Tunafasi

We all have a Place!

Stichting Impaction
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Introduction

All children have dreams and desires for their future and they have the right to pursue these. This is the same for children with disabilities, they deserve the opportunity to flourish as others. Yet surviving and thriving can be especially difficult for these children, especially when they are born in a developing country.

Children and youngsters* with disabilities are confronted with additional challenges as a result of their impairments and the many barriers in the society. Children who live in poverty and have a disability are 10 times less likely to attend school than those without. Even if they attend school, they are more likely to drop out early while the level of schooling they receive is frequently below that of their peers.
Children are often institutionalized, abandoned, hidden or neglected. Children with a disability in developing countries struggle daily with social stigma and discrimination and are three to four times more likely to be victims of violence.

This is especially true in DRC Congo where child disability receives little attention among the myriad crises befalling the country. 75% of the population in DRC is living in extreme poverty and has to survive from less than 2 USD a day[1]. 90% of persons with disabilities are illiterate and 96 per cent live in inhuman and degrading conditions. Being on the lowest position in the UNDP's Human Development Index (HDI) the Democratic Republic of Congo may be one of the world's most challenging places for people with disabilities to live[2].

The number of children with a disability and those at risk continues to grow due to the increased risk factors caused by the weak and inaccessible health infrastructure, ongoing violence and displacement in eastern DRC. Minimal access to healthcare, clean water, and overall poor nutrition during pregnancy lead to common congenital and non-congenital disabilities in children such as spina-bifida, limb deformities and cerebral palsy. Young children are also subject to early childhood diseases such as meningitis, rubella and polio. Furthermore, girls with a disability are more exposed to rape and violence, which is highly prevalent in DRC.

[1] https://worldpoverty.io/map
[2] https://www.sida.se/globalassets/sida/eng/partners/human-rights-based-approach/disability/rights-of-persons-with-disabilities-drc.pdf

Unless something changes, these children will continue to experience discrimination, violence and abuse; restricted opportunities and exclusion from society. [3]

In 2019 the Congo based not-for-profit organization ADED and the Dutch Stichting Impaction started the programme Tunafasi "We all have a place". The aim of programme is to provide children with a disability with an enabling environment in which parents, teachers, and other community members believe in their potential and to give them access to education and health services and the skills they need to be self-reliant and contribute to their society. In a sustainable way, the program will run for three years and after that, the program will be taken over by the Municipalities and Self Help Groups in Uvira, DRC.

After successfully finalizing the preparation phase in 2019 we now seek for support to implement in the period between 2020-2024. After successful results, this program could be scaled in other parts of DRC, Rwanda and Burundi.

We want to support children living with a disability in DRC to live a life in dignity!

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[3] The State of the World's Children 2013, UNICEF
* where we mention children in this report we mean "children and youth with a disability aged up to 33 years"

Children with a disability in DRC

Children with a disability in DRC are born and raised in a society where they are not valued resulting in a negative impact on their self-esteem and aspiration and poverty. This limits their ability to participate to all spheres of life and reach certain independency.

The key challenges to address are:

- ✓ Negative socio-cultural norms and mind-set towards disability
- ✓ Weak infant and maternal health services
- ✓ Lack of financial means (at household level),
- ✓ Unaccountable government system
- ✓ Lack of basic social, medical, economic and education opportunities.

To improve the wellbeing of these children and their families it is crucial to fight against poverty and promote access to basic services. At the same time if nothing is done on reducing maternal and infant mortality, high rate of birth defect and birthing at home, will increase the number of childhood disabilities.

Community-based rehabilitation

As the key challenges are interlinked it requires a multi stakeholder approach to realise impact. The concept of Community-based rehabilitation (CBR) was developed by WHO in an effort to enhance the quality of life for people with disabilities and their families - to meet their basic needs; and ensure their inclusion and participation. CBR is a multi-sector approach working to improve the opportunities and social inclusion of people with disabilities while combating the perpetual cycle of poverty and disability. CBR is implemented through the combined efforts of people with disabilities, their families and communities, and the respective government.

The Inspire2Care model

The Inspire2Care (I2C) model developed in Nepal by the Karuna Foundation is a proven, effective and impactful CBR programme for building inclusive communities and the reduction of birth defects and childhood disabilities in developing countries. Inspire2Care aims at full participation in society of children and adults with a disability in developing countries and reduction of avoidable birth defects and childhood disabilities. With a typical entrepreneurial approach, the model focuses on leadership of poor rural communities themselves to take action for the most vulnerable groups, among them people with a disability.

