

**Ariyawansa Weerakkody
Memorial Resource
&
Training centre
For
Children with Disabilities**



Sarvodaya Suwasetha Sewa Society Ltd.
Charity Registration No. ACT 9/87/12

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- 1. Title of the Project:** Ariyawansa Weerakkody Memorial Resource and Training centre for Children with Disabilities
- 2. Project Period:** 01.01.2016 – 31.12.2016 (One year.)

3. Project Background and Problem analysis:

The Lanka Jathika Sarvodaya Shramadana Sangamaya (popularly known as Sarvodaya) was founded in 1958 by Dr. A.T. Ariyaratne to uplift the most marginalized communities in Sri Lanka. Sarvodaya works with people at grass-root level awakening them to be aware of their potential, motivating them to work together and share resources to address common needs to encourage self-reliance within the community as a whole.

The Sarvodaya Suwasetha Sewa Society Ltd. was founded in 1984 as a legally independent social service organization within Sarvodaya, with a vision of a nation that respects the rights of children, adolescents, youth, elders and disabled persons to lead a life with dignity. Suwasetha in its mission promotes and protects the rights of children, adolescents, youth and persons with disabilities affirming their entitlement to love, compassion and protection within a caring environment.

Children with disabilities are a marginalised group within the already marginalized segment of the persons with disabilities in the mainstream society of Sri Lanka. Despite legislation and recognition of their needs in recent times, much needs to be done to remove the external societal challenges they are faced with in addition to their physical or mental limitations. They are rarely included in mainstream children's activities. There are only a few childhood disability programmes in the government and the NGO sectors. Childhood care and development programmes hardly target children with disabilities or include them.

Regarding health, although disability is detected in early childhood no stimulation and follow up interventions are available to minimize consequences of disability. As a result, the development of a positive self-image and inherent skills get impeded. The mentally retarded and severely disabled children have hardly any services available in the health sector. They are often left isolated and segregated leading a poor quality of life. The girl children with disabilities are vulnerable to sexual abuse and in the course of providing protection for them, they are made to lead extremely isolated lives.

Their economic situation is no better. The monthly grant of Rs. 100-300 under the Samurdhi scheme is at times their only income. Selected families receive a government grant of Rs. 300.00. Opportunities to develop skills and go through vocational training are very low. It makes it difficult to break through the cycle of poverty that shrouds their lives as well as their families.

The public transport system does not cater to the mobility issues of children with disabilities. Limitations in mobility deprive them of their opportunities to education, skill development, and social life.

Sarvodaya Suwasetha has stepped into this vacuum between the children and persons with disabilities and their access to rights as equal citizens by setting up a day care centre and a special education unit in 2002 at Warakagoda, Kalutara, in collaboration with Sarvodaya, Netherlands.

4. Purpose of the project

Persons with disabilities comprise 8% of the population and statistics reveal that 3.7% of them are intellectually impaired. A study conducted by the Department of Social Services claim that they are the poorest segment in the mainstream society. They have only a few opportunities to improve their lives as they have poor access to skills development and education. Although inclusive education has been promoted since 1997 a considerable proportion of children with disabilities do not start schooling. There are no opportunities for education for children with multiple disabilities or intellectual disability. Even for others, lack of adequate expertise and knowledge among teachers and lack of learning material results in poor quality of education. Career guidance and vocational training opportunities are severely limited. The presence of a child with disability within the family affects the income generating activities of the family. They are trapped in a vicious cycle.

Hence, it is necessary to take steps to improve their quality of life and ensure their entitlement to rights as equal citizens of the country. The situation these children with disabilities are in can be changed by improving their language skills, changing their behaviour patterns, and training them in daily living activities and motor skills. Children with mild disabilities can be trained to understand personal cleanliness, develop communication and social skills to move into the mainstream education system.

Training of children with disabilities to prepare them to enter the formal education system is done at the Warakagoda day-care centre and the special education unit. Children with special needs are trained to develop their individual skills and talents, for integration into society and live a full and meaningful life.

5. Project Details

5.1. Main Objectives

To Empower and rehabilitate disabled persons to lead an independent life at family and community level

5.2. Sub Objective

To promote the right to education of mentally disabled children through provision of special education and prepare those who are capable to get into the mainstream inclusive education system.

