

# TOWARDS AN INCLUSIVE POLICY

A DCDD PUBLICATION SERIES ON INTEGRATING  
DISABILITY IN POLICY AND PRACTICE



## MOVING UP THE LEARNING CURVE – INCLUSIVE DEVELOPMENT TODAY

Examples from projects from Southern partners of Dutch development NGOs illustrate good practice and show the way



DCDD wants to contribute to a better understanding of what are inclusive policies and practices in development co-operation. Inclusive policies and practices integrate and include people with disabilities in all areas of daily life. In this brochure, examples of good practice from projects working in inclusive development are described. These examples help to make the inclusive approach more practical and to provide guidance for making development work more inclusive.

## ***Where does the information come from?***

Six institutional members of DCDD agreed to contact their Southern NGO partners working in the area of disability to provide material for this brochure. In this way we are able to describe practical examples coming from projects which are working towards a more inclusive society; from India, Indonesia, Thailand, Tanzania and Uganda. The information was gathered by asking for specific information through a questionnaire.

What is good practice? This brochure attempts to provide some guidance towards finding answers to this question, derived from several manuals and publications in the area of disability and development. The main value of this brochure lies in the examples given, which hopefully will inspire the reader to make practical solutions themselves which are more inclusive.

## ***Brochure contents***

In an attempt to describe what the indicators of good practice are which contribute to a more inclusive society, the brochure opens with a theoretical argument (**PAGE 3: WHAT IS GOOD PRACTICE WHEN PROMOTING INCLUSION?**). Subsequently good practice examples from the different projects are reviewed, first giving a short description of the project (**PAGE 8: EXAMPLES OF GOOD PRACTICE**).

At the end of the brochure, you will find information about the DCDD institutional members who contributed to this brochure (**PAGE 20: DESCRIPTION OF DCDD MEMBERS**).

# What is good practice when promoting inclusion?

The cases of good practice in this brochure are examples that contribute to inclusive development (\*). An inclusive society can be defined as a society where there is equal access to rights and opportunities for everybody, including people with a disability.

For this brochure, six development projects with various different backgrounds are analysed. By means of a questionnaire, followed up by more detailed questions, information was analysed using indicators of good practice in inclusive development. From these projects, 15 examples were chosen that illustrate good practise.

In this chapter, you will find a theoretical description of these indicators of good practice. Ideally good practice projects should meet all the indicators to be contributing to inclusive development. But, in reality, good practice projects are rare.

## ***About the described projects***

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All the projects described in this brochure have at least one thing in common. They are all focused on people with disabilities and want to contribute to a more inclusive society. The target groups and themes however differ. Some of the projects focus on specific areas like education. Indicators for evaluating the quality of the education or other services themselves are not discussed.

(\*) Inclusive development means respecting the full human rights of every person, acknowledging diversity, eradicating poverty and ensuring that all people are fully included and can actively participate in development processes and activities, regardless of age, gender, disability, state of health, ethnic origin or any other characteristic.

Most projects only started a few years ago and so it is not yet possible to measure the long term effects on the lives of disabled people. This brochure, therefore, cannot fully describe the effects of the projects' activities on inclusion and sustainability. It would be very interesting to evaluate the outcome of these projects after a longer period of time, like for example, in 2010. All the projects described have some elements of good practice, although not all the projects exhibit good practice in all indicators. The indicators of good practice reflect an ideal situation and the projects described here are learning and working towards it.

Many more examples from the projects could have been given if there had been more space available in this brochure. More extensive descriptions of the projects can be found on DCDD's website.

