দিগন্ত

ঘিওরে প্রতিবন্ধী শিশুদের সাথে সময় কাটালেন নেদারল্যান্ডসের রাষ্ট্রদূত অ্যান্দ্রে কার্সটেন্স

■ মানিকগঞ্জ ও ঘিওর সংবাদদাতা

নেদারল্যান্ডসের দূতাবাসের রাষ্ট্রদূত অ্যান্দ্রে কার্সটেন্স বলেছেন, আন্তর্জাতিক সহযোগিতা এবং উন্নয়নের মাধ্যমেই টেকসই সমাধান সৃষ্টি করতে হবে। প্রতিবন্ধী শিশু ও যুবকদের ক্ষমতায়নের প্রতি সমর্থন এবং সংহতি প্রকাশ করে তিনি বলেন, ভালো কাজে আমরা সবসময় পাশে আছি। ভালো কাজ প্রতিটি স্তরে ছড়িয়ে দিতে হবে। বিশেষ চাহিদাসম্পন্ন মানুষকে নিয়ে কাজ এটি অনন্য দৃষ্টান্ত। আগামীতে যেন আরো বড় পরিসরে দেশব্যাপী এই প্রতিষ্ঠানের নাম ছড়িয়ে পড়ে সেই লক্ষ্যে কাজ করে যেতে হবে।

সোমবার মানিকগঞ্জের ঘিওর উপজেলার পুটিয়াজানি আফরোজা প্রেসে প্রতিবন্ধীদের প্রতিষ্ঠান ডিসঅ্যাবল্ড রিহেবিলিটেশন অ্যান্ড রিসার্চ অ্যাসোসিয়েশন (ডিআরআরএ) ও নিকেতন ফাউন্ডেশনের ২৫ বছর পূর্তি উপলক্ষে আয়োজিত অনুষ্ঠানে তিনি

ঘিওরে প্রতিবন্ধী শিশুদের সাথে সময় কাটালেন


আজকের পত্রিকা

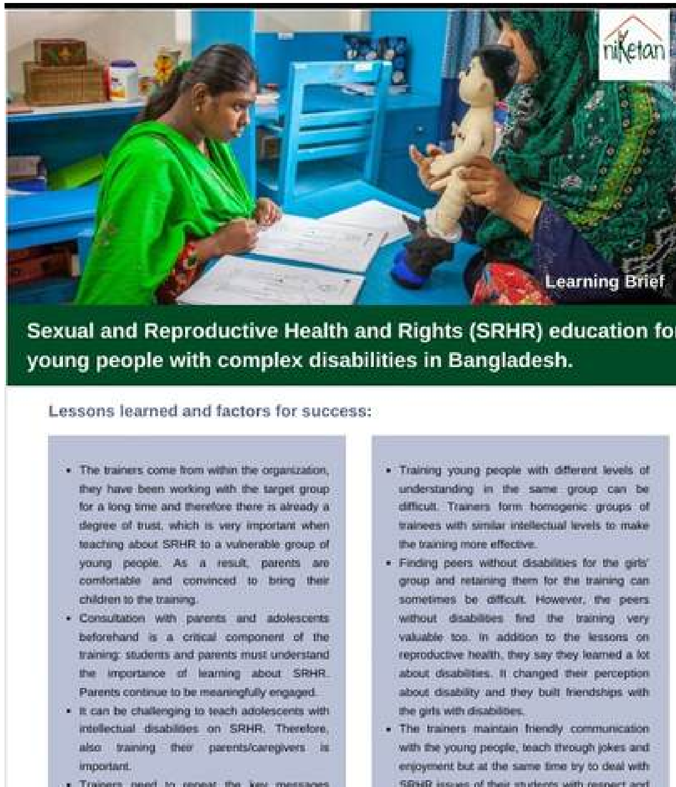
‘ভালো কাজে আমরা সব সময় পাশে আছি’