5.2.1. Activities

5.2.1.1. Conduct Speech therapy clinics

Once in three months a speech therapist will conduct a half-day Speech therapy clinic for 20 children. Parents and teachers will participate in the clinic for training of activities. Children will be trained in communication, speech, identification of various items, and to remain in one place for some time. Individual progress of children, problems, issues and solutions are included in the plan.

5.3. Sub Objective

To enhance personal mobility skills through physiotherapy, community improvised mobility aids, devices and training.

5.3.1. Activities

5.3.1.1. Conduct Physiotherapy clinic

Once in three months a physiotherapist will conduct half-day physiotherapy Clinic for 20 children. Parents and teachers will participate in the clinic for training of activities. Individual progress of children, problems, issues and solutions are included in the plan. Referrals to appropriate clinics /hospitals for treatment will be made at these clinics.

5.4. Sub Objective

To connect disabled persons with service providers of health, education, and social services, public administration

5.4.1. Activities

5.4.1.1. Refer to Hospital Clinics

6 children with special needs [2 children – epilepsy Clinic, 1 child-Diabetes clinic, 1 child-Cardiology Clinic, 2children-Neurology Clinic] will be referred to the Warakagoda Rural Hospital for check- ups by the Specialist doctors.

5.4.1.2. Conduct Primary health Clinics

A half day Primary health clinic will be held once every three months by a Public Health Inspector and a Family Health Officer for 20 children with disabilities. The clinics will be held

at the unit and individual check-ups on primary health e.g. Dental, skin, nutrition, weight, and general health will be carried out. Parents will be given advice on prevention of secondary problems and behavioural patterns and feeding of disabled children

5.4.1.3. Clinic to commemorate International children's day

A clinic will be held on 1st October, to commemorate International Children's day with the participation of 20 children with disabilities. The Divisional Secretariat with the assistance of two doctors organises the clinic.

5.5. Sub Objective

Persons with disabilities, both children and adults, to enjoy a meaningful and Independent life in the family and the community, integrating into society with confidence and dignity.

5.5.1. Activities

5.5.1.1. Language and Mathematical skills

Training in drawing, scribbling, matching pictures with suitable words reading and writing, identifying numbers, group formation of similarities, identifying shapes, basic mathematical skills, will be provided by 2 teacher's to 13 children with disabilities, at the unit, Activities will be regularly continued at their own homes and the classroom. These skills help them to be independent, move in society and express ideas and understand using money.

5.5.1.2. Religious, cultural and integration programmes

Religious programmes on days of religious importance. The Mount Lavinia Lions Club will organize the annual sports meet where children will get the opportunity to participate. In April each year the Sinhala/Hindu New year will be celebrated. In July every year an annual trip will be organized by a philanthropist in the area. IN December every year a year-end concert will showcase the talents of the children with disabilities of the unit.

5.5.1.3. Skills development activities

Mobility training, Daily living activities, behavioural training and stimulation training will be conducted by two teachers' for 20 children with disabilities attending the unit. The activities will be continued at the classroom and the children's own homes.

5.5.1.4. Motor skills training

Two teachers will conduct fine/gross motor training, cutting with a pair of scissors, tearing, clasping, pasting, rolling, sand and water play, picking and threading for 20 children with disabilities at the unit. They will also be taught movement of fingers, eye and hand contact, stay in one place over a period of time, improve body position, concentration , identification of colours, patterns, materials, size of items, working in groups, exchanging items among themselves.

5.5.1.5. Training in Music Dancing and Art

13 children with disabilities at the unit will be trained in music, dancing and art by two teachers. The activities will improve mobility, imitating others, working in groups, identifying sounds, tunes and singing. Further the activities will improve behavioural control and concentration.

5.5.1.6. Parents/teachers meetings

Parents, teachers, government officers e.g. Grama Niladhari, Social Services officer, Sarvodaya Suwasetha CBR manager will meet once a month to discuss the progress of programmes, planning of new programmes, issues and solutions and the services offered by the government. A team comprising Social services officer, Family Health Officer, Public Health Inspector, and CBR manager, will conduct four Awareness programmes of 1 ½ hours' duration for parents of children with disabilities.

5.6. Sub Objective

To promote income generating activities towards self-reliance

5.6.1. Activities

5.6.1.1. Vocational Training

Training will be provided for 07 children with disabilities selected from the centre in making joss sticks using a joss stick machine (worth Rs. 15,000/) and the raw material (worth Rs 50,000/) both donated by the Divisional Secretariat on 03rd December 2015. Training will be conducted twice a week at 2 hours per day.