The model is practical and cost-effective, and can be replicated relatively easily in another community or in other countries. Research done by a health economist states that Inspire2Care is highly cost-effective according the benchmarks of WHO[4]. Ashoka selected Inspire2Care as one of the 10 'Most Scalable Solutions' for inclusive development. In addition, Inspire2Care won the Zero Project Award 2018 on Accessibility. The Tunafasi Programme is based on the Inspire2Care Model.

Elements of The Inspire2Care model

Within the I2C model each village has a Village Disability Rehabilitation Committee (VDRC), a committee mandated by the Government to implement rehabilitation activities for persons with disability. In villages the VDRC recruits a local person to work as a CBR facilitator. The facilitator receives training in rehabilitation, and works with the committee and community to prevent disability and rehabilitate children and adults with disability.

CBR facilitators, together with children with disabilities and their families, develop individual rehabilitation plans for each child by focussing on components of the CBR Matrix of the World Health Organisation.

Medical rehabilitation activities may include physiotherapy, medical treatment, assistive devices, nutrition rehabilitation and referral to secondary and tertiary levels for required medical care.

Educational rehabilitation may include counselling, school enrolment and retention, educational support and linkage to existing scholarship funds to encourage schooling and education. Social rehabilitation can include facilitation to provide government-issued disability identity cards, and counselling and support as necessary to encourage participation in social functions.

Furthermore, inclusive child club and self-help group formation and activities, skill development training, livelihood loans, disability awareness, and developing disability friendly public places are part of the model. In addition, coordination with local level structures and establishing networks and referral contacts are some key working areas of the facilitators.

[4] DCID, 2015 Cost-effectiveness of a Community-based Rehabilitation Programme in Nepal Kelsey Vaughan, Aradhana Thapa, http://dcidj.org/article/view/457

The Tunafasi program 2020-2024

Tunafasi “We all have a place” is a community-based rehabilitation [CBR] program for children with disability. The aim of the Tunafasi program is to enable a positive environment, sustainable autonomy and equal opportunity for children with a disability and their communities.

The Tunafasi program is implemented in Uvira health zone, in a city of around 400.000 inhabitants in eastern of DR Congo. This is a challenging environment as Uvira is currently being plagued by violence, diseases, extreme poverty and an absent government. Services that need to be provided on healthcare, education and welfare are not sufficiently being fulfilled.

The program is based on the CBR Matrix of the World Health Organization, and follows the successful “Inspire2Care model” from the Karuna Foundation Nepal. Co-ownership and cost sharing of the programme by local authorities and the community are important aspects of this model. Income generation increases the self-reliance of children with disability and their families.

During the preparation phase in 2019, 982 children with a disability have been identified in Uvira health zone through a rigorous process with the ambition to leave no one behind. All these children have been diagnosed by a multidisciplinary team of doctors. These 982 children and their families in the Uvira health zone are the core of this four-year program. They will benefit one by one and as a group directly from this program through addressing all the areas of their needs described in an individual development plan: access to health, education, income generation and participation in their community. The expected spin-off of the programme will deeply effect the quality of lives of these children and their families.

We have identified 499 children with a physical disability, 47 children who are blind and 92 children who are deaf, 130 children with a mentally disability and 214 children with multiple disabilities. In 2019 95% of these children were not going to school.

2019 Preparation Phase

The project started in 2019 with a preparation phase. During this phase the following results were achieved:

- Organisations in charge of promotion of disability rights and social protection are active and information mechanism through radio broadcasting is undergone
- 982 children and youth with disability aged up to 33 years old are identified, medically screened and each have his/her individual development plan
- Self-help groups were created and are performing progressively in saving and credit activities;
- In total nearly 1000 young people with a disability and parents of a child with a disability have shown interest to take responsibility for their children by being member of one of the 20 Self Help Groups and investing their money;
- Collaboration with all Disabled People's Organisations in Uvira are in place
- A collaboration agreement was signed with the health zone; Tunafasi is known at Provincial and National level;
- Health facilities staff are trained on CBR and start recording disability in national health information system;
- CBR is for first time recognized and integrated into the Primary Health Care Package of Uvira Health Zone among 36 others of 517 in DR Congo;
- CBR is known in municipality and the Mayor has appointed a focal person for this program;
- A steering committee has been established composed of a police representative, a health zone representative, an education officer, a humanitarian officer, a focal person of social affairs, a human rights officers, parents of children with disability
- Tunafasi team of ADED has been trained in Community Based Rehabilitation;
- 22 Community based facilitators have been selected, are trained on CBR and are paid by state

Strategic Pillars

The existing social norms and the interconnection between poverty and disability are interlinked problems affecting children with a disability. Not only do people with disabilities experience a disproportionately high level of poverty; being poor increases their chances of having a disability and reduces their access to vital services. This cycle of disability and poverty for people with disabilities, their families and communities can be very hard to break. It limits their education, their access to basic services and opportunities and sometimes even the support given by the parents. These issues will be cross cutting of all pillars activities. Each strategic outcome and outputs will be including activities related to mind-set shift such as: Positive behaviour on disability.

The four-year programme is built on 5 strategic pillars:

Pillar 1
Equal Access to quality prevention and rehabilitation health services

Activities:

- Facilitate medical Treatment, Assistive Devices, referral and linkage
- Train Community Based Rehabilitation Facilitator (CBRF) on physiotherapy technics
- Equip – coach CBRF with physiotherapy materials,
- Train – Coach parents/care taker in Self Help Group approach

Pillar 2
Equal Access to quality inclusive education

Activities:

- Enrol and retain children with disabilities in education

Pillar 3
Socio-economic empowerment/Livelihoods development

Activities:

- Form Self Help Group, provide vocational training and seed money

Pillar 4
Influencing accountable policies and state contribution

Activities:

- Lobby to the mayor and other decentralization bodies to integrate CBR in their plan

Pillar 5
Institutional capacity development.

Activities

- Strengthen the role of steering committee. Strengthen network activities for more visibility and complementarities.

Planning

The Tunafasi Project is a 4-year programme starting in 2020. Due to flooding's in April 2020 and the consequences of COVID-19, the team has experienced a delay in the implementation and in strategic planning. New needs related to emergency situation of children with disabilities and their families have to be responded before involving them in to resilient activities with community-based rehabilitation principles. 175 disable children households affected by the floods will receive emergency aid as a very first step of Community Based Rehabilitation.

Monitoring & evaluation

The economic-, governmental- and health situation in DRC is challenging and changes frequently. For this reason, continuous monitoring, evaluation and adaption is important. ADED will send a financial and narrative report every 3 months. Every week there is a skype meeting between Betteke and Gilbert. Betteke De Gaay Fortman who was closely involved in the successful implementation and scaling of the model in Nepal will strengthen the capacity of the team in DRC and visit the programme at least once a year.

<u>Expected measurable results by the end of 2020:</u>

- 74 children will receive medical services.
- 50 children will be accessing school or vocational training;
- 451 children will be involved in Self Help Groups

A written report of this annual evaluation will be shared with donors.

Key Performance Indicators

After 4 years we strive to deliver the following results:

- 60% of the supported 982 children will express self-reported improvement of their lives (health, self-confidence, acceptance, economic situation).
- 482 children with a disability will be enrolled in school
- 196 of the 982 children will transition to higher levels of education with Tunafasi support.
- 298 of the 982 children who are out of school will have received Technical and Vocational Education and Training
- 65% of the 982 children and their families will have an increased income through income generating activities and self or wage employment

- Community Based rehabilitation and prevention program is part of Uvira municipality or other state body's regular plan and budget.

Sustainability of impact

The project will be implemented following Inspire2Care principles which stands for progressive decrease of donor's contribution to increased community and municipality / state contribution. After 4 years the program is totally embedded in the yearly plan and budget of the municipality and the Self-help Groups. The end goal in the four years' project duration is that; the municipality – community have capacity and willingness to support the project costs at 100%. After the four years of program, the average cost per child per year will be 15 to 20 Euros per child per year as many expenditures related to medication, rehabilitation, education will be already covered (total cost per child per year during programme period is 125 Euro). This strategy will help in convincing the state to take the full responsibility of continuing the project implementation.

After 2024, the government will be involved in 3 major actions: implementation of a disability social protection system providing specific benefits to persons with a disability, allowing free education to all children with disabilities and paying salaries to community-based rehabilitation facilitators, prevention staff and health zone focal point. In addition, the community will be involved in income generating activities through self-help groups support where they will be supported with internal credits capacity of Self Help Group in order to allow members of these groups to save sufficient amounts which will be contributing to household income including children with disabilities.