ঘিওর (মানিকগঞ্জ) **প্রতিনিধি**

বাংলাদেশে নিযুক্ত নেদারল্যান্ডসের রাষ্ট্রদূত অ্যান্দ্রে কার্সটেন্স বলেছেন, ‘আন্তর্জাতিক সহযোগিতা এবং উন্নয়নের মাধ্যমেই টেকসই সমাধান সৃষ্টি করতে হবে। প্রতিবন্ধী শিশু ও যুবকদের ক্ষমতায়নের প্রতি আমাদের সমর্থন এবং সংহতি রয়েছে। ভালো কাজে আমরা সব সময় পাশে আছি। ভালো কাজ প্রতিটি স্তরে ছড়িয়ে দিতে হবে।’

গতকাল সোমবার মানিকগঞ্জের ঘিওর উপজেলায় বিশেষ চাহিদাসম্পন্ন শিশুদের প্রতিষ্ঠান ডিজঅ্যাবলড রিহ্যাবিলিটেশন অ্যান্ড রিসার্চ অ্যাসোসিয়েশন (ডিআরআরএ) ও নিকেতন ফাউন্ডেশনের ২৫ বছর পূর্তি উপলক্ষে আয়োজিত অনুষ্ঠানে রাষ্ট্রদূত অ্যান্দ্রে কার্সটেন্স এসব কথা বলেন। ফাউন্ডেশনের সাধারণ সম্পাদক অ্যান্টোইনেট থার্মোসুইজেন এবং ডিআরআরএর প্রতিষ্ঠাতা ও নির্বাহী পরিচালক ফারিদা ইয়াসমিন স্বাগত বক্তব্য দেন।

উপজেলা নির্বাহী কর্মকর্তা মো. আমিনুল ইসলামের সভাপতিত্বে বিশেষ অতিথি হিসেবে বক্তব্য দেন জেলা প্রশাসক ড. মনোয়ার হোসেন মোল্লা। তিনি প্রতিবন্ধী জনগোষ্ঠীর টেকসই উন্নয়নে অব্যাহত অংশীদারত্বের ওপর গুরুত্বপূর্ণ ভূমিকা সম্পর্কে আলোচনা করেন এবং সরকারি পর্যায়ে পাশে থেকে সহযোগিতার আশ্বাস দেন। এ সময় ঘিওরের সহকারী কমিশনার (ভূমি) নুরজাহান আক্তার সাথী উপস্থিত ছিলেন। সভা শেষে প্রতিবন্ধী ব্যক্তিদের মানবিক উন্নয়নে বিশেষ অবদান রাখায় দেশি-বিদেশি কয়েকজনকে



Learning Brief

Sexual and Reproductive Health and Rights (SRHR) education fo young people with complex disabilities in Bangladesh.

Lessons learned and factors for success:

- The trainers come from within the organization, they have been working with the target group for a long time and therefore there is already a degree of trust, which is very important when teaching about SRHR to a vulnerable group of young people. As a result, parents are comfortable and convinced to bring their children to the training.
- Consultation with parents and adolescents beforehand is a critical component of the training: students and parents must understand the importance of learning about SRHR. Parents continue to be meaningfully engaged.
- It can be challenging to teach adolescents with intellectual disabilities on SRHR. Therefore, also training their parents/caregivers is important.
- Trainers need to repeat the key messages

- Training young people with different levels of understanding in the same group can be difficult. Trainers form homogenic groups of trainees with similar intellectual levels to make the training more effective.
- Finding peers without disabilities for the girls' group and retaining them for the training can sometimes be difficult. However, the peers without disabilities find the training very valuable too. In addition to the lessons on reproductive health, they say they learned a lot about disabilities. It changed their perception about disability and they built friendships with the girls with disabilities.
- The trainers maintain friendly communication with the young people, teach through jokes and enjoyment but at the same time try to deal with SRHR issues of their students with respect and