5.6.1.2. Home Gardening

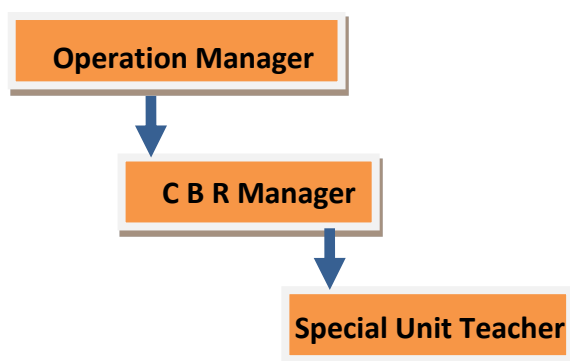
The Sarvodaya Suwasetha, Warakagoda premises will be developed into a model home garden with fruits and vegetables. All the disabled children will participate in the project through a roster system. It would bring them closer to nature encourage growing vegetables and fruit and provide physical exercise for their wellbeing. The produce will help to reduce cost of meals and the advice of the Agricultural department officers will be sought.

Summary of Activities and Beneficiaries:

Activities	Beneficiaries
4 Speech Therapy clinics	20 children/adults with disabilities
4 physiotherapy clinics	20 children/adults with disabilities
4 primary health clinics	20 children/adults with disabilities
1 International children's day clinic	20 children/adults with disabilities

Daily Language and mathematical skills	13 children/adults with disabilities
Daily Training activities	13 children/adults with disabilities
Daily motor activities Music, dancing and Art	13 children/adults with disabilities
4 Parents/teachers meetings	40 parents and children with disabilities
Vocational Trainings	7 adult persons with disabilities
Home gardening	20 persons/children with disabilities