## *Indicators of good practice in projects*

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The choice of indicators was made after a study of several manuals and publications in the area of disability and development. We have divided the indicators of good practices into six parts:

1. **Problem analysis and project formulation:** inclusive policy approach and local participation
2. **Disability dimension:** twin-track approach and structural attention to disability
3. **Social model of disability:** disability as a human rights issue
4. **Involvement of people with disabilities:** participation in project management and implementation
5. **Information and knowledge:** capacity building and outreach
6. **Outcome:** sustainability and inclusion

In a good practice **problem analysis and project formulation**, needs are analysed in close consultation with people with disabilities and/or their families. This should form the basis for the detailed planning of activities. Monitoring and evaluation of implementation should be built in the project from the beginning. It is favourable when local structures such as primary health services and/or primary schools are encouraged to get involved in the project at the planning phase. It is also good practice to make efforts, early in the planning phase, to work towards a social model. This means that needs are assessed with the aim of working towards a community development perspective within the longer-term aim of equal participation.

The indicator **disability dimension** relates to general or mainstream development projects which have a clear inclusion target. Using a twin-track approach ... mainstreaming and having specific actions for when special support is needed, is the best practice for a mainstream project. If a project is isolated and targets only disabled people, it is important to analyse whether it pays adequate attention to issues such as advocacy and awareness raising. Awareness raising activities which make the problems and challenges that disabled people face visible to the general public are important, as are stigma-reducing activities which fight prejudice and discrimination. Through these activities and political lobbying for better legislation and the implementation of that legislation, the project can be a catalyst affirming action towards the mainstreaming of disability. For example, does the project try to link with general community development programs so that they include people with disabilities? Other indicators we look at are, for example, how the project structurally contributes to accessibility, such as accessibility of transport and access to information.

In a project with good practice the **social model of disability** explicitly takes the human rights perspective as its point of departure and uses this to frame the policy of the project. The issues that people with disabilities have are viewed as human rights issues and work is directed towards getting access to equal opportunities. The more the project is directed at social outcomes, such as participation, the more the social model of disability is employed and the better the practice. Thus, it is good practice in projects when we see that people with disabilities are enabled to participate equally in society through education, work or leisure. An effort to implement (parts of) the UN *Standard Rules on the Equalization of Opportunities for People with Disabilities* is an illustration of this good practice. Some of the projects described are in the process of going from a medical model, where normalisation is the outcome, to a social model, where liberalisation is the outcome ... that means a focus on legislation and the removal of (physical and attitudinal) barriers. We want to emphasize the continuum of this process, in the social model – to the contrary of the beliefs held by quite a few development and medical workers – medical measures are not excluded. Medical treatment is employed when it is needed to enable people to gain better access to their rights.

**Involvement of people with disabilities:** It is essential in a good practice project that the principle *nothing about us, without us* is promoted. This means that when disabled people are the target group, they have to be involved in the project's planning, management, implementation, monitoring and evaluation. The more disabled people themselves have control over the project, the better. Several criteria can shed light on the degree to which a project is 'disability-owned': to what extent people with disabilities have been involved in the planning and analysing process; are people with disabilities working in the execution of the project and, if so, how many; what is the degree of representation of people with disabilities in the management and/or board of the organisation; are they monitoring the project and what is the representation of women in these structures; are specific groups of people with disabilities represented, such as people with intellectual disabilities? In more mainstream, not disability-specific, development projects, other criteria can be used to analyse whether people with

disabilities are involved. Are people with disabilities stakeholders in the project, for example, and are people with disabilities consulted in the planning, monitoring and evaluation? How does the project work cooperatively with disabled peoples' organisations (DPOs)?

A project shows good practice when it gets its (local) **information and knowledge** about disability issues from people with actual disabilities themselves and/or when the project staff has been given disability equality training or other forms of capacity-building that contribute to the understanding of disability. Good practice also includes sharing knowledge and experience with others outside the project.

The **outcome** of a project is defined in terms of inclusion and shows the effects on the participation of people with disabilities across diverse sectors of society. Good practice is when the project design describes concrete objectives, goals, indicators and targets that show the actual degree of inclusion and, if in evaluation, the evidence of the effects is described, with lessons learned. Good practice is when the outcome is that (local) disabled people can allocate resources in their favour, and participate equally in development processes. Another good practice indicator is that the project explains what mechanisms are build in to achieve sustainable improvements and what the vision is on the follow up and/or scaling up of the project.