“I’m the mother of Abu Syem (14). My son has severe physical and intellectual disabilities. I’ve been faithfully coming to the center with him three days a week for 13 years. First to the early intervention program and now to the care-development group. I know he won’t learn much anymore and it is getting more difficult to come to the center, but I’m not thinking about stopping just yet. As a mother, I’ve also learned a lot here. For example, I now understand my child’s needs much better and know how to give him an enjoyable day despite everything. Another thing that keeps me coming back is the fact that the team is always there for you. My husband is quite ill and we lost our income because of that. I shared my problems with Niketan’s staff and they helped me look for a solution right away. My husband and I attended family development training, where we learned how to realize our dreams. With the money I received, I bought a sewing machine and followed a training course. Now I make clothes for villagers. I also make braids for social enterprise Beni Banoon. With the income I can buy medication for my son and provide food for my family. I was also able to buy two goats. Niketan’s support extends far beyond our son, the entire family has benefited”. – Nasrin Begum (46)

‘Niketan's help extends far beyond our son, the whole family benefits.’

Good governance, risk and compliance

The projects in Bangladesh are implemented by our local partner organization DRRA. In close consultation with Niketan, the projects are defined, implemented and evaluated.

We are in daily contact with DRRA's managers and employees working on our projects. Their financial and substantive reports have always been good and board members visit the projects several times a year. During these visits, we work closely with DRRA's employees and management, personally monitoring the quality of the work of DRRA's employees by seeing it with our own eyes. The interests of the children in our projects are always the main focus.

In addition, Niketan consults with sponsors in the Netherlands and Bangladesh for funding. DRRA reports on progress and expenses incurred semi-annually. NGOs in Bangladesh are monitored by the NGO Affairs Bureau, an organization established by the government in 1990 to allow NGOs to operate more flexibly and help ensure the accountability of their activities. See also: De projecten in Bangladesh worden uitgevoerd door onze lokale partnerorganisatie DRRA. In nauw overleg met Niketan worden de projecten gedefinieerd, uitgevoerd en geëvalueerd.

DRRA's internal auditor also audits these local administrations. In addition, the NGO Affairs Bureau conducts specific audits and reviews. Niketan also checks the statements of project expenditures itself every six months. It compares these with the budgets submitted in advance and randomly checks whether the expenses were justified and actually incurred. In case of discrepancies, those involved must report on them in writing. DRRA, which also carries out projects for organizations other than Niketan, has the financial records for the various projects audited annually by a recognized independent external auditor. Niketan has access to these audit reports.

Organizational continuity

Niketan is run almost entirely by volunteers. The stability and continuity of Niketan is therefore highly dependent on the quality and continued commitment of these volunteers. The board is aware that given the current working method, the composition, involvement and expertise of the board are important for the continuity of the project. In our 5-Year Policy Plan Niketan 2020-2025, we have indicated that we will pay extra attention to this. This is about the continuity of care for the children we have been committed to for so long.

Continuity of our partner organizations

Although Niketan only pre-finances a very small portion, it is still important to have a reliable and up-to-date understanding of the continuity of our partner organization DRRA, without losing our independence. To this end, the board will discuss the health of the organization annually with DRRA's management. In addition, the Treasurer will review and discuss available audits with management or auditors.

Employees Niketan / DRRA

7 Voluntary board members in the Netherlands

34 Paid project employees in Bangladesh

5 Flexible deployable volunteers in NL

1 Paid fundraiser

+/- 2.323 Hours of volunteer work by board members.

Risk management

Exchange rate risk

Niketan’s revenues are denominated in euros, while contracts and original budgets with payment obligations are predominantly in taka. This creates the risk that the difference between matched revenues and expenditures will be affected by exchange rate fluctuations. During 2024, the exchange rate fluctuated between 116.6 taka per euro in April and 133.6 taka per euro in August. Overall, the euro was slightly stronger against the taka than expected at the beginning of the period.

Risk of insufficient funds

Every year we are faced with the question of whether we can raise enough funds to continue to support our projects. In 2024, Niketan raised 10% less than budgeted. However, the funds raised in 2024 were almost equal to the costs incurred, which means that sufficient fundraising took place in 2024.

Niketan is pursuing multiple avenues to secure funding:

1. We maintain good contacts with equity funds.
2. Since the start of 2019, we have been using the services of an external fundraiser. External fundraising was paused in 2024, but will be resumed in 2025.
3. In recent years, we have been able to build up a buffer. As of December 31, 2024, Niketan has 338,000 euros in liquid reserves, ensuring continuity for the coming periods.