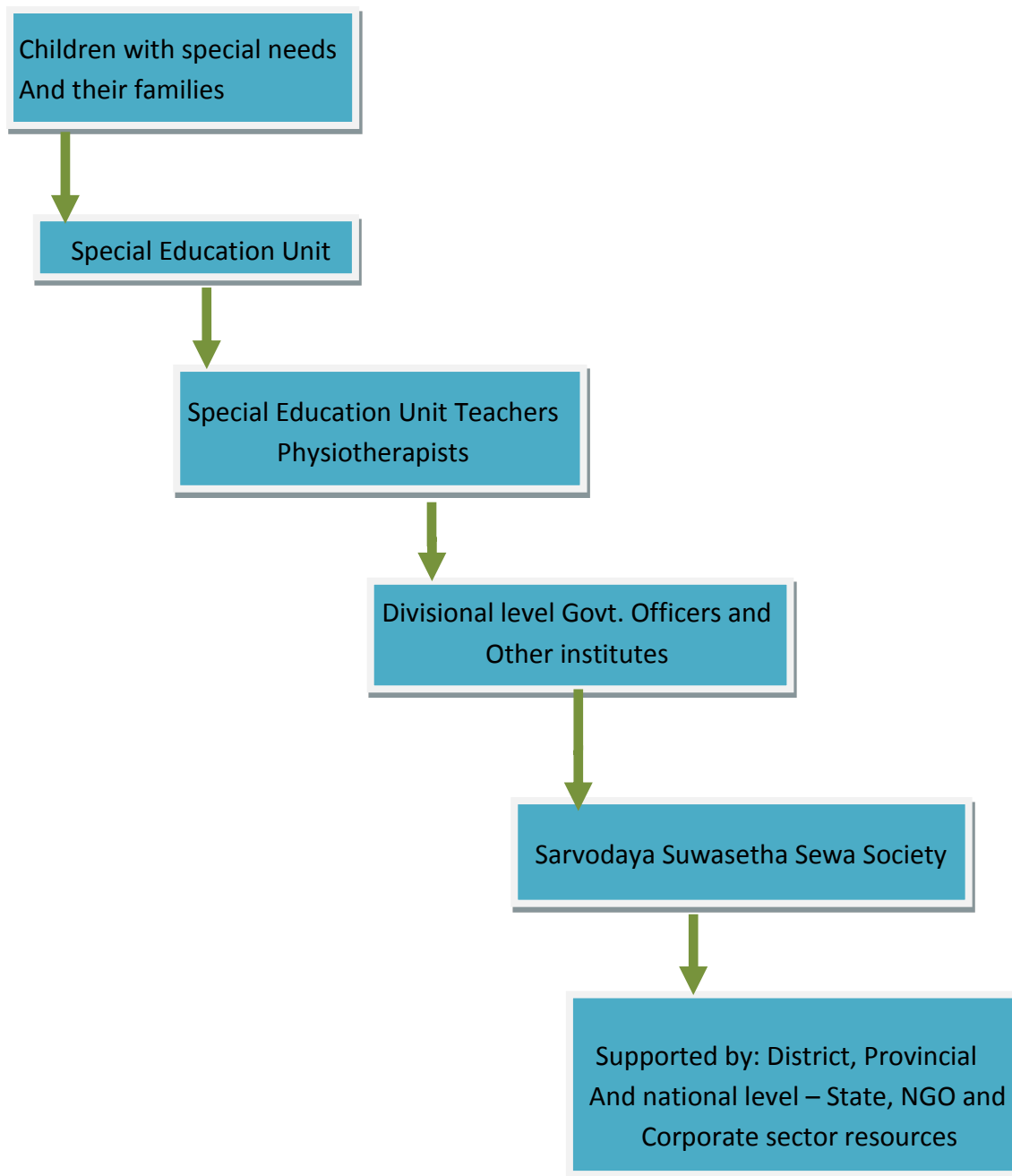
6. Project Implementation Methodology



A team of officers, the social services officer and social service assistants for the government sector, the CBR manager from Sarvodaya Suwasetha, Suwasetha physiotherapist, the Grama Niladhari, Samurdhi Officer, and Family Health Officer from the village level provide the guidelines, advice, and conduct monitoring and evaluation activities for the projects. The government officers at divisional and village level support the selection of children with disabilities to the Warakagoda special education unit and offer guidance regarding activities in health, education, livelihood, and social development. The special educational will work in close concurrence with hospital authorities, Formal schools, and pre-schools in the area and they will refer children with disabilities to the Warakagoda unit. Integration programmes such as drama, sports, music and art will be organized by them.

Warakagoda Special Education unit is designed to be a disabled child friendly unit. The class rooms are specially designed and the premises are designed to accommodate outdoor activities. Sarvodaya Suwasetha staff and the Warakagoda teachers meet once a month at the Sarvodaya headquarters at Moratuwa. The tri-monthly parent/teacher meeting of the Warakagoda special unit will be held at the Warakagoda centre. Parent's responsibilities, children's individual progress, issues, activities and awareness programmes on disabled children's special needs are discussed at these meetings.

7. Project Approach summary



8. Importance of the project for the overall implementation of the strategic plan

The project is an essential part of the strategic plan as it is a manifestation of the Suwasetha vision and mission. It is also an effort made by Sarvodaya Suwasetha in empowering and rehabilitating disabled persons to lead an independent life at family and community levels. The issue of helping the disabled segment of our society to affirm their rights has not drawn the attention of the government or the Ngo sector very much. Statistics reveal the absence of opportunities for them to move away from their isolated, marginalized lives. As such the

strategic direction of enabling the disabled is put into action through the Warakagoda centre.

9. Experience gained from the previous project:

The Warakagoda project commenced in 2002 and is now 13 years old. In the course of 13 years, the centre has reintegrated 45 children to the mainstream of education.

The services rendered by the Warakagoda Centre to promote and protect the rights of disabled children was recognized by the Department of Social services by selecting them as the 2nd best education centre for disabled children in the Western Province.

The experience gained in the previous years has sensitized us to the importance of physiotherapy in rehabilitation of children with disabilities. We have recruited a physiotherapist for our team and his/her advice and guidance in rehabilitating and making children with disabilities independent and enabling them to enjoy their rights will prove very valuable.

10. State policies relevant to the project:

The national policy and the national plan for the improvement of the quality of life of persons and children with disabilities deal with activities that fulfil the special needs of the disabled. Under this policy and plan the ministries of Social Services, Health and Education are directly involved in the programmes. As elucidated in the project methodology the divisional level government officers from these ministries take an active interest and participation the delivery of services to the children with disabilities.