In case the government does not honour its engagement after 4 years, the program will put more power in the community through strengthening self-help groups and community awareness. If the community is highly involved in self-help groups, the government progressively will become more involved even if is after many years. To reach on this exit strategy, the community will convince the government with positive tangible results.
Based on community, municipality basket fund, social business return on investment, the program sustainability is warranted by local resource allocation, local ownership, and local leadership. This will lead for strong effectiveness, the efficiency and sustainability of the program after external funding.

Tunafasi is based on an Entrepreneurial Approach. The specific characteristic of the entrepreneurial approach is a strong focus on the readiness assessment, result in short period, cost efficiency and effectiveness and clear exit strategy from the beginning. Moreover, thinking 'out of the box', zeal like a businessman and ready to take risks are the characteristics of this approach.

The Team

The Tunafasi Program is run in a partnership between the Dutch Stichting Impaction and the DRC based organization ADED.

ADED is a child focus Christian development NGO registered under Ministerial decreeN0:135/CAB/ME/MIN/J&GS/2019/08/August/2019. Its mission is to assist children in need and / or distressed so that they can reach their full potential in the family or in a hosting family without isolating them from this environment. ADED adopted a child centered community development approach. This strategy is based on the fact that the families and communities are better placed than anyone in identifying the most important needs for their children and mobilizing required resources effectively. From the approach, ADED has developed an integrated sustainable empowerment mechanism linking Education, health, technical vocational training to income generating activities through Self Help group. ADED is responsible for the implementation, monitoring and evaluation of the TUNAFASI project.

Gilbert Mututsi Ruturutsa, is the director of ADED. Gilbert has more than 20 years of experience in micro insurance, healthcare and supporting children in need in developing countries.

The vision of **Stichting Impaction** is to support innovative projects that empower the poorest of the poor in developing nations and that create an enabling environment for them to be self reliant. This foundation has been set up by Betteke de Gaay Fortman and her role is to strengthen local organizations in their entrepreneurial behaviour and to bridge the interest of the projects in the field and the investors in The Netherlands.

Betteke de Gaay Fortman has been involved/ leading the successful implementation and scale-up of the “Inspire to Care model” from the Karuna Foundation Nepal. Stichting Impaction supports the TUNAFASI project with social business knowledge and practical and operational experiences gained in Nepal, as well as a network for fundraising. The Board of Stichting Impaction consists of Annemarie Nederhoed (Chair), Fons van der Velden, Dirkje Jansen (treasurer).

The partnership between ADED and Stichting Impaction is characterized by clear and open communication. We share all information, give each other feedback and feel equally responsible for implementation and partnerships, though we have different but complementary roles. Our cooperation is founded on equality in suggestions, review, changes, adjustment and equity in what is needed and why that is essential. We are one global team.

Partners

This project works together with numerous partners in Uvira, DRC and in the Netherlands to make sure implementation is effective and efficient and funding is diversified.

In Uvira:

- Municipality of Uvira
- International Red Cross
- Ocha
- Haki Yetu
- Heri Kwetu - Bukavu

In the Netherlands:

- Dutch Coalition for Disability and Development
- Family Staal
- Jars of Clay Foundation
- Weeshuis der Doopsgezinden
- Summerfund

Budget

Lines	2020	2021	2022	2023	2024	TOTAL
Access to quality prevention and rehabilitation health services	€20.000	€31.250	€31.250	€25.000	€12.500	€120.000
Access to quality inclusive education	€5.000	€6.250	€6.250	€5.000	€2.500	€25.000
Socio-economic empowerment/livelihoods development	€10.000	€18.750	€18.750	€15.000	€7.500	€70.000
Influencing an accountable policies and state contribution	€5.000	€12.500	€12.500	€10.000	€5.000	€45.000
Institutional capacity development	€7.561	€12.500	€12.500	€10.000	€5.000	€47.561
Emergency Aid	€17.439	€0	€0	€0	€0	€17.439
Programme costs	€25.000	€31.250	€31.250	€25.000	€12.500	€125.000
Management and coordination Stichting Impaction	€10.000	€12.500	€12.500	€10.000	€5.000	€50.000
Total	**€100.000**	**€125.000**	**€125.000**	**€100.000**	**€50.000**	**€500.000**

Status

- Of the budget for 2020, 85.000 Euro yearly has been committed long-term, under conditions. In August 2020 there is still a funding gap of 15.000 Euro for 2020.
- If we don't attract more donors, ADED will downsize the budget to 85.000 euro.
- This budget is a minimum scenario. If we attract more donors, we need to allocate more budget on capacity strengthening of ADED, the Community Based Rehabilitation Workers and other stakeholders.