



Embracing Practices of Inclusion

Stories of how people in
Georgia, Laos, Sri Lanka,
Tajikistan and Vietnam
made inclusive development
happen in their societies



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Contents

- Poem – *And so it begins* – By Simric Yarrow
- 1 **Introduction**
- 5 **Exploring the Complexity of Exclusion and Inclusion** – by Akke Schuurmans and Doug Reeler

From Georgia

- 23 **Care versus punishment** – Transforming the institutions and practices of juvenile justice in Georgia – by Tamar Okujava
- 32 Poem – *I know why the caged bird sings* – by Maya Angelou
- 33 **Helping ourselves, helping each other** – Galina's and the sewing factory and Shavshvebi IDP community in Georgia – by Jana Javakhishvili
- 40 Poem – *We Journey Towards a Home* – by Mahmoud Darwish
- 41 **Singing from Prison** – Promoting the Inclusion of Prisoners and Ex-Prisoners – by Tamara Okujava
- 46 Poem – *The Character Within* – by Brian Henson

From Laos

- 47 **Step-by-step towards market inclusion in Laos** – The challenges of supporting the inclusion of ethnic minorities in the economy – by Tran Le Hieu and Jeroen Overweel
- 52 Poem – *When You Are Old* – by W. B. Yeats

From Sri Lanka

- 53 **Senior citizens changing their own lives in Sri Lanka** – by Chaminda de Silva
- 59 **Visaka's walk** – an elders' society moves from stagnation to success – by R.A.P. Karunatileke
- 66 Poem – *Do not go gentle into that good night* – by Dylan Thomas
- 67 **Power to The Powerless through Partnership** – How the TEA programme and Suwasetha helped government and CBO to see each other and work together differently – by Lionel Premachandra
- 74 Poem – *Exclusion* – by Karissa Lin Celona
- 75 **My son has changed and so have we!** – From mental health to social health in Sri Lanka – by Albert Sri Ranjan-Jaffna

- 80 Poem – *A Smile* – by an un-named homeless man in Lille, France, July 2007

From Tajikistan

- 81 **Unshackling our lives** – How cooperation freed all stakeholders to move from a medieval mental health system to one that empowers and humanises all – by Zalina Shanaeva
- 89 **Finding their feet in the world** – the Story of a successful Disabled People's Organisation in rural Tajikistan – by Zalina Shanaeva,
- 96 Poem – *(Dis)ability* – by Jayde Naylor
- 97 **Lobbying and Advocacy to impact the lives of marginalised people in Tajikistan** – by Zalina Shanaeva

From Vietnam

- 107 **Setting sails offshore** – How learning and cooperation between local NGOs and CBOs enable the empowerment and social inclusion of marginalised people – by Nguyen Thanh Tung (MCNV) and members of the Village Health Workers' Association of Quang Tri
- 117 **A Magic Bus to an inclusive life** – An "Action Learning Journey" to social inclusion of people with disability in Central Vietnam – by Le Huu Bang of the Disabled People's Organisation (DPO) with Ho Sy Quang of MCNV
- 125 **Rekindling the fire** – Ethnic minorities organising to take collective action – by Le minh Vu
- 133 **Not going back into that room to be locked up** – Contributing to structural changes in the mental health system of Vietnam – by Akke Schuurmans, MCNV
- 143 **Advocating for a new policy of support centres for the development of inclusive education for children with disabilities in Vietnam** – by Pham Dung, MCNV
- 153 **Beyond Honey from Heaven...** How deep-seated dependency and passivity was transformed – by Ron Marchand
- 161 Poem – *Take Care* – an African Poem

And so it begins

And so begins the delicate task of expression
Boldly allowing the pen to tell us the tale
Giving free room to our inside wobbles
Pouring forth titles and chapters researched with
Years of treading upon this earth
I wonder how to speak and share myself
Showing my flutter-heart but
In this yearning for revolutions of minds
Striving to include
Striving to be included
There is a dance of trust here, a dance of clarity
The information clay is shaped and moulded
Into delightful curls and conjunctions
Will it form strong soil for blooming thought-flowers
In those who meet these phrases?
Will more emerge another day
To other listening voices?
If I keep the words inside I know a part of me will choke
My part unplayed, my song unheard
For like the birds I have my task
And I must spit and mewl and puke these drafts
And breathe and pause and sleep and dream
And scratch and further form
Until they stand
Humming their harmonies for all to hear
Released from the tended gardens of my soul

Simric Yarrow



Introduction

There is a circle of humanity, he told me, and I can feel its warmth. But I am forever outside.

— Susan Griffin, *A Chorus of Stones: The Private Life of War*

The misuse and destruction of the environment are also accompanied by a relentless process of exclusion. In effect, a selfish and boundless thirst for power and material prosperity leads both to the misuse of available natural resources and to the exclusion of the weak and disadvantaged, either because they are differently abled (handicapped), or because they lack adequate information and technical expertise, or are incapable of decisive political action. Economic and social exclusion is a complete denial of human fraternity and a grave offense against human rights and the environment. The poorest are those who suffer most from such offenses, for three serious reasons: they are cast off by society, forced to live off what is discarded and suffer unjustly from the abuse of the environment. They are part of today's widespread and quietly growing "culture of waste".

— Pope Francis's Address to the United Nations, September, 2015

"It contains significant experiences and lessons about the practice of inclusive development for a wide range of excluded or marginalised groups, useful for policy-makers, programme designers, local authorities, development practitioners and community leaders alike."

A contribution to making inclusion happen in the Sustainable Development Goals (SDGs)

As part of the transformative shift from the Millennium Development goals to the Sustainable Development Goals, the High-Level Panel of Eminent Persons in their report on the Post-2015 Development Agenda, 2015, uses the phrase "Leave No-one Behind" as their slogan. The panel specifically urges that "The new agenda must tackle the causes of poverty, exclusion and inequality." Those of us working in development urgently need to understand what will enable those who have been excluded from mainstream development to be included.

This book of case studies and grounded theory was written by community leaders, local authority staff and NGO practitioners from five countries, all involved in the Transition in the East Alliance programme, over five years. It contains significant experiences and lessons about the practice of inclusive development for a wide range of excluded or marginalised groups, useful for policy-makers, programme designers, local authorities, development practitioners and community leaders alike.



It is offered as a contribution towards developing good policy and practice to enable the new Sustainable Development Goals (SDGs) to achieve their promised results. We wish to share these stories with people who were not involved in the programme, as an inspirational and instructive guide, to support their work in enabling inclusive development to happen.

“They were invited to not only bring out the factual and obvious, ‘outside stories’, but also dig into the hidden ‘inside stories’.”

You will find real practices in these pages, not idealised recipes. It is about the highs and lows and the struggles we had, whether these were victories and joys or disappointments and defeats. It tries to describe, understand and explain what actually happens when conscious, integrated and coordinated efforts are made to tackle one of the toughest social problems we face as humanity, where significant groups of people suffer the indignity and hardship of social exclusion, ill-health and poverty amidst the rising prosperity and well-being of society around them.

It reveals the diversity and complexity of the drivers of exclusion and the absolute necessity of all involved in inclusion programmes to approach the work with an open, learning attitude. It is about our attempts as community leaders and practitioners and staff of NGOs and local government to jointly unlock the positive forces for change and unblock healthy human development.

Who wrote this book?

The authors who contributed to this book were involved in a consciously integrated and multi-actor programme on inclusion that ran from 2011 until mid-2016 in many communities and local government localities in five countries: Georgia, Laos, Sri Lanka, Tajikistan and Vietnam.

It was coordinated by an alliance of three Dutch NGOs called ‘the Transition in the East Alliance’ (TEA).

How did we write it?

In mid-2015, the practitioners working on the programme in three of the project countries made a tentative selection of case stories and films they would like to document. Several writing workshops (or “writeshops” as we call them), were then conducted, where practitioners, community leaders, civil society and local government members and staff came together to surface and analyse their experiences together and to write case studies with helpful learnings to share with the world in an accessible way.

Our big challenge was to avoid the obvious approach that simply reports the intervention and draws superficial conclusions. Instead, participants were led through a process that enabled

them to recreate what had happened as the rich, experienced human dramas that they were. They were invited to not only bring out the factual and obvious, “outside stories”, but also dig into the hidden “inside stories”. These inside stories are the subterranean flow of people’s emotional responses, changing relationships, assumptions, unspoken



thoughts and their veiled intentions that, when surfaced, suddenly bring light, clarity and sense to the unfolding of seemingly disconnected events. Tested approaches and exercises from the Barefoot Guide Writeshops were used - soon to be published in the Resource Centre of the Barefoot Guide website – <http://www.barefootguide.org>

Several of the participants pointed out that these processes were much more than writeshops. They reflected that they helped to build their personal confidence, their relationships, their observational skills and their understanding of their work and future challenges. They saw how they could use several of the processes to enrich their own organisational learning practices. They discovered that writing itself, both individually and in peer groups, can be a fruitful process of disciplined observation, reflection and learning. They not only learned to write better but wrote to learn better!

After the country writeshops a final global writeshop was held in Nha Trang, Vietnam, in November, bringing together the practitioners and their draft case studies, from all five countries. During this process the case studies were compared, patterns were sought in the stories and lessons from all five countries and learnings were drawn. An overarching piece was developed to bring together learnings from across the case studies (to be found in Chapter 1). The case studies then went through final editing rounds, coordinated by a small team of editors and illustrators.

“They discovered that writing itself, both individually and in peer groups, can be a fruitful process of disciplined observation, reflection and learning. They not only learned to write better but wrote to learn better!”