11. Goal analysis:

Project objective	Indicators	Source of verification
<i>What is the desired situation at the end of the project</i>	<i>What are the indicators verifying that the desired situation has been achieved</i>	<i>From where is the information regarding each indicator collected.</i>
Children/adults able to handle daily life activities independently despite limitations Children prepared to enter mainstream education system	Progress shown by 13 children with disabilities regarding mobility, motor training as recorded in their individual files A number of Children successfully gained admission to the inclusive	Individual files Level of participation in religious and other group activities, end of year concert etc

Children with social skills able to integrate into the community	education system Almost 100% of the children in the centre participate in the year end concert and other community activities		
Expected results	Indicators	Sources of verification	Activities
<i>On a lower lever, what are the expected results leading up to the project objective</i>	<i>What are the indicators verifying that the result has been achieved</i>	<i>From where will the information regarding each indicator be collected</i>	<i>What are the core strategies/main activities leading to the expected result</i>
Improved general health and personal hygiene	80% of children keen and conscious about personal cleanliness	Individual files and progress reports	Training , therapy and health clinics at the centre and follow up interventions at home and classroom
Improved behavioural traits	A number of children join normal classes in mainstream schools	Individual files	Motor activities and music and dancing
Improved communication skills	A number of children talk to their teachers	Individual files	Speech therapy and language skills

12. Geographical area and target group:

Children/adults with disabilities identified by government officers and Grama Niladhari as either unable to access available services and need special education, or severely disabled children with a need for regular and systematic care are targeted by the centre. The children are located in the surrounding areas of Warakagoda or within the Kalutara District.

13. Stakeholder analysis:

Stake holders to the project comprise the government officers supporting the activities, the medical personnel, the specialist teachers, Suwasetha CBR manager, programme coordinator and the staff, and organizations and individuals who sponsor events like the sports meet annual excursion etc

14. Monitoring system and Evaluation:

Fifteen children with disabilities at the special educational unit and the 5 persons with disabilities at the vocational Training unit in the Warakagoda centre have been allocated individual files maintained by the teachers. The system will continue and the monitoring of activities will be done through these files. The two teachers will prepare the weekly programmes and it will be displayed for the parents to be prepared for them.

Vocational training will be conducted under the supervision and support of the divisional secretariat, Madurawela and the Vidatha centre

The programme coordinator, a new addition to the team will collate the monitoring and evaluation information provided by the teachers of the special education unit and prepares the quarterly reports.

Annual progress report will be submitted annually between the months of January to March. The progress, achievements, problems and sustainability strategies on activities of the Special Education unit will be discussed in the annual report

15. Analysis of organisational structure and implementation procedures:

The organizational structure is simple and uncomplicated. Manager, Operations of Sarvodaya Suwasetha will be responsible for the supervision and effective implementation of the programmes through the CBR Manager. The two specialist teachers, the physiotherapist and other specialists in different activities will support them in carrying out the activities. The Programme coordinator will be collating monitoring and evaluation information provided by teachers of the Special Education unit, reporting and documentation.

16. Risk Analysis and action taken to mitigate the risks:

Expected results (copy from 4)	Internal risks (within the project)	External risks (outside the project)
Independent Children with minor disabilities prepared to move into the mainstream education system	<p>Inability to continue with systematic rehabilitating procedures due to irregular attendance of beneficiaries</p> <p>Action Taken: Through point 5.5.1.6 (Parent/teacher meetings) this problem appear to get reduced</p>	<p>Transport problems</p> <p>Action Taken: 3 children from the most poor families are provided with assistance for transportation (Using funds from Liliana Foundation)</p>

		Additionally, discussing with the divisional secretariat office has also brought in some help
Children with special needs ready to integrate into society	<p>Secondary problems retarding development</p> <p>Action Taken: A physiotherapist has been added to the team to minimize such risks in the coming year.</p>	
	<p>Skills and development needs of teachers</p> <p>Action Taken: Referring teachers for training programmes</p>	<p>Some of the trainings offered previously not being sustainable</p> <p>Action Taken: Identifying new trainings that can generate an income for the beneficiaries and implementing them with the help of the government – 5.6.1.1</p>

17. Sustainability analysis:

The Warakagoda special education unit has been functioning for the past 13 years, 36 registered and 8 unregistered children with disabilities have received education, protection and rehabilitation through the unit. 10 children were referred for formal education in schools and 25 have been successfully reintegrated into the mainstream society.

All through its mission of rehabilitating and affirming the rights of persons with disabilities, Sarvodaya Suwasetha Warakagoda centre, has worked in harmony with the government and non-government sectors, parents and caregivers, and received the fullest cooperation of all its stake holders, The sustainability of the project depends on the good will of the stake holders and needless to say the generous support extended by Sarvodaya Netherlands.

18. Budget (Please refer Annexure)