Investment risk

Our financial resources at the end of 2024 are such that we can meet our objectives for approximately two years. Given this short investment horizon, the board has decided to hold the funds as immediately withdrawable bank balances (current account or savings account).

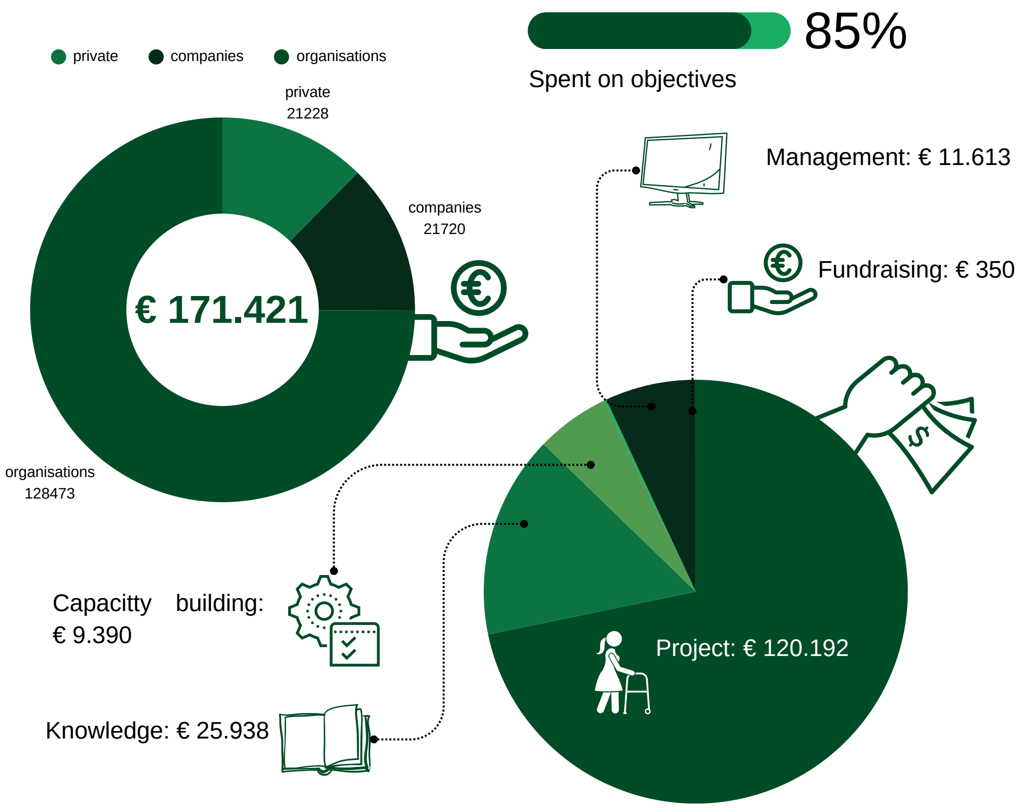
Financial overview 2024

In 2024, Niketan received 171,000 euros from fundraising, which is approximately 5% less than in 2023 and approximately 10% less than the amount budgeted for 2024. However, the funds raised were sufficient to cover the costs incurred in 2024, which amounted to 146,000 euros for our objectives and 21,000 euros for other costs (Niketan’s 25th anniversary celebrations, management and administration, and fundraising costs).

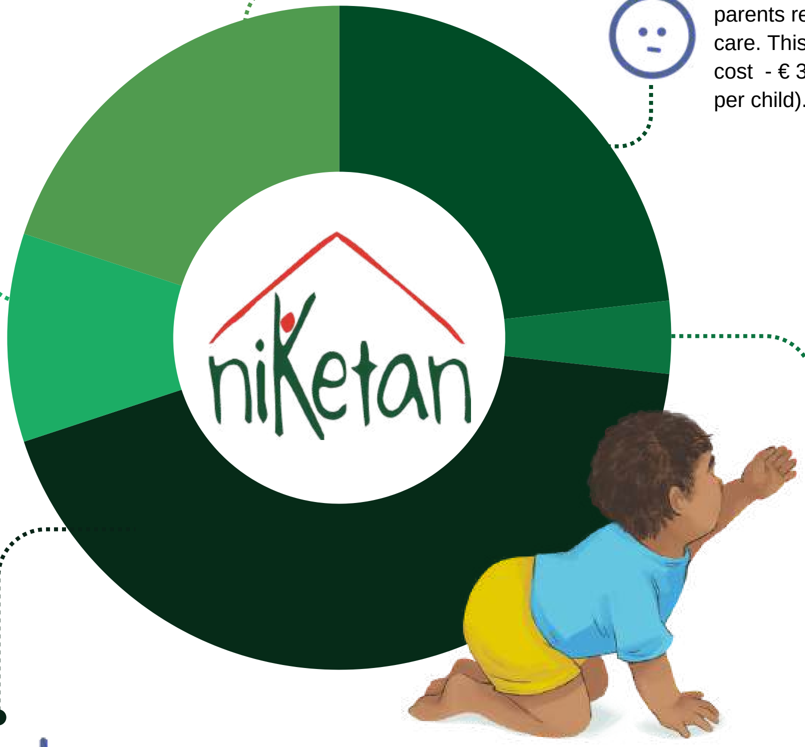
See our financial statements for a complete overview of the financial results.

Benefit

Spend



Cost overview per project component



116 children received lunch. This program component cost - € 15.543 (€ 140 per child).

489 children were part of our social inclusion. This program component cost - € 30.529 (€ 65 per child).

70 children and their parents received early care. This program part cost - € 35.567 (€ 529 per child).

419 children received education. This program component cost - € 66.168 (€ 164 per child).

70 children received paramedical support. This program part cost - € 5.407 (€ 80 per child).

Shift in donor support

In 2024, Niketan spent 26,000 euros on activities aimed at sharing knowledge in Bangladesh. Approximately half of this amount was allocated to the Stories for Inclusion project, while the other half was used to build, expand and maintain the Shokkhom knowledge platform. Work on the platform began in 2023 and was finalized in early 2024. In the course of 2024, in addition to the implementation of technical enhancements, a number of new videos were developed for the platform. It is expected that Niketan’s expenditure over the coming years will continue to shift to projects related to knowledge sharing and finding partners for this.

Local fundraising

DRRA is increasingly receiving support from Bangladeshi donors, both individuals and other organizations and businesses. These donations are deposited in a local bank account managed by DRRA. In addition, we try to collaborate with the local and national government wherever possible, which is sometimes able to cover local costs. In 2024, the day care center in Dhaka was fully funded by local donors.

Niketan received support from:

We thank the following donors:

De Wisselbeker
DIrk Bos
Elise Spykman
EEND
H. Harstra
De Hoorn
Hidora
Ineke Feitz

John Heddes
2Mothers
Perspectiva
Rotary
Serra Foundation
SBB
SummerFund
Thom Foundation

Weeshuis Nijkerk
Wierda Baas
Webvoorraad
Silent funds

We also thank the many loyal private donors and volunteers who support us year after year.

“My name is Asha Akter. I’m 15 years old and I have spastic paralysis and epilepsy. I attend high school. I want to learn, but school is anything but fun for me. Because of my cerebral palsy, I walk differently, classmates imitate me and laugh at me, which makes me feel very sad and sometimes I want to die. Once at school I had an epileptic seizure. Instead of helping me, all my classmates ran away in fear, leaving me all alone on the classroom floor. During a seizure, my body is very weak and I need someone’s support to get back up. When I finally got up and went outside, again everyone ran away. Since then, no one likes to sit next to me. I sit by myself on the last bench of the class, because everyone thinks that if they come and sit with me, they will get it too. But I cannot transfer my disability and epilepsy to anyone else! I hope one day everyone will understand this, including my family, because they don’t let me sleep in the house after an epileptic seizure”.

‘Classmates imitate me and laugh at me''