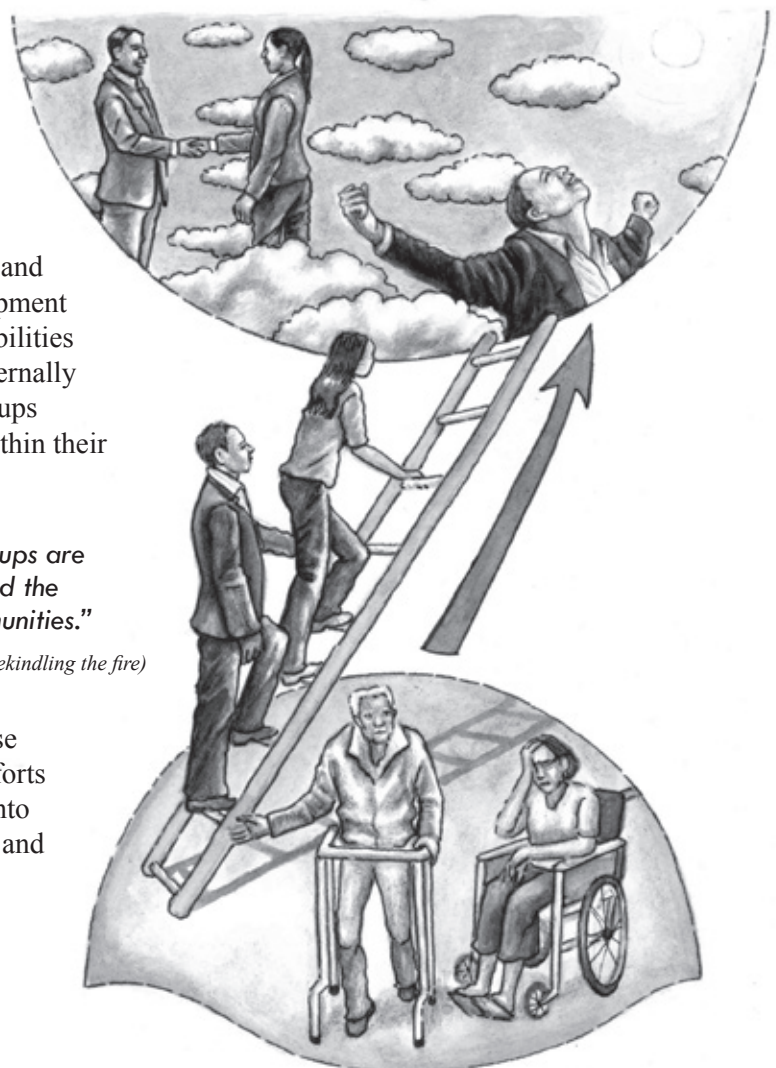
Why did we choose communities from these five countries?

The TEA program worked with marginalised communities in five countries in transition; Laos, Georgia, Tajikistan, Sri Lanka and Vietnam. What these countries had in common was that they were all experiencing rapid social, economic and demographic developments. However, several marginalised groups, have been structurally excluded and neglected in government and non-government development programs. These include the elderly, people with disabilities and mental health problems, ethnic minorities, the internally displaced (by war) and the very poor, some of the groups were even “nested marginalised”, i.e. marginalised within their marginalised groups.

“(...) people with disabilities from ethnic minority groups are often even more marginalised, lagging not only behind the mainstream of the society, but even in their own communities.”

– (from the case study: “Rekindling the fire”)

The TEA program set out to work with a range of these marginalised groups, not only to support their own efforts to overcome their exclusion, but also to gain insight into the complex causes of social and economic exclusion and what approaches can be used to foster more inclusive societies, and then to share these insights with all.



What did the TEA programme aim to achieve and how?

“Its overall aim was to support the self-empowerment of marginalised communities in a way that would enable these groups to stand up for and include themselves, to improve both their living conditions and to transform their relationships with the society around them, from which they had been excluded.”

The TEA program applied a context-specific approach to focus on access to development for marginalised groups. Its overall aim was to support the self-empowerment of marginalised communities in a way that would enable these groups to stand up for and include themselves, to improve both their living conditions and to transform their relationships with the society around them, from which they had been excluded. At the same time, we aimed to support governments to better understand their work and to improve service delivery to marginalised groups. We decided to use a multi-prolonged approach that contributed to:

- **building civil society organisations of the marginalised, and their relationship with government and society** – to strengthen peer support, collective initiative and action, and through which the results could be sustained and spread beyond the life of the programme;
- **livelihood development/income generation** – to enable self-reliance and dignity, without which other achievements falter;
- **improved quality and access to health services** – to deal with one of the key drivers and consequences of the reinforcing, negative cycle of marginalisation.

A more detailed rationale of these three integrated approaches can be found in the next section, *Exploring the Complexity of Exclusion and Inclusion* (2. Applying multi-pronged approaches with OD as an anchor.)

What were the key results?

The primary results have been that the living conditions and wellbeing of many people in communities in the five countries have been improved, in large part through the organised efforts of the people themselves.

Structural systemic changes were made by developing new curricula on inclusion for universities and medical schools, advocating for the adaption and implementation of better policies and practices, and strengthening local government staff and their organisations.

Some seventy local organisations were supported to develop and strengthen themselves in the process, not only becoming more effective but significantly improving their relationships with government and other role players, developing the strong roots required for sustainability beyond the TEA programme.

Significant and rigorous documentation, recording, analysis and publication has happened throughout the process, including the production of videos, manuals, facilitator guides and these case studies and lessons for improving policy and practice.

Most importantly, people who were victims of neglect, stigma and even self-stigma, have been able to look at themselves and each other anew, as free and deserving people, capable of working, contributing and being seen by society as valuable and worthy human beings.



Exploring the Complexity of Exclusion and Inclusion

— by Akke Schuurmans and Doug Reeler

The nature of exclusion

'Ubuntu ungamuntu ngabanye abantu'

– A person is a person through other people – traditional saying from the Xhosa people of South Africa

We are all social beings, able to be ourselves through our personal interaction with our families, friends, neighbours, colleagues... To be excluded is to become alienated, not only from society but from ourselves as well, from that part of the self that is social, that is sustained in community. We draw power and validation from our relationships and interactions with others and so, to be excluded is to become disempowered and invalidated.

For many people the barriers of exclusion seem impossible to break through, even to understand. The complex and self-reinforcing causes and effects of exclusion are not only hidden in the psyches and souls of individuals, and thus so difficult to penetrate and work with, but are also hard-baked into the cultures, structures and systems of society. Exclusion is often seen as a natural and acceptable condition, by both the excluded and the excluders.

Exclusion is a deeply felt experience. It hurts and traumatises in many ways, leading to feelings of helplessness, sadness, and despair. It defeats hopes and dreams. Paradoxically, those who are most excluded, who should be angered by the injustice and should stand up for themselves, often carry feelings of shame, even self-hatred, becoming passive agents of their own exclusion.

In the communities where the TEA programme has worked, people had long been judged by others and by themselves, as being poor, pitiful, dependent and in need of charity. This 'truth' had become internalised in all. In the case studies in this book, we find descriptions of organisations and communities who were gripped with a disabling charity mentality, unable to meet the needs of their members, passive, self-pitying and often expecting help from elsewhere.

"Many of them thought that by becoming a member of the organisation they would receive certain benefits and privileges, and if they did not get something they would not participate (...) Each member seemed like a wet log of wood and collecting them together to make a fire would be a very challenging task."

(from case study: "Rekindling the fire")

"We draw power and validation from our relationships and interactions with others and so, to be excluded is to become disempowered and invalidated."



“Exclusion could happen to any one of us, yet somehow both the included and excluded see themselves as different from the other.”

“When working and asking the local Authorities and public sector organisations for their support, they ignored and disappointed us. Why didn’t they take our DPO seriously and treat us equally? We felt pain and self-pity.”

(from the case study: “A Magic Bus to an inclusive life”)

“Older people felt helpless, marginalised and even afraid, due to threats from outsiders and society. They relied on their children, other people and the government and developed a dependence mentality. In Sri Lanka there is the belief that the elderly cannot or should not work and therefore have to retire and rest in their old age.”

(from the case study “Senior citizens changing their own lives in Sri Lanka”)

What excluded people have in common is that they have not chosen to be excluded. It happens, but it is not their wish. Somehow, somewhere and at some time they ended up on the wrong side of the line. They may have been born with a mental health issue, born to impoverished parents, or of the “wrong colour”, or living in a place where they were not wanted. Perhaps they were disabled in a traffic accident, afflicted with a debilitating disease or caught up in a war that made them lose loved ones, forced them to leave everything they had behind. Exclusion could happen to any one of us, yet somehow both the included and excluded see themselves as different from the other.

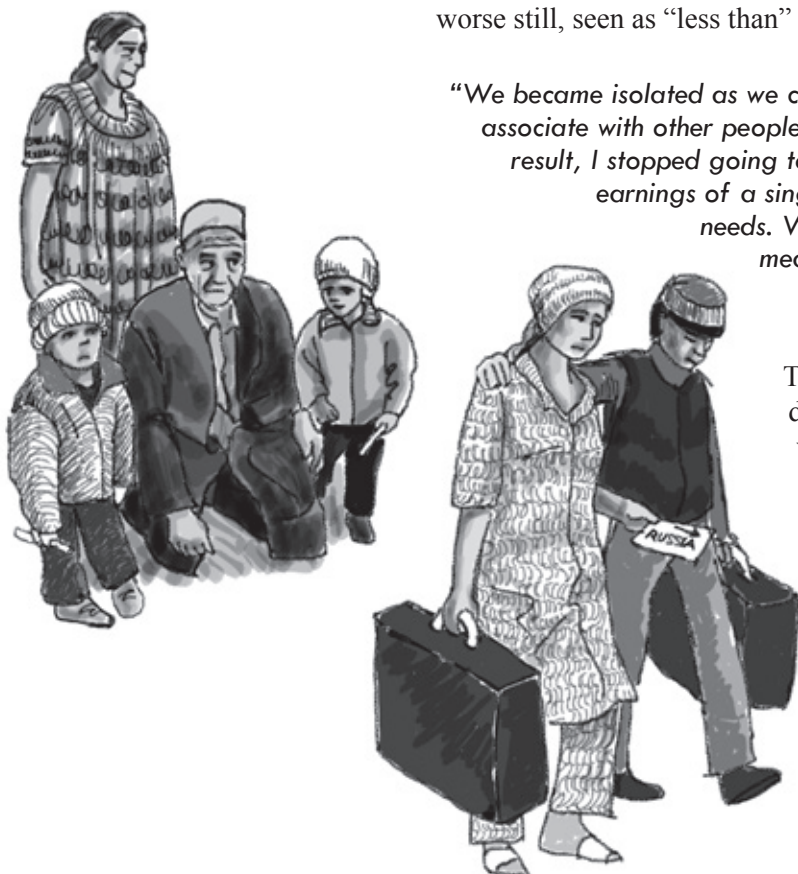
The entrenched and self-reinforcing nature of exclusion

Many, if not most, development programmes and practices deal with exclusion of one form or another, even if they do not use the term. Poverty is so often the result of particular people being left out of decision-making, neglected, or worse still, seen as “less than” and therefore able to be exploited and abused.