# Examples of good practice



## *NUWODU, Uganda*

**W**omen with disabilities formed NUWODU, the National Union of Women with Disabilities of Uganda, in 1999. The women are crucial to the identification, monitoring and evaluation of projects. The goal of the project, supported by Cordaid, is to empower women and girls with disabilities in four districts of Uganda, to effectively participate in sustainable development. They will reach this goal by forming associations on different levels, income generation activities, development of new knowledge and skills and by making exchange visits to successful groups of women with disabilities. Other relevant activities of NUWODU include community/public education, appearances at parliamentary or other types of inquiries, development of an accessible website, lobbying service providers to involve women with disabilities in all their programs, conducting national, regional and local conferences, seminars and forums and the production of a newsletter.

In 2001, before planning their activities and projects, NUWODU carried out a needs assessment on women with disabilities. Some of the key issues identified were:

- make links with mainstream organisations which support education for girls;
- connect to the rehabilitation sector to ensure that a physiotherapy service is accessible and available;
- educate women with disabilities about reproductive health and HIV/Aids;
- facilitate groups to form a unified voice (speaking with one voice on behalf of all disability-groups);
- train women with disabilities in self esteem and unity, and train the groups in leadership skills.

One result of the needs assessment is the implementation of a project in four districts with the goal of empowering the women and girls to participate effectively in sustainable development processes. As major stakeholders of the project, the women with disabilities were actively involved in the identification stage, in mobilizing funds and other resources, and they participate in the monitoring and managing of the project.



NUWODU shows that women with disabilities are involved at all levels of the organisation and in the projects. All board members of NUWODU are women with disabilities or mothers of children with learning difficulties. Most staff members are disabled and/or women. NUWODU cooperates with other disabled people's organisations (DPOs) in Uganda and uses their structures to mobilize women. By forming associations for women with disabilities on different levels, by capacity building through training in skills like advocacy, communication and proposal writing and by income generating activities for groups, they aim at sustainable development.

NUWODU is actively involved in awareness raising activities and advocacy: on World AIDS day NUWODU demanded in a publication that the government, NGO's and women organisations include women with disabilities in the HIV/AIDS awareness and prevention activities. They recommended establishing a gender and disability sensitive HIV/AIDS and disability task force in each and every HIV/AIDS service provider, to make information on HIV/AIDS accessible and understandable for all and to actively invite women with disabilities to accessible meetings.



*NUWODU is a partner of Cordaid. For a more extensive description of NUWODU's work and answers to the questionnaire re. good practices, please visit DCDD's website, click at [www.dccd.nl?2648](http://www.dccd.nl?2648). You can contact NUWODU by e-mail: [nuwodu@infocom.co.ug](mailto:nuwodu@infocom.co.ug).*

◀ *NUWODU women having a party. NUWODU is empowering women and girls with disabilities to effectively participate in sustainable development.*



## Jan Sewa Parishad, India

**J**an Sewa Parishad (JSP) in India originally started as a people's movement concerned with environmental issues. Gradually they started to increase their scope of work in other community development sectors. They now carry out projects and activities, in cooperation with local communities and help people to claim their rights. According to the findings from a survey about the needs of disabled people, JSP formulated an intervention proposal and, a few years ago, started a community-based rehabilitation (CBR) program. They get support from the CBR Forum in India, which has a long history of experience in CBR programs throughout India. JSP was also granted support by SKN for two years to develop their professionalism, enable them to continue and to keep up their lobbying activities with the government... all aimed at children with disabilities in the CBR program. Peer groups of families of children with disabilities are formed and monthly review meetings are held with JSP to decide about specific needs and interventions.

By illustrating the use of existing local structures already dealing with disability issues JSP started its work in the field of disability. Being a mainstream community development organisation with its roots in the community, JSP wanted to find solutions for the difficult living conditions of people with disabilities. With



◀ *A scene of street play. Being a mainstream community development organisation JSP wanted to find solutions for the difficult living conditions of people with disabilities.*

*Participants in consultation with volunteers during demonstration and parents consultation camp* ▶



Photo by Children's Welfare Stamps.

help and training from the CBR Forum, India, they carried out a study to investigate the number and needs of people with disabilities, including children. Following these findings, they formulated an intervention proposal and started a CBR program, which the CBR Forum continues to support by providing knowledge and finances. SKN subsequently joined in with financial support too.

Through monthly review meetings with locally established groups of people with disabilities and with groups of families of children with disabilities, they discuss and decide about implementation, monitoring and evaluation. JSP will also encourage and promote equal opportunities by other community based organisations and lobbies with the government for the extension and consolidation of the program.

JSP studied the policy and legislation in India about disability. The findings of these studies are shared with other organisations and government departments in the region. They also cooperate in a regional network of CBR projects, to share and discuss experience, results and problems.

*JSP is partner of the Foundation for Children's Welfare Stamps Netherlands (abbreviation in Dutch: SKN). For a more extensive description of JSP's work and answers to the questionnaire re. good practices, please visit DCDD's website, click at [www.dccd.nl?2649](http://www.dccd.nl?2649). Or contact JSP by e-mail: [parishad\\_JSP@yahoo.co.in](mailto:parishad_JSP@yahoo.co.in).*



## *The Holy Cross Service Society, India*

**T**he Holy Cross Service Society (HCSS) in India has already been working for more than 20 years on inclusive education for (rural) children with a disability. They organise training for Community Based Educators which is recognised by the government. Through these Community Based Educators they ensure that the special needs of individual children are met in mainstream schools. This includes ensuring that there is structural attention given to emotional and behavioural development, vocational training and job placement, development and production of low cost appliances and materials (including maintenance) and cultural and social participation. HCSS also promotes community involvement and identifies jobs in the community, trains parents and general educators. They work closely together with other service providers and with local parent organisations.

HCSS works on the inclusion of disabled children (with a special focus on rural disabled children) within mainstream schools. This is an illustration of promoting equal opportunities for children with disabilities to learn, develop social skills, play and form peer relationships. The children attend local schools, where their educators receive training and Community Based Educators assist in making individual educational programs to meet the special needs of the children, which can include appliances, like Braille facilities or sign language support.

HCSS works in close partnership with parents and parent organisations. The parent organisations organise lots of activities, aimed at exchanging knowledge and experience. They do this through publications (e.g. writing books), organising (grand) parent support groups and fathers' meetings and by counselling parents. Other activities organised include sign language courses and vocational training programs for income generation.

A positive outcome for society is that children with disabilities are not hidden anymore; more than three thousand children are successfully integrated into

Through employment of community based educators is ensured that the special needs of individual children are met in regular schools.



Photo by Liliane Foundation.

mainstream education, also in rural villages, and have got vocational training and jobs in their communities. After 20 years of experience of inclusive education, with a clear structure for monitoring and evaluation, HCSS has learned that appropriately trained Community Based Educators, the participation of general educators and parents are of key importance for the program; without this inclusive education will be a failure for the child. Inclusion in mainstream education of children with multiple disabilities, severe intellectual impairment or with autism is very difficult to realise. Another lesson learned is that local resources are not always able to meet the demand for special equipment and appliances.

*HCSS is partner of the Liliane Foundation. For a more extensive description of HCSS's work and answers to the questionnaire re. good practices, please visit DCDD's website, click at [www.dcdd.nl?2650](http://www.dcdd.nl?2650). Or contact HCSS by e-mail: [hcss@sify.com](mailto:hcss@sify.com).*

## Netherlands Leprosy Foundation in Indonesia

In three provinces of Indonesia, the Netherlands Leprosy Relief Foundation (NLR) has set up self care groups, which is an example of a logical, low cost and potentially successful extension of NLR's activities to assist those who, in spite of the control program, have become disabled because of leprosy. The aim of the groups is, among others, to enable members to support each other to find solutions for their own leprosy-related problems and to increase the self-esteem and self-confidence of the members so that they can participate more actively in society. The group meets once a month and is facilitated by a health worker and an elected group member. Sometimes an ex-lepra patient is included in the facilitating and motivating process, with good results. Special effort is made to include women with leprosy. Reduction of existing disabilities and prevention of the development of new disabilities is the main benefit for the members of the groups. The reduction of existing disabilities, but also the empowerment of leprosy patients, is expected to have an effect on the way the community at large reacts towards disabled (ex-) leprosy patients and thus may have a de-stigmatising effect.



Photo by NLR.

◀ *Vision is that after one year in a self help group leprosy patients can take care of their existing disabilities themselves and are thus able to prevent the worsening of disabilities.*

NLR uses international experience and knowledge about leprosy and self-care groups. The first initiative to establish self-care groups was undertaken in Ethiopia (Alert) in 1995. This was followed by several others; NLR now supports self care groups in Nigeria and Indonesia and is concerned with stimulating the development of self-care groups in other countries as well. In Indonesia they have just started to use and train ex-leprosy patients as facilitators and role models for the self-care groups.

The self-help groups for people with leprosy in Indonesia are evaluated after six and twelve months. Indicators for success are the reduction of existing disabilities and behavioural changes towards the use of protective devices. The vision is that after one year members will take care of their existing disabilities themselves and thus are able to prevent them worsening. If the members so wish, the group can continue on its own or the members can be included in other local organisations. It is too early to measure the effects, but the first results show that members are sometimes surprised themselves about the positive results they achieve. The Department of Health in Indonesia is very interested in the results and it is likely that they will follow the principle of self-care groups in other provinces.

*For a more extensive description of the Netherlands Leprosy Relief's work and answers to the questionnaire re. good practices, please visit DCDD's website, click at [www.dccd.nl?2651](http://www.dccd.nl?2651). Or contact NLR by e-mail: [info@leprastichting.nl](mailto:info@leprastichting.nl).*

## Nafasi, Tanzania

**N**afasi is a sports and education program for children with intellectual, visual or hearing impairments in the north of Tanzania. These children go to special classes in mainstream schools. The goal of the project is for children with a disability to have access to quality services, education, sports and community activities. Sports and play are integrated throughout the program as a method of development and as means of promoting the integration and acceptance of children with disabilities. Local media is used to raise awareness and to help combat discrimination. Activities range from training teachers in existing schools and in the teachers training institute, organising sign language courses, sports days and parent days, to networking with other service providers and lobbying for better local and national policies for children with disabilities.

After a survey in Tanzania was undertaken to identify the sports and play needs of various marginalized groups of children in northern Tanzania, children with disabilities were identified as the group whose rights are violated to a great extent. This resulted in the start of Nafasi in 2001. Since 2001, 44 schools (who accommodate 1200 children with disabilities) introduced the sports and play learning method, taught by Nafasi. By organising sports days for all the children, the teachers observed that the community is more aware of the situation of



Photo by Terre des Hommes.

◀ *The children are very positive about sports and play in school, but they for example recommend that teachers get much more sign language training because they forget the signs too fast.*





◀ *On the training suite is written 'all children have the right to play'.*

children with disabilities. The parents stress that children with disabilities who play more with their able bodied peers, are healthier and develop more skills.

Children with disabilities go to special units in mainstream schools. Inclusive education cannot be realised here because of the already overcrowded classrooms and the lack of teachers and materials. Nafasi lobbies the government for quality education for children with a disability and for better policies towards children with disabilities.

In the Nafasi project, children with disabilities are included in all the evaluations of the project. The children are very positive about sports and play in school, but recommend much more sign language training for their teachers because they forget the signs too quickly.

*Nafasi is partner of Terre des Hommes. For a more extensive description of Nafasi's work and answers to the questionnaire re. good practices, please visit DCDD's website, click at [www.dcdd.nl?2652](http://www.dcdd.nl?2652). Or contact Nafasi by e-mail: [j.de.boer@tdh.nl](mailto:j.de.boer@tdh.nl).*

## ***DREAM IT, Indonesia and Thailand***

**D**REAM IT (Disability Rights, Empowerment, Awareness, Mobility in Indonesia and Thailand) is a disability program. DREAM IT is a result of extensive consultation that began in late 1999 between VSO, its disability-sector partners (DPO's, NGO's with a rights based approach towards disability), government institutions working towards inclusive education, and the volunteer community in Indonesia and Thailand. This culminated in a participatory regional planning workshop in 2000 which organised a pilot project running from 2001 till 2002. The pilot project became reality with DREAM IT formally starting in 2002. The goal of the program is to enable people with disabilities in Indonesia and Thailand to participate fully in society. The disability sector partners play a key role in the implementation and evaluation of DREAM IT.

Since the formal start of DREAM IT in December 2002, VSO's disability-sector partners have been playing a key role in determining strategic direction, supporting the coordination of activities, providing and recommending resource personnel to conduct training, ensuring the programs activities are culturally relevant, and acting as a link to other groups and communities working on disability issues who are not directly targeted by this program.

DREAM IT uses a twin-track approach. The first objective of the project is specifically aimed at people with disabilities by increasing the capacity of VSO's disability-sector partners, while the second objective is to mainstream disability in all the work of VSO and its partners (with, as a start, disability sensitivity training for all staff and volunteers of all sector partners).

Structural attention to accessibility is reflected in DREAM IT's Project Access Fund. Through this fund, children with hearing impairments have now, in one area in Indonesia, local access to all the necessary tests and equipment. Through DREAM IT's Project Learning Fund, the Association of Women with Disabilities was able to translate and disseminate the UN-ESCAP (United Nations Economic and Social Commission for Asia and the Pacific) resolution: towards an Inclusive,

*Director of InterAksi  
Ibu Pikat facilitating a  
disability sensitivity  
training for all  
VSO partners.*



Photo by VSO.

Barrier-free and Rights-based Society for Persons with Disabilities in Asia and Pacific. The target readers include people with disabilities, DPO's, National NGO's working on disability issues and government institutions.

DREAM IT is continuously trying to involve the governments of both Indonesia and Thailand in the development of the project, to ensure sustainable improvements. As a result, DREAM IT is now in Thailand working in close cooperation with the Thai government, especially with the Ministry of Education. In Indonesia, however, this has not been as successful on a national level. At local level, DREAM IT partners have increased their capacity to network and lobby the local governments, which is reflected in the forming of a partnership between CIQAL (Centre for Improving Qualified Activity in the Lives of people with disabilities) and local government institutions.

*DREAM IT is partner of the VSO The Netherlands. For a more extensive description of DREAM IT's work and answers to the questionnaire re. good practices, please visit DCDD's website, click at [www.dccd.nl?2654](http://www.dccd.nl?2654). Or contact DREAM IT by e-mail: [vivian.andyka@vsoint.org](mailto:vivian.andyka@vsoint.org).*

# Description of DCDD members

## *Cordaid*

Cordaid (Catholic Organisation for Relief and Development Aid, Netherlands) has defined its mission as: to work for poor people and for those deprived of their rights throughout the world and for social and economic justice. Cordaid follows a twin-track approach with respect to vulnerable groups, which means specific interventions directed at these groups and interventions aimed at mainstreaming or the inclusion of vulnerable groups into society.



Cordaid's website is [www.cordaid.nl](http://www.cordaid.nl).



Photo by Cordaid.

- ◀ *NUWODU women having a party. One of the tasks of NUWODU (Cordaid's partner in Uganda) is to facilitate groups of women with disabilities to learn to speak with a unified voice.*

## **Foundation for Children's Welfare Stamps Netherlands**

The Stichting Kinderpostzegels Nederland - SKN - (Foundation for Children's Welfare Stamps Netherlands) raises and allocates funds for the benefit of children under the age of 18 in the Netherlands and abroad. Physically, mentally or socially disabled children constitute their target group. SKN has used the concept of CBR since 1985 and, in 2002, formalized CBR as the preferred policy for children with disabilities.



SKN's website is [www.kinderpostzegels.nl](http://www.kinderpostzegels.nl).

## **Liliane Foundation**

The Liliane Foundation is a special foundation for disabled children in developing countries. It mainly focuses on providing social and (para-) medical rehabilitation services to children and youngsters in Africa, Asia and Latin America. The approach is person centred and tailor made. Using a bottom up approach and by networking with other stakeholders, awareness is raised. Community Based Rehabilitation is considered to be an essential strategy and is seen as complementary to the use of existing resource facilities. Through its network worldwide, the Liliane Foundation encourages children with disabilities whenever possible to be included in mainstream education.



Liliane Foundations website is [www.lilianefonds.nl](http://www.lilianefonds.nl).

## Nederlandse Leprosy Foundation

The Leprastichting or Netherlands Leprosy Relief (NLR) is a Dutch non-governmental organisation founded in 1967 with its headquarters in Amsterdam. NLR gives priority to leprosy control. Basic elements are early detection of new patients before disabilities are developed. These control programmes become more and more effective. NLR also now supports the establishment of self care groups of people who became disabled despite the leprosy control programs.



NLR's website is [www.leprastichting.nl](http://www.leprastichting.nl).

## Terre des Hommes

Terre des Hommes Netherlands is a Dutch child focussed development organisation based in The Hague. Terre des Hommes Netherlands advocates, at national and international levels, children's rights, as laid down in the 1989 UN convention on the Rights of the Child. Children with disabilities deserve to have the same opportunities as other children. Support is given to organisations that work towards the inclusion of children with disabilities in education, health and other aspects of society.



Terre des Hommes' website is [www.terredeshommes.nl](http://www.terredeshommes.nl).



Photo by Terre des Hommes.

*Not only deaf children learn sign language, but also their parents and siblings so they can better communicate.*

*Photo made in Tanzania at the Nafasi project.*

## VSO Netherlands

Voluntary Services Overseas (VSO) Netherlands is part of the international development organisation VSO, which has been involved in structural aid in developing countries since 1958. VSO's ultimate goal is poverty reduction. VSO focuses on six strategic areas, one of them is disability. VSO aims to strengthen the capacity of local organisations in developing countries, through a package of technical assistance activities within a programmatic approach.



VSO's website is [www.vso.nl](http://www.vso.nl).

*Volunteer Gerard Meeuwsen as  
Inclusive Education Adviser at  
the Phang Nga Provincial Primary  
Education Office in Thailand.* ▶



Photo by VSO.

DCDD will follow up this publication and publish more about good practices in the field of development cooperation in relation to disability. DCDD is also preparing publications on subjects such as education and disability in development cooperation and Community Based Rehabilitation (CBR).

DCDD – Dutch Coalition on Disability and Development - works indirectly to improve the situation of people with disabilities in developing countries. DCDD is an activating network; we bring together organisations and key personnel in the fields of development cooperation and disability, we facilitate the exchange of information, organise meetings, and work purposefully to influence policies and awareness-raising activities. DCDD's activities are developed on a project basis by working groups and committees. Volunteers contribute on the basis of their expertise and availability. DCDD itself does not carry out development projects, nor does it finance them.

DCDD wants to thank the six institutional members and their six Southern NGO partners who were involved in making this brochure:

- Foundation for Children's Welfare
- Stamps and Jan Sewa Parishad
- Liliane Foundation and the Holy Cross Service Society
- Cordaid and NUWODU
- Netherlandse Leprosy Foundation
- Terre des Hommes and Nafasi
- VSO Netherlands and DREAM IT

The text of this report can also be downloaded as a PDF file from DCDD's website: [www.dcdd.nl?2647](http://www.dcdd.nl?2647). On this webpage you can also find links to the DCDD members involved and a more detailed description of the projects from this brochure.

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