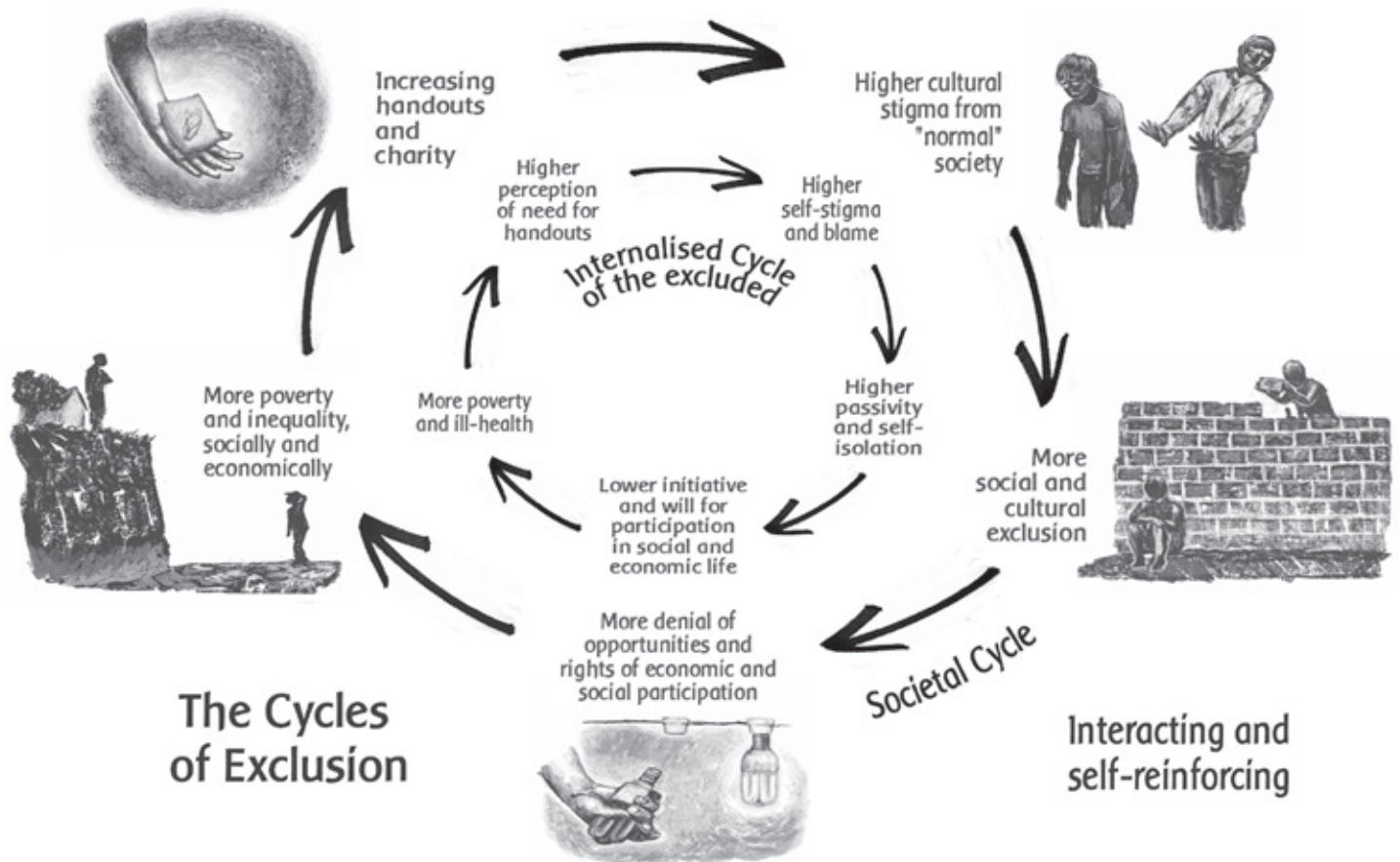
“We became isolated as we could not face the community. We wished to associate with other people in the community but we were hesitant. As a result, I stopped going to work. Only my husband was earning now. The earnings of a single person were inadequate to meet the family needs. We had to cut down on our food and subsist on a meal or two for the day.”

(from the case study: “My son has changed and so have we!”)

The development programmes and practices described in this book go further to identify with those who are most excluded, those who are marginalised within marginalised communities, often struggling with two or more forms of exclusion. For example, the aged, disabled, displaced or incarcerated who live within poor, often neglected rural areas, perhaps even from ethnic minorities, and especially if they are women or girls, must constantly struggle with several layers of exclusion, each of which serve to entrench the other.



From the case studies we saw following mutually reinforcing cycles at play:



Many exclusions have a history which explains why they exist, but history does not sufficiently explain why they persist. To do so they must be continually reproduced in both the attitudes and actions of the included and the excluded, in the social structures, systems and cultures of society, *in self-reinforcing cycles*.

These external and internal cycles are extremely hard to tackle, as each element of each cycle is ever-present and recurring, continually feeding each other.

Exclusion, which we have seen is a complex and integrated problem, must be met with complex and integrated programmes of change. Programmes that are focused on only one or two forms of exclusion are likely to fall short or fail, as the other layers of exclusion continue to bite. A poor, disabled woman is unlikely to break out of her poverty through gender awareness or getting a loan if the culture and discriminatory systems around her still put up obstacles to engaging equally in the economy. A senior citizen who applied for a loan is unlikely to succeed if he still regards himself as too frail and incapable and his family and neighbours reinforce the idea. A women of an ethnic minority who continues to be excluded from decision-making may even find that more productive rice seeds, which require more threshing, impose an extra burden on her, while the benefits go to the men-folk.

“Many exclusions have a history which explains why they exist, but history does not sufficiently explain why they persist.”



If we want to meet the complexity of exclusion we must move beyond simple, single-issue or focused projects.

The effort needed to undo exclusion requires something ‘extra’. This ‘extra’ refers to the necessity to deeply understand the characteristics of the self-reinforcing cycle of exclusion and the necessity to facilitate and support both excluded and included people to break out of it.

Practices of Inclusion: Doing something “extra” to break the cycle

“We know what we are, but know not what we may be.”
“It is not in the stars to hold our destiny but in ourselves.”

– William Shakespeare

“... as with the PARTOS Learning Platform, our experience of working with those who endure high degrees of exclusion also tells us that their inclusion requires ‘an extra’.”

As development organisations, we have a mission to reach those in need. We work hard to achieve structural changes in the societies within which we work. Such changes are difficult to achieve and success is not guaranteed. But even when we do see changes, are we reaching those people that need us the most? Evidence shows that we do not reach them if we do not make that extra effort. By definition, these groups are not lifted up in a general wave of economic development. The wealth does not trickle down. In fact, there are many structural reasons that prevent it from doing so. Without opening our eyes to those reasons, even the wealth in our own programmes will not reach them.

From “Leave no one behind! - Inspirational guide on inclusion of ultra-poor and marginalised people in economic development” Publication of the working group on Social Inclusion – Partos Learning Platform – 2015

The concept of *inclusion* in practice

Like exclusion, inclusion is a complex notion. It must embrace the sense and judgement of excluded people themselves of how and where they should belong, how they are regarded as being equal, worthy, noticed and a part of the community. This must be mirrored by those who are already included. Inclusion is relational both to the self and to the other.

What makes inclusive development, as a practice, different from other development practices? Whether we call it inclusion or not, any approach that seeks to enable groups of people who are poor or lack rights and whose basic needs are not met, is working to address exclusion. However, as with the PARTOS Learning Platform, our experience of working with those who endure high degrees of exclusion also tells us that their inclusion requires “an extra”.

Based on the experience of the TEA programme, the following six have emerged as key elements of inclusive development practices:





1. Promoting consciousness and respect for diversity

“Strength lies in differences, not in similarities.”

– Stephen R. Covey

“Our ability to reach unity in diversity will be the beauty and the test of our civilisation.”

– Mahatma Gandhi

“... instead, they started to serve the communities that had either given them charity or excluded them, turning around the direction of assistance.”

Many people, both included and excluded, regard exclusion as natural or normal, as part of fate. Something to accept without question. An important part of an inclusive practice is to challenge this; appealing both to the empathy of the included, which is often not far below the surface and building up the personal and collective self-worth of the excluded, along with an understanding of why they are excluded and how it can be different. Exchange visits and peer groups formed a key part of the practice in several of the case studies presented in this publication.

The work on inclusion we carried out was geared towards developing the respect of marginalised groups for themselves and encouraging them to reach out to the outside world (working inside-out) to demonstrate their humanity and value. At the same time, the outside world was alerted to the existence of these groups and the need to include them in everyday activities, programmes and policies (working outside-in).

Let us look at these two “gestures”.

Working inside-out

“It’s not always necessary to be strong, but to feel strong.”

– Jon Krakauer, *‘Into the Wild’*



From strengthening marginalised individuals and groups, we encouraged them to relate to the outside world in a different way. Specific marginalised groups; like the elderly and disabled, were facilitated to strengthen or form their own organisations and clubs, to build their confidence, to promote peer-support and to harness collective learning and action. The case studies show that the peer group support made people feel less alone, enabled them to share feelings, make friends and inspire each other to better cope and change.

“A crucial point in my life was visiting self-help groups (groups of Mental Health users in Tajikistan) which were organised based on the user organisation ‘Hamdilon’. I was introduced to people with identical problems, I found my friends there, like-minded people.”

(from the case study: “Unshackling our lives”)

Furthermore, this strengthening of individuals in peer groups laid the basis for one of the “extras” that was required. In several stories the “excluded” were able to break the cycle of ‘asking for help because we are weak’ and instead, they started to serve the communities that had either given them charity or excluded them, turning around the direction of assistance.

“The approach enabled the excluded to include themselves in ways that surprised their communities, not only supporting themselves but also supporting others in need who were not seen as dependent or excluded.”

“People with disabilities are now seen differently in the eyes of the community... as they have undertaken social responsibility projects. Local people in the communes of A Xing, A Tuc and Xy have found new playgrounds for children made by the DPOs. Swings and climbing nets were made from old tyres, rope and materials available. We did that because we had identified the need of our children for playing in a safe and cheerful way. They had nothing to play with and they even played with their friends in the mud and dirt. We did this for them but also because we wanted people to see us and know what our organisation is.”

(from the case study: “Rekindling the Fire”)

“Arrangements are afoot to organise a free six-month cookery course with a lesson per month. This will be targeted at school leavers in the families of members and the resource persons are drawn from among the members.”

(from the case study: Visaka’s walk)

“In 2014, the SCC (an organisation of the elderly) began to target the younger generation and provided assistance to other people in their village who needed financial assistance to start or improve their business. To date they have assisted 24 non-members with microloans for small businesses.”

(from the case study: “Senior citizens changing their own lives in Sri Lanka”)

“The SCC has also provided scholarships for students who performed well in their examinations and ran a day centre for vulnerable older people in the village. They have conducted capacity building programmes for other CBOs in the village.”

(from the case study: “Senior citizens changing their own lives in Sri Lanka”)



The approach enabled the excluded to include themselves in ways that surprised their communities, not only supporting themselves but also supporting others in need who were not seen as dependent or excluded. This helped them to transform their standing as pitiful receivers of help to worthy and respected members of and contributors to the community.

Working outside-in

“Strive not to be a success, but rather to be of value.”

– Albert Einstein



In the case studies here, you will see that to promote inclusion, the specific curriculae of universities and other training service providers were developed. Changes in policies, rules and regulations were lobbied and advocated for, and health staff at different levels were trained. In this way students, health staff and policy-makers were made aware of issues of inclusion and acquired skills that enabled them to take the specific needs of such groups into account.

For example, in Georgia, curriculae on psychosocial care were developed and students were given the chance to learn about the practice of such care through internships in NGOs who worked among prisoners, juveniles and Internally Displaced People. In Tajikistan, training was provided on suicide prevention, gerontology and autism. Curricula on the same were developed. In Sri Lanka and Vietnam, curriculae on gerontology were developed and successfully lobbied for as well. In Laos, a mental health award was established within a generic hospital.

Several case studies show how government officials started to support inclusion by allowing groups to use land for cultivation, adapting laws to become more supportive and enabling, rather than restricting and increasing budgets. For example, in Sri Lanka, land was provided to an Old People’s Organisation to grow cinnamon, in Tajikistan local government now provides the local Disabled People Organisation in the North with yearly orders for uniforms and in Vietnam the health budget for gerontology at district level was raised.



2. Applying multi-pronged approaches

“Action has meaning only in relationship, and without understanding relationship, action on any level will only breed conflict. The understanding of relationship is infinitely more important than the search for any plan of action.”

– Jiddu Krishnamurti

“When economic self-reliance and physical and mental wellbeing are connected to organisational and community development then institutionalisation, multiplication and sustainability became possible.”

When we are sick, wounded or hurt we want to be treated as a human being, not as an object that is reduced to a wound, a disease or a condition. People are simultaneously social, emotional, spiritual, economic and biological beings and touching on just one aspect when trying to improve the situation does not do justice to them or meet the complex reality of their multi-dimensional lives.

Applying a multi-pronged approach enabled us to deal with the different interlinked and self-reinforcing forms of exclusion that marginalised groups experienced and had to struggle with, within their daily lives. Our approaches in different contexts usually consisted of a combination of:

- a) organisation development, including leadership development and action learning
- b) livelihood and income generation
- c) health, especially mental and physical disabilities.

Why did we choose these three particular “prongs”?

Sustainable livelihoods, economic independence or at least a measure of self-reliance is a major factor in social empowerment, a key ingredient in supporting inclusion. Likewise, physical and mental wellbeing enable confidence, hope and social participation. Taken together, the positive reinforcing cycle between improving physical, mental and economic well-being can be key at an individual level, as illustrated in several of the case studies. When economic self-reliance and physical and mental wellbeing are connected to organisational and community development then institutionalisation, multiplication and sustainability became possible.



“The ability of people to organise themselves effectively is the foundation for sustaining human initiative.”

People and their impulse for life are sustained from the inside, particularly through their feelings of self-worth, knowledge, hope and confidence, as well as from the outside through the support they gain from community, from organisation. The ability of people to organise themselves effectively is the foundation for sustaining human initiative.

Health, livelihood, lobbying and advocacy components all require strong organisation, leadership and management to pursue, maintain and generate momentum into the future. By linking strategies and improvements in these fields to organisational strengthening, lessons learnt and capacities built have been institutionalised and are more likely to last beyond the life of the temporary TEA programme.

In several case studies, old and disabled people gained improved self-confidence through income generation programs, and vice versa. They were better able to meet the loan conditions as their health improved or stabilised. The case studies illustrate clearly the interrelationships between social exclusion, ill-health and poverty:

“The interaction and communication obtained in the groups with my peers – is a strong healing motivator for my condition. It has been four years since receiving treatments in the hospital.”

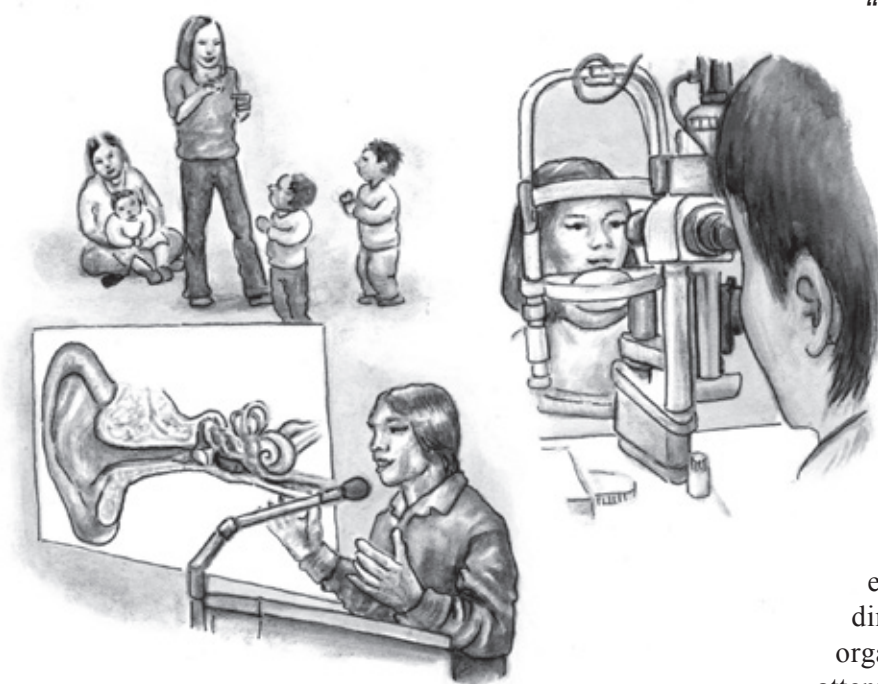
(from the case study: “Unshackling our lives”)

“Nowadays I have more self-esteem and I communicate with other people. I can earn money and support myself with basic needs. In the area where I reside, my skills are in demand and I knit custom-made scarves and jumpers. Many people have changed their attitude towards me; they have started to respect me and count me as a person.”

(from the case study: “Finding their feet in the world”)

It is important to emphasise that we did not apply these three elements in all contexts as “standard delivery” or recipes, but rather explored if and how the different dimensions of health, livelihood and organisational strengthening needed attention, whilst staying continually open to what else might be required. This evolving,

adaptive and open practice was vital to enable us to meet the complex challenges that emerged as the process grew. For example, in “Rekindling the Fire”, it turned out that for an ethnic minority in Vietnam, the first and foremost requirement to enable them to escape the exclusion cycle was to support them in getting their identity papers. Without these papers, they could not obtain collateral for loans, own land or apply for allowances.





3. Anchoring change in organisational and institutional development

“If you give me a fish/You have fed me for a day/If you teach me to fish/Then you have fed me until/The river is contaminated / or the shoreline seized /for development/But if you teach me /to organise/ then whatever the challenge/ I can join/ together with my peers/ and we will fashion/our own solution.”

– The Barefoot Guide to Working with Organisations and Social Change

Tackling inclusion requires a fluid practice, made possible by good cooperation. Organisational and institutional learning and development proved indispensable in keeping coherence between diverse actors, adapting to changing realities, anchoring achievements and making them last.

“This increase in activity also led to the development of the A Xing DPO as an organisation, turning the project activities into part of the routine working agenda of their organisation. The number of members participating in plenary meetings increased significantly.”

(from the case study: “Rekindling the Fire”)

“To get to today’s happiness, our DPO has engaged in much critical thinking, reflecting deeply and learning our way forward, continually. Sometimes we “failed”, but these became opportunities to reflect and learn.”

(from the case study: “A Magic Bus to an Inclusive Life”)

“... Sometimes we “failed”, but these became opportunities to reflect and learn.”

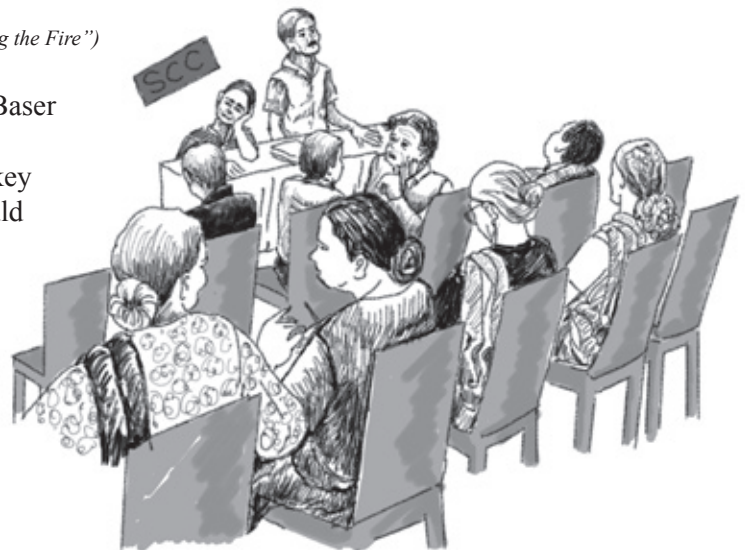
“It is an amazing achievement that targets not only improve the economic conditions of the members but also promotes the organisation and its development.”

(from the case study: “Rekindling the Fire”)

The TEA programme used the Five Capabilities Model (Baser and Morgan, 2008) as the basic framework to guide the organisational strengthening work. The model identifies key capabilities that Civil Society Organisations (CSOs) should cultivate to successfully contribute to civil society. (See next page for a description of the model).

In total, through the TEA programme, about seventy Civil Society Organisations in the different countries were strengthened.

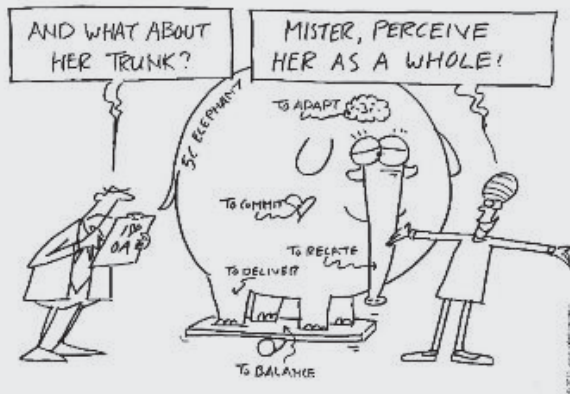
The process of strengthening usually began with a self-assessment of the functioning of the CSOs, facilitated by TEA programme staff. On the basis of the priorities members had to strengthen their organisations, plans of change were developed, implemented and monitored by them. Programmes in the field of health and inclusive employment were to a great extent owned and managed by the CSOs and supplemented with training in OD skills such as planning, monitoring and leadership. The PM&E cycles followed every year, combined with the development programmes and OD trainings, resulted in the main achievements in strengthening their five capabilities as listed below.



The Five Capabilities Model

The 5C framework is a framework through which an organisation can be seen as a living, holistic entity. To stay healthy, the organisation as a whole, needs to function well. Different aspects of an organisation are all interlinked,

just as the organs in a body are linked. In Sri Lanka, they made an analogy of the 5 C framework with an elephant, with the different parts related to the capabilities as described below.



1: Capability to commit and engage

Successful organisations have a clear goal that is shared and deeply felt by all members. In the picture of the elephant the capability to commit is symbolised by the heart of the elephant.

2: Capability to deliver

Effective organisations are able to deliver to the satisfaction of their members, clients or target groups. The elephant's feet symbolise this one in the picture. The feet enable the elephant to carry out its tasks and functions. NGOs and CBOs need to have a good practice, the expertise to manage time, finance and staff, so they can deliver on their objectives.

3: Capability to relate

An organisation never stands in isolation and a successful organisation has many relationships with different kinds of organisations in the environment. In the picture this capability is symbolised by the trunk of the elephant, which it uses to relate to the outside world.

4: Capability to adapt and self-renew

A very important capability that successful organisations have is that they can learn from experience, adapt themselves to changing circumstances and grasp emerging opportunities. For example, if the climate changes drastically and fish is no longer available in the lake, a fisherman may decide to rebuild his boat to transport goods that people demand from a nearby city. This capability is symbolised by the elephant's brains: these brains enable it to decide what to do in changing circumstances.

5: Capability to achieve coherence

Organisations live in complex and diverse contexts and are often themselves diverse in their people and relationships, subjected to different pressures and changing priorities. Successful organisations can maintain focus and coherence in the face of these. They know how to stay on course, like a captain of a ship knows how to navigate the course of the ship and can keep direction in spite of the currents and the storms. The capability to remain coherent is symbolised by the skateboard on which the elephant in the drawing tries to balance.

Achievements of organisations in the TEA in strengthening their Five Capabilities

1. Capability to commit and engage

Many organisations started and ended with improving their strategic plans. This was used as a point of reference through which they could assess their capabilities: how capable were they in achieving their mission and vision, long and short term goals? Many ended with making new five year plans again in order to pave the way for the post-TEA period. Through these processes most community based organisations experienced an increase in membership and an increase in the quality of relationships with members. In Sri Lanka for example, not only did the number of members increase significantly, but also a diversification in membership occurred. Old People Organisations changed their constitution and welcomed people with mental and physical challenges to their membership as well. In Vietnam, more women joined management boards and members were more actively involved in developing ideas for new service delivery. In Tajikistan and Laos an increase in membership and in quality of relationships was seen as well.

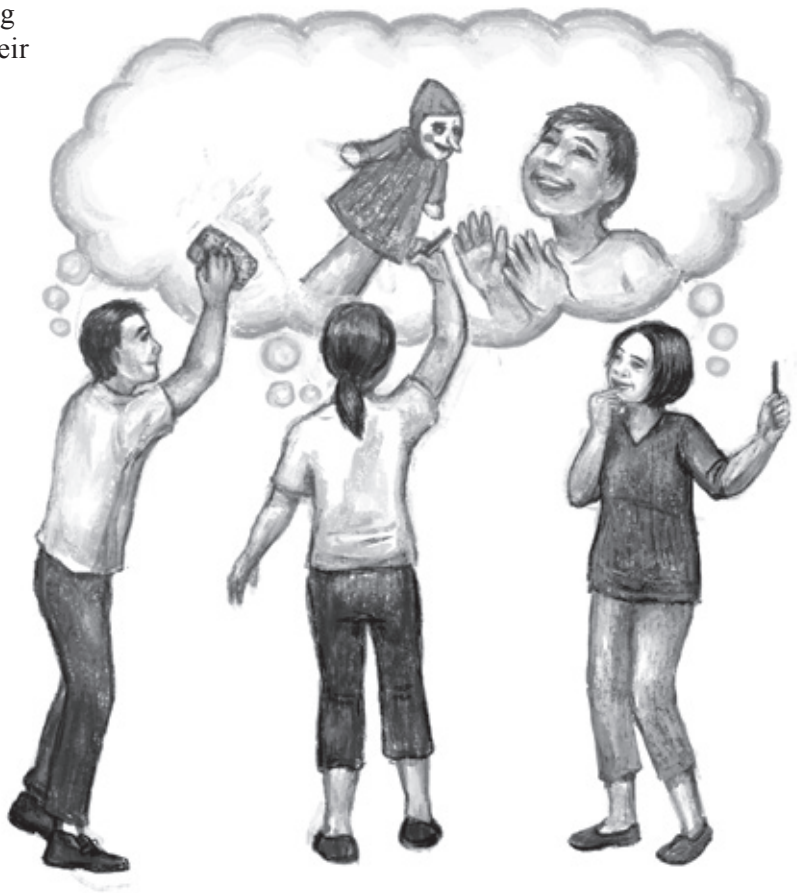
“... key in engaging members more intensively in Vietnam were the use of creative communication methods ...”

2. Capability to deliver development objectives

In terms of mobilising the necessary financial resources, most organisations took the opportunity to assess their funding base and managed to improve it. In Vietnam, especially, the NGOs managed to obtain significant funding from the government (Euro 30.000 in 2015). All the CBOs engaged in activities aimed at obtaining funding resources from the local public and local small businesses. In Tajikistan and Sri Lanka, a great number of CBOs and NGOs managed to obtain funding from collective businesses. In Laos, Vietnam and Sri Lanka, the organisations improved the functioning of the revolving funds, thus better securing income for their own functioning as organisations.

The development of human resources and practices was significant, with good results. For example, key in engaging members more intensively in Vietnam were the use of creative communication methods (puppet shows, dance, football) and the use of mobile devices such as smartphones and tablets. All participating NGOs and CBOs improved in basic organisational capabilities such as financial management, human resources development and leadership skills.

The range and quality services provided by most CBOs and NGOs diversified significantly and improved over time, through experience.



“... it must be remembered that marginalised people often develop an impressive patience and tolerance for disruption which may serve them well when they decide to work together.”

3. Capability to relate

Many organisations started to work on this capability in the second and third year of the programme. After having focussed on their individual organisational functioning, they realised the importance of increasing their cooperation with other actors. The following developments were most revealing:

- a. The relationships with the own target groups improved both in quantity and in quality. There was improvement in leadership skills and practices and the improvement in skills to engage the membership in developing ideas and activities.
- b. Relationships between NGOs, NGOs and CBOs and between NGOs, CBOs and state actors improved significantly in all countries. State and non-state actors together engaged in multi-stakeholder groups that attempted to solve concrete and urgently felt problems. This had a positive impact on the lobby and advocacy component of the work of the NGOs and CBOs.

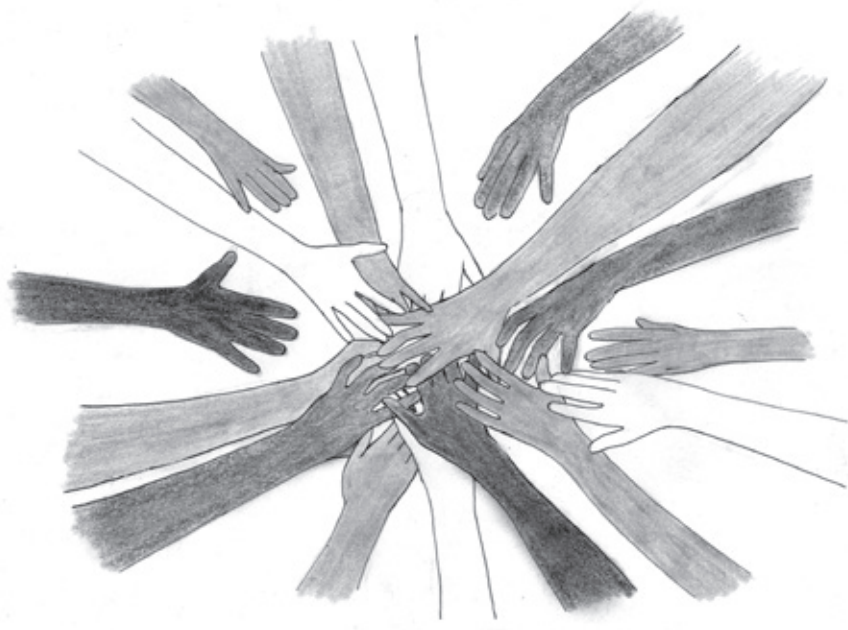
4. The capability to adapt and renew

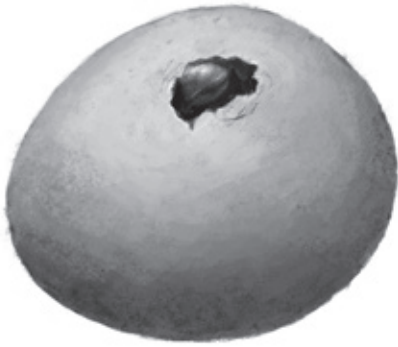
In several stories in Vietnam and Sri Lanka, we see how the members of community based organisations, strengthened by new visions and plans, took the initiative to “clean out” their organisations. They sometimes electing new, leaders, improved their systems and put good time aside to rethink their approaches, constantly adapting to changes around them.

“Action learning” was given strong emphasis in the programme, although it was taken up in more or less disciplined ways in different countries. The intensive planning and monitoring cycles carried out and maintained by the CSO members enabled them to learn and act forward more consciously and systematically.

5. The capability to achieve coherence

Perhaps the most heartening aspect of the growth and development of the organisations in the TEA programme is how, through the inevitable conflicts and dramas of change, they managed to stay together. The four preceding capabilities enabled this fifth one to a large extent, but it must be remembered that marginalised people often develop an impressive patience and tolerance for disruption which may serve them well when they decide to work together.





4. Supporting strength-based attitudes to break through resistance to change

“A society that has more justice is a society that needs less charity.”

– Ralph Nader, American Lawyer

In several of the case studies, the stories relate how the journey from a charity-based to a more strength and pride-based approach was far from easy and smooth. A significant inhibiting factor included a tendency of some excluded people themselves to want to be treated as ‘poor and less-abled’. The stories in the case studies show how hard it was to convince people who were used to acting and behaving as dependants, to start acting and behaving as pro-active citizens instead.

To make the change happen, organisations and leaders persevered, dared to say no and kept on course despite resistance from dependence-minded members. In a number of cases, things got worse in the beginning as the membership declined, then improved again as members started to realise that new pride based approach actually did pay off.

“(…) some members continued to work against the SCC. They tried to disturb the SCC’s work. They didn’t participate in meetings. Sixty members continued to participate. They decided to follow SCC rules and regulations strictly according to their constitution. Those who did not attend three meetings consecutively had their membership cancelled. The membership dropped from 140 to 60. But as the microfinance programme continued to progress, former members realised they also could have benefit from joining the SCC. The SCC actively involved members in their work. Membership gradually increased and at present there are 183 members.”

(from the case study: “Senior citizens changing their own lives in Sri Lanka”)

Every change has its supporters and detractors. The supporters of the status quo often have vested interests and are unlikely to just let go of them. It therefore came as no surprise that, in some cases, the focus that the TEA programme gave in paying attention to the importance of organisation and organisational health and integrity, stimulated members to see that power shifts were required to unblock the road towards a more strength-based approach.

“In some societies the leadership had to be removed at the annual general meetings and more capable and dedicated people appointed to the leading posts”

(from the case study: “Power to The Powerless through Partnership”)

Whereas vested interests and internalised charity-based attitudes inhibited development, role models and successes appeared as inspirational drivers of change.



“[...] it took quite some time for some to change, but most importantly I think was that they saw local people like us becoming successful.”

(from the case study: “Beyond honey from heaven”)

Nhung: “We had to change our assumption that the first 10 people (households) trained would sign up to start right away. We had to give them more time and let it be tried out by some people first. Only after seeing the results in practice, others followed.”

(from the case study: “Beyond honey from heaven”)

“As the programme progressed, the government officers in the two divisional secretariat offices gradually developed confidence in the work of Suwasetha and changed their previous assumptions about older and disabled people... The officers began to understand the abilities of elderly and disabled people. Gradually they realised that they themselves can also develop leadership qualities to benefit the community.”

(from the case study: “Power to The Powerless through Partnership”)



5. Fostering learning as a driver of larger-scale change

“I have no special talent. I am only passionately curious.”

– Albert Einstein

“We now accept the fact that learning is a lifelong process of keeping abreast of change. And the most pressing task is to teach people how to learn.”

– Peter Drucker

Concepts like ‘up-scaling’ and ‘rolling out evidence-based approaches’ suggest that changing practices and transforming the mind-sets on which they are based, are straightforward processes that can be achieved through following detailed plans based on well-known recipes or easy formulae. It is imagined that all a change agent has to do is find out what works, by developing an evidence-based approach, and then implement the replication of that approach.

The possibilities given by reality are quite different. The case studies show clearly how approaches were developed through processes, not only of good planning and preparation, but also of trial and error, conscious action learning and peer-learning. People started to experiment with something small, met resistance, failed, stumbled, sought cooperation with others. They formed learning relationships and committed to learning processes. These relationships, in turn, fostered ownership of new plans and cooperation, which led to more learning in bigger groups, with increasing numbers of stakeholders involved, facing new problems. So the process of reflecting and changing never stopped.

Not only is this a more sensible way of approaching complex change than doggedly sticking to a contracted project plan, but a learning approach also mirrors and improves the natural processes of learning that people are familiar with and in which they can more easily participate.

From the start, the TEA programme emphasised the action learning function of monitoring as a key approach to working forward, using experience as a guide. Of course, unconscious action learning is something everyone does, and so the concept was not difficult to grasp, but a more conscious and disciplined practice of monitoring and action learning had to be taught.

In this programme, it was learnt that participatory monitoring, action learning and peer learning are not just useful elements to support multi-actor cooperation and change, but that in so many ways they are the essence of change at a larger scale, in its very DNA.

A programme on inclusion is driven by change agents; people and organisations who understand the cause and want to work towards it. Change agents are small in number at the start, but as change unfolds and the benefits start showing, the number of agents accelerates through a process of horizontal sharing and learning. This learning is a crucial ingredient in creating ownership of the problem, developing approaches to tackle them and doing so at an increasing scale.

How, in retrospect, did we foster learning?

a. Encouraging staff to adopt a learning attitude in everything they did

In the first meetings with the staff in the five countries it was emphasised that they were allowed, and even encouraged to deviate from the manuals, rules and regulations as long as they discussed in advance why they should like to deviate. This created a culture of taking on responsibility and thinking for themselves.

b. Encouraging Civil Society Organisations to monitor the effects of their activities and to improve their practices on basis of lessons learnt

Each year, plans were made, activities were carried out and monitoring sessions were conducted in order to reflect on expected and unexpected achievements and in order to decide on the way forward. Programme staff were asked to facilitate this process of planning, monitoring and adapting among CSOs. This monitoring practice helped people to learn in a disciplined manner.

c. Encouraging the use of creative communication

Creative interaction allowed us to see that ‘dependent and marginalised people’ can be ‘able people whose strengths can be built’, and that the assumptions, stigma and prejudice of people themselves and the environment can be transformed. Creative communication methods, such as community theatre, puppetry and poetry could shake open frozen mindsets in their communities and bring uncomfortable and taboo issues into the light, where they could be worked with.

“So we helped them to improve these through different activities such as games, drawing and painting, shadow drama, making puppets and performing puppet shows. But what they produced was less important than the process of producing. In that process, the village health workers helped them to express their ideas, communicate with each other, and respect and support each other.”

(from the case study: “Setting Sails Offshore”)

“... a learning approach also mirrors and improves the natural processes of learning that people are familiar with and in which they can more easily participate.”

“... learning is a crucial ingredient in creating ownership of the problem, developing approaches to tackle them and doing so at an increasing scale.”



d. Encourage multi-stakeholder groups and organisations to learn together

In the first meetings with staff we introduced the action learning cycle as a tool to reflect and adapt, encouraging them to use it both within the organisation and in work with other stakeholders. In several instances we saw them use the cycle systematically and in a great many more cases, we saw that the spirit of learning motivated multi-stakeholder groups to keep on coming together, in learning exchanges, to share new insights and move towards change. Below, we present two examples of groups that applied the learning cycle. After that, we illustrate how the multi-stakeholder groups got inspired through mutual learning and sharing.



“With all of these things happening there was one thing we did not forget – we applied the Action Learning Cycle to our work. At the end of each activity, we sat down with each other, mostly with village health workers, but sometimes also with CBOs representatives, to reflect on the activity and draw lessons learnt. We always asked ourselves what we liked most from the activity, what could be done even better, what we should do it differently if we did it again, what lessons we learned, and how we would apply them in the next planning and action... Giving feedback and reflections in a positive way like this created a safe atmosphere for everyone to speak up openly and honestly, instead of criticising each other if something went wrong, which often happened to us in the past. We encouraged our management board members to use learning diaries to record reflections and learnings from activities at each district.”

(from the case study: “Setting Sails Offshore”)

“One of our special practices, which has helped our organisation to develop is Action Learning: “Acting - Reflection - Learning - and Improved Acting.” We always try to listen, observe, learn, be creative, adapt and renew. When we listen to members we are eager to see their ideas and support their solutions. Together, we get better every day; one learning at a time!”

(from the case study: “A Magic Bus to an inclusive life”)

Several case studies show that the learning in multi-stakeholder groups led to increased cooperation and relationships and inspired people to take on meaningful roles in the move towards inclusion.

“This way of working promoted sharing of information and experiences, thus deepening mutual understanding between the Village Health Workers’ Associations and the CBOs. Interesting ideas of cooperation started coming out and they began including cooperative activities in their plans. The process of feedback and learning together had brought together!”

(from the case study: “Setting Sails Offshore”)

“Giving feedback and reflections in a positive way like this created a safe atmosphere for everyone to speak up openly and honestly, instead of criticising each other if something went wrong, which often happened to us in the past.”



6. Cultivating better theories and practices of inclusion

We learnt that process and people skills are key in facilitating practices of inclusion. Training of Trainers in process skills like: Organisational Assessment, Organisational Development, Monitoring, Action Learning and leadership skills appeared indispensable in enabling excluded people to stand up to include themselves in processes. They were also able to raise the awareness and skills of included people to the importance of inviting excluded people into the development scene.

As already mentioned many times, blueprints cannot be provided for processes to be followed if you want to catalyse inclusion. Nonetheless, we do think the Theory of Change that emerges from the case study “Helping ourselves, helping each other – Galina’s Story” provides an inspiring image of a process that can be used to set the process of inclusion in motion.

These were the key elements of the theory of change they used for working with Internally Displaced People:

- Help people to see and understand their own context – needs, opportunities and resources.
- Provide targeted capacity building.
- Enable the most active community members to serve as role models for others.
- Enable people to participate in their own processes to build ownership.
- Catalyse a culture of mutual support.
- Build cooperation with the local population.
- Promote horizontal learning to spread the knowledge more widely.

There were other theories of change, equally valid, that were used in other contexts. See the case studies: “Towards a Kind and Respectful State” and “Advocating for a New Policy of Support Centres for the Development of Inclusive Education for Children with Disabilities in Vietnam.”



Addressing massive poverty and exclusion

The problem of exclusion is sometimes seen as a kind of “luxury” when compared to massive poverty and deprivation. In this view, massive poverty and exclusion are seen as competing priorities. For reasons of efficiency and effectiveness, it is argued that the limited time and resources that are available should be spent on addressing the issues that affect the majority or plurality before focusing on the needs of the smaller minorities of the disabled, the elderly, refugees and other groups that are left behind in development. However, massive poverty and exclusion are integrated phenomena; exclusive values, beliefs and practices lead to exclusion and vice versa. There are five perspectives worth considering:

From **sociological perspective**, it should be noticed that the groups excluded in society form a significant proportion of those living in poverty. In many countries the disabled are up to one fifth of the population, the

“Multi-pronged, integrated practices that empower the excluded themselves to lead, organise and learn their own way forward, with thoughtful support, are the only ones that are likely to be sustained and therefore to become sustainable.”

elderly ten to twenty percent, women over fifty percent. The only way to deal with the complex nature of massive poverty is to understand that it is often caused by several layers of exclusion, which must be addressed holistically if change is to be meaningful and sustainable. Moreover, exclusion causes poverty and poverty causes exclusion. Both have to be addressed in order to break the cycle.

From an **innovation perspective**, as we see in several case studies in this book, the mobilising of communities and government to both notice the excluded and work with them to be more included, not only cultivates the solidarity needed to address poverty, but promotes innovations that will benefit all.

From an **economic perspective**, it is important to take notice of persuasive evidence that shows that a broad sharing of economic and political opportunities is instrumental for economic growth and development. Greater equity can lead to a fuller and more efficient use of a nation’s resources.

From **political perspective**, it is commonly acknowledged that excessive inequalities in power and influence can lead to political, social and economic institutions that are less conducive to long-term growth. (World Development Report 2006, *Equity and Development*)

From a **humanitarian perspective**, we need to notice that the most excluded are often subjected to several forms of exclusion. Their suffering is multiplied and often requires urgent attention. A mentally disabled woman living in poverty, who is shackled and abused, stripped of her dignity, her humanity and her most basic rights, should not have to wait for a long-term solution to poverty before she is relieved of her distress.

Beyond these case studies

These case studies represent a small sample of a much larger body of work that needs to be undertaken to both understand and tackle exclusion. Those working to achieve the United Nations Sustainable Development Goals, where inclusive development is a key thread throughout, need to avoid approaches that see this challenge as one that can be met with conventional programme logic.

Multi-pronged, integrated practices that empower the excluded themselves to lead, organise and learn their own way forward, with thoughtful support, are the only ones that are likely to be sustained and therefore to become sustainable.

The downtrodden, poor, disabled, elderly and other marginalised groups will require well-crafted support and integrated approaches that are continually open to learning and innovation.

We invite you, dear reader, to study and share these case studies, and to use them to experiment and to learn your own way forward.

Care versus punishment

Transforming the institutions and practices of juvenile justice in Georgia

— by Tamar Okujava

“When I learned that my son had robbed a man, I was desperate, thinking that he would be thrown into prison and that would be it... nothing would get him out of that vicious circle of committing crimes – imprisonment – then further criminal activity and so on... I was losing my son. I was desperate, not knowing where to go, then I learned about the diversion programme. I was told that if my son participated in the process of mediation with the guy whom he robbed, and met certain conditions, which would be agreed upon during the mediation process, he would be diverted from the court and prison and go onto probation. We knew we had to try this. Before the mediation meeting, a social worker visited us, studied our case and promised to defend my boy’s interest. That was definitely care and not punishment, which was the usual approach in our country. I felt here that a new era was beginning, that something had substantially changed. The State was taking care of my son, not just punishing him, but trying to treat him as a youngster with a future. The mediation meeting went well. My son apologised to the man he robbed. He gave an honest apology, showing that he understood what was wrong with what he had done. One of the conditions put into the mediation agreement was that my son would attend an anger management course at the Family and Child Care Centre (FCCC). I had never heard about this institution. We had no idea what anger management meant, so at first we went there just because we had signed the mediation agreement, with little hope of receiving proper help. It turned out that it was the right place to go. My son was included in the anger management course and we were also offered a chance to go through a family counselling process. We decided to try it. That was the right decision as it helped us to restore a normal climate in our family. My husband was reluctant at the beginning but when my daughter, my son and I started, he changed his mind and joined us. And that worked. We’ve learned a lot about ourselves, about our family, about how to deal with our son’s probation period and how to equip him with the skills which will help him avoid a criminal career. We are really grateful to FCCC for this chance.”

– A mother in Tbilisi, Georgia



“... nothing would get him out of that vicious circle of committing crimes – imprisonment – then further criminal activity and so on... I was losing my son”

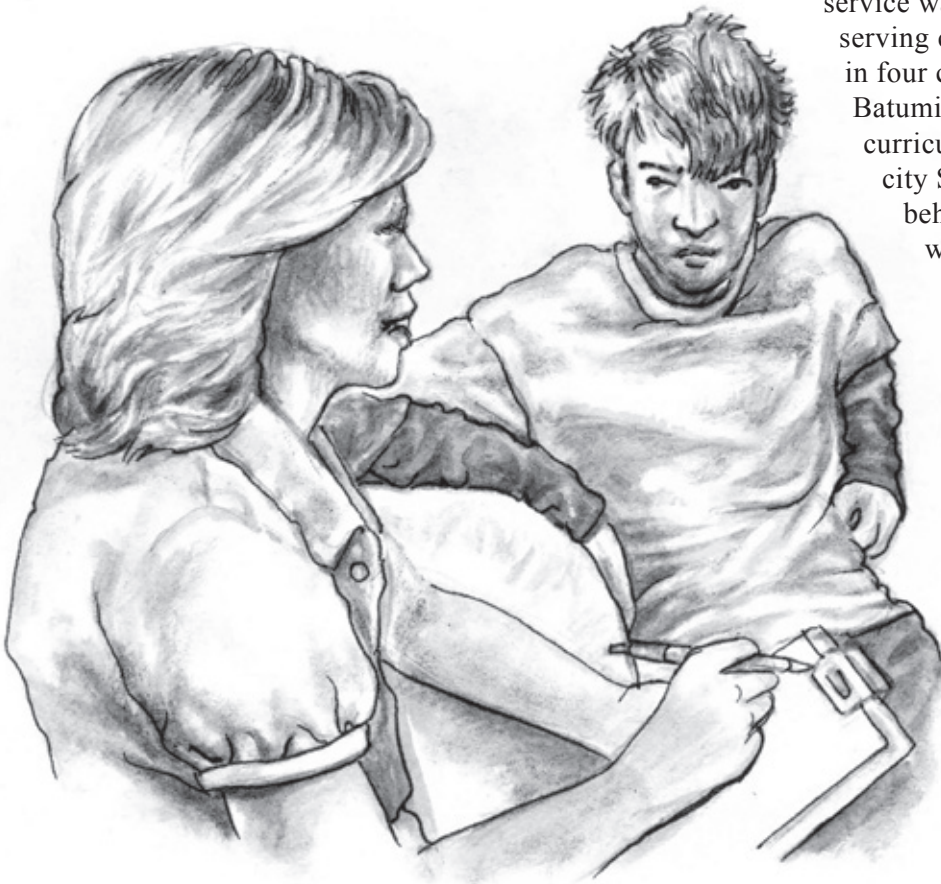
“The State was taking care of my son, not just punishing him, but trying to treat him as a youngster with a future.”

“We started a cooperation with the Family and Child Care Centre (FCCC) as soon as the service started. It was a mutually enriching cooperation. We referred kids with mental health and/or psychosocial problems to them. They also worked with the parents, which was really innovative in Georgia and effective. We continued our cooperation after the FCCC was integrated into the Ministry of Education and Science of Georgia Psychological service, as a psychosocial care unit for school pupils and juvenile delinquents in need. For us, that was the best-case scenario because now the service became sustainable and part of the Ministry of Education and so we could continue to cooperate institutionally. At present, we refer juvenile probationers with emotional and behavioural difficulties to them, and we maintain regular exchanges on the particular kids’ dynamics. This helps us a lot in monitoring the kids as well as taking care of them. So, congratulations to the TEA Programme – a job well done!”

– Probation officer’s story (Georgian Ministry of Probation):

From 2011, the TEA programme started developing institutional mechanisms for juvenile crime prevention to contribute to the proper rehabilitation and reintegration of juveniles in conflict with law. Called the Family and Child Care Centre (FCCC), it was founded from within the TEA programme which started to work on the prevention of juvenile delinquency via provision of psychosocial services for youngsters with behavioural problems, including young probationers and those diverted from the court, within the framework of the Diversion and Victim-offender Mediation Programme. In 2013 the FCCC was integrated into the Ministry of Education and Science Psychological Service and the

service was multiplied, today sustainably serving children and adolescents in need in four cities of Georgia: Tbilisi, Kutaisi, Batumi and Telavi. In addition, the curriculum for the special school, in the city Samtredia, where children with behavioural problems are referred, was upgraded and the school staff trained to give adequate care for children with special emotional and behavioural needs. In parallel, a referral network of governmental, non-governmental and international organisations was built around juvenile delinquency prevention to ensure proper referral, multi-agency cooperation and a consistent chain of care for children with behavioural problems.



In 2004 the Government of Georgia declared a zero tolerance policy towards juvenile delinquents and decreased criminal responsibility from the age of 14 to the age of 12. This slide towards a punishment-based strategy mobilised civil society to advocate for juveniles and to lobby for a care-based strategy to humanise and promote a restorative justice approach. As a result, in 2009, the country adopted the new Juvenile Justice Reform Strategy aimed at “creating a system that will provide juvenile crime prevention and contribute to proper rehabilitation and reintegration of juveniles in conflict with criminal law” (Juvenile Justice Strategy, 2009, revised in 2011, Tbilisi).

In spite of the fact that The Juvenile Justice Strategy, adopted in 2009 and revised in 2011, stressed the necessity of juvenile crime prevention and proper rehabilitation and reintegration, there were no institutional mechanisms in the country to enable its implementation. At the same time, the scientific evidence was suggesting that delinquent

children often suffered from such mental health problems like; Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, various behavioural disorders, substance abuse, etc. (Wasserman & McReinolds, 2004; Teplin et al, 2006, etc.). According to the study conducted in the Avchala Juveniles Detention Facility in Georgia, detainees suffered from a whole range of mental health problems, without any institutional mechanisms in the country to respond to them (Makhashvili, Kvavilashvili, 2010).



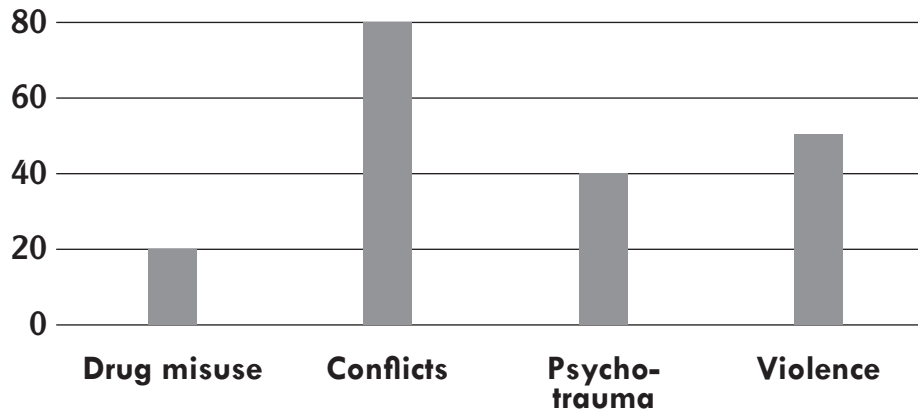
Table 1: Mental Health Problems among Juveniles in Conflict with Criminal Law

(Study of Avchala Detention Facility, Makhashvili & Kvavilashvili, 2010).

Mental health problems	%	Mental health problems	%
Alcohol abuse	6	Post Traumatic Stress Disorder	70
Drug abuse	3	Psychotic problems	12
Mood difficulties	36	Attention deficit	16
Self-harm behaviour	27	Personality disorders	61
Anxiety	36	Behavioural disorder	61

Another research, which studied the family conditions of the children with behavioural problems in Georgia, found that there was the following range of the problems within the families of at-risk children (Makhashvili, Javakhishvili, 2010):

Figure 2: Problems within the families of the juveniles with behavioural problems



In a country with a population of 3,8 million people, there were just six juvenile psychiatrists working in the general psychiatric hospitals, without any specialised care for juveniles in need.

In this absence, GIP-Tbilisi, in the framework of the TEA Programme, developed an institutional mechanism to address mental health and psychosocial problems of the juveniles with behavioural problems and their families. The services were designed to involve psychiatrists, psychologists and social workers, moving the practice from a purely medical, old-fashioned model to a contemporary, multi-disciplinary approach.



What did we plan to do?

We knew that there could be no juvenile delinquency prevention without mental health and psycho-social services for juveniles in need and for their family members. We also understood that to change institutional mechanism you had to inform and involve stakeholders, and thus we started by building a referral network of the major stakeholders. We understood that just one service could not change the system. We set out to create a consistent chain of care: specialised multidisciplinary service, a referral network, upgraded and capacitated special school for children with special behavioural needs. We initiated these three purposeful changes simultaneously to achieve systemic change.

To trigger systemic changes:

1. We used the following four elements: informing, motivating, sensitising and involving stakeholders into the referral network;
2. We founded functional multidisciplinary services based on contemporary knowledge, evidence and experience of good practices, thus building institutional and staff capacity.
3. We developed an ongoing learning cycle of change with continuous monitoring and drawing lessons to improve implementation.

“We initiated these three purposeful changes simultaneously to achieve systemic change.”

“... many mental health problems were seen as just unpleasant qualities of children or adolescents, for which no remedy could be provided, except punishment.”

What did we, and others, actually do?

We began in Tbilisi.

Based on the research available, we knew that if a child or adolescent has a mental health problem, the family becomes desperate, not knowing where to seek help. At the same time, the awareness of such mental health problems such as, attention deficit, or behavioural disorders, was so low amongst parents and school teachers, that many mental health problems were seen as just unpleasant qualities of children or adolescents, for which no remedy could be provided, except punishment. The result was that, without a system of early detection and early intervention, young people often ended up in juvenile detention facilities.

Knowing this, we designed a multidisciplinary service, recruiting four psychologists, two social workers and one psychiatrist, and trained them to work together. Along side this we invited representatives of the major stakeholders to participate in the referral network, to assure early detection, early intervention and proper referral.

“... we invited representatives of the major stakeholders to participate in the referral network, to assure early detection, early intervention and proper referral.”



The major stakeholders were: The Ministry of Education, NGOs working on psychosocial well-being of the juveniles, the Ministry of Justice Diversion Programme, the Ministry of Justice Probation Department, the Ministry of Penitentiary, the Ministry of Labour, Health and Social Affairs Department of Social Affairs, Ministry of Culture and Sports and UNICEF.

We trained school teachers to recognise behavioural problems amongst their pupils, thus starting the referral system from the schools. The newly established multidisciplinary team acted in a complementary and synergetic way: social workers were going to the families



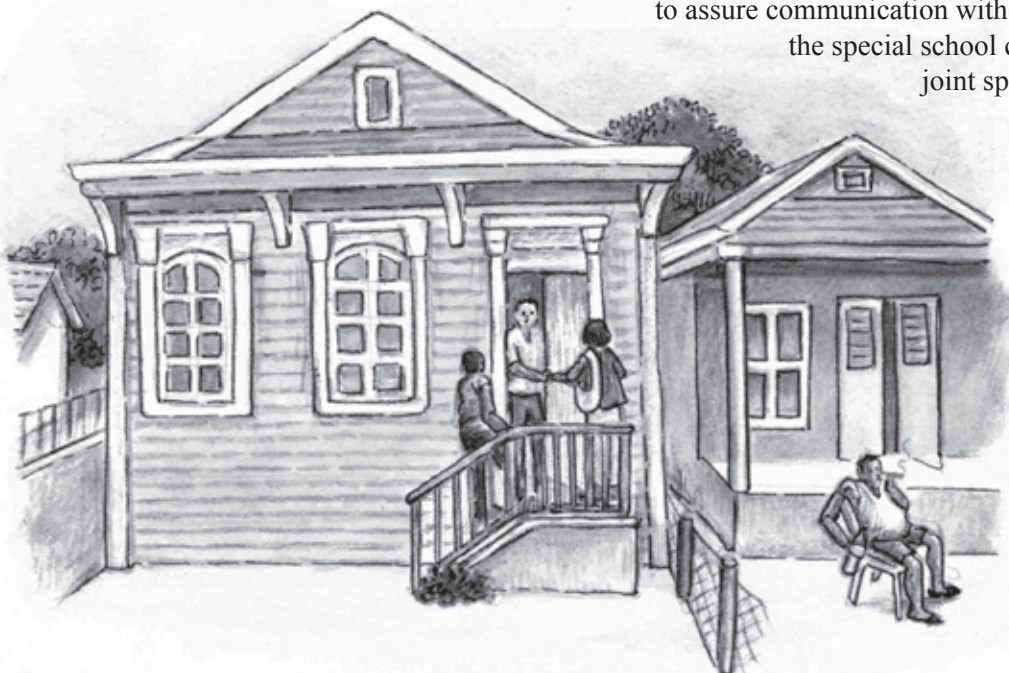
of the children in need to study the family situation onsite; if there were suspicions about family or other type of violence, they confidentially met neighbours to collect relevant information, in order to respond; psychologists were offering individual and group work for children (i.e. social skills development, anger management, self-awareness etc.) as well as family counselling. The psychiatrists were involved in the management of more serious mental health conditions. The service was under regular supervision which allowed

everyone to draw valuable lessons on a regular basis and to take these lessons into consideration. For example, one of the lessons learned at the early stage of the functioning was that the parents of the children with behavioural problems needed good parenting capacity building. To respond to this need, psycho-education for parents, as a separate activity, was introduced.

Besides building the system of multidisciplinary services and referral network, we started to work on the improvement of Samtredia Special School for children with behavioural problems. Due to disciplinary misdeeds these children were excluded from their schools and sent to Samtredia, where there was a stricter regime. To create a consistent chain of care (for juvenile crime prevention) we focused on Samtredia school, renewed and upgraded its curriculum and trained its staff in dealing with children with behavioural problems. In addition, we worked with the Samtredian community

to assure communication with the local community and the special school children. We organised joint sports and cultural events

to contribute to the reintegration of the Samtredia school children into the community context.



As a result, a consistent chain of mental health and psychosocial care for juvenile crime prevention was built around the country.

"I was frightened when I was sent here. I thought I was lost; neither of my parents wanted me as they are alcoholics and now the school... I was also thinking that it's the edge of the World – you know, Samtredia, so far away from Tbilisi... But now I know that I am in a safe place: the teachers are OK here, as well as the children. And I have met many good people... I mean, locals... from time to time the school initiates concerts or sport games, and we are singing and playing together with the local kids...I love that!"

A Samtredia school girl



The Results

The key change resulting from the TEA Programme was the development of an institutional mechanism to address the mental health needs of juveniles with behavioural problems. Today, under the umbrella of the Ministry of Education and Science of Georgia, a national network of psychological services functions which serves children and adolescents in need, including diverted juveniles and young probationers. A corresponding referral network enables correct and timely referral. In addition, the chain of care is more complete as the Samtredia Special School, mentioned above, is now adequately equipped to properly serve children referred there.

Each year these services attend to at least 1000 children and adolescents nation-wide, working with their families, as well as overcoming the behavioural problems of the youngsters. According to the statistics available (Zavradashvili, 2014), two-thirds of the served children no longer suffer from their symptoms and family relationships have substantially improved, along with the quality of life of the beneficiaries. The Samtredia Special School pupils are also involved in joint community activities with the local children and feel well-connected and integrated with the local community.

Thus, a chain of care has been built and the referral connections established and activated to deal more systematically, holistically and effectively with juvenile delinquency in the country.

The referral network enables the key stakeholders in the field of juvenile delinquency prevention to closely cooperate to ensure a chain of consistent care of the juveniles in need. The model established by TEA is used to multiply the services in the different regions and cities of Georgia, serving as a nation-wide institutional mechanism for juvenile delinquency prevention.

But there is still work to do...

“When you work on mental health reforms in the country, you should have a step-by-step systemic approach to achieve systemic changes, because not everything can be done at once.”

Before the service became a part of the Ministry of Education and Science of Georgia, quality was assured via regular weekly and then monthly supervision as things improved. After integration within the Ministry of Education and Science, this level of supervision was not applied and thus a quality assurance mechanism was no longer in place. This provoked concerns about the ability of the system to maintain the high quality standards introduced in the first stage of its development.

As the TEA team we are worried that the quality of service will go down, but at the given moment we cannot do anything. The lesson here is that, at the moment the State does not take much care of the quality assurance mechanisms. Our dilemma is to either try and integrate it into governmental structure and tolerate that they do not pay much attention to the quality, or keep the service as non-governmental. We made a choice in favour of institutional sustainability and integrated the service. However, for us the best case scenario would be to have both.

Meanwhile, one young professional employed by the Ministry in the integrated service applied for studies at the Mental Health Masters Programme, which we founded in the frame of TEA Programme at Ilia State University. We accepted the young professional as a student. In the Masters Programme attention is paid to quality issues, thus “smuggling” awareness of quality assurance mechanisms into governmental service. When you work on mental health reforms in the country, you should have a step-by-step systemic approach to achieve systemic changes, because not everything can be done at once.

Our learning approach

The change has been successful, based as it is on an accurate assessment of needs and designed with evidence-based methods and formats of work. In addition, there have been on going and consistent attempts to make it sustainable through its integration into governmental structures.

A good part of the success came because we were flexible enough to try different versions of institutionalisation. We firstly attempted to obtain regular funding from the local governance structures, but when it did not work (they simply did not have the interest or will), we moved to looking for opportunities within the Ministry of Health. When these opportunities failed, we succeeded in securing negotiations with the Ministry of Education, thus ensuring sustainability.



During this process we had worries and frustrations; what if none of the major governmental stakeholders were motivated to incorporate the services? Often we were angry, sick and tired due to efforts which were not bringing good results. We were raising questions like; Why was local governance so underdeveloped in the country? Why did the Ministry of Health not have much awareness of its role in juveniles' crime prevention? We tried to change the situation but we had to hurry up – the TEA Programme was not endless, and we needed to incorporate the service into governmental infrastructure before it ended. Therefore, we knew that we needed to try every possibility. Thus we tried to map the possibilities, so as to try all of them one-by-one.

The Ministry of Education and Science option worked. Work on incorporation of Eservice started from the beginning – in fact, from its foundation. In total it took three years. The lesson learned out of this was that to make service sustainable, you needed to take care of its institutionalisation from the very beginning.

It was helpful that we never gave up and kept trying. We had a Plan B.

“It was helpful that we never gave up and kept trying. We had a Plan B.”

Some learnings

- The nationwide multiplication was not planned in the original frame of TEA programme. In the process we learned that if the State was open to achieve changes and you offered evidence-based services, the State incorporated these in the infrastructure of the corresponding Ministry (of Education and Science in our case). This logically leads to the multiplication of this service in the other regions of the country.
- NGOs have a responsibility and potential to prepare the State for change – but it needs a long term effort, which should not only come from one NGO, but from several civil society actors working in unison. This happened in the years 2004 to 2009 when, due to the long term advocacy efforts, the punishment based strategies changed into care-based strategies. Civil society was not alone then – the international organisations were supporting the advocacy and lobbying process.
- When you are planning changes, be specific (i.e. the foundation of a multidisciplinary service) but target the whole context (i.e. establishing a referral network) and do the corresponding changes step-by-step.
- Work on the three different levels; micro level (serving beneficiaries), meso-level (building capacity of the professionals, building referral connections, etc.) and macro level (lobby for integration of the services into governmental structure).
- Always assess, not only needs and gaps, but also existing local resources. As in the case of Samtredia school, we brought new methodologies and technologies, but at the same time we built upon the existing capacity of the school staff.
- Monitoring and feedback from the beneficiaries are important and give lessons to learn which, if considered, give further opportunity to achieve results.



I know why the caged bird sings

A free bird leaps on the back
Of the wind and floats downstream
Till the current ends and dips his wing
In the orange sun's rays
And dares to claim the sky.



But a BIRD that stalks down his narrow cage
Can seldom see through his bars of rage
His wings are clipped and his feet are tied
So he opens his throat to sing.



The caged bird sings with a fearful trill
Of things unknown but longed for still
And his tune is heard on the distant hill for
The caged bird sings of freedom.

The free bird thinks of another breeze
And the trade winds soft through
The sighing trees
And the fat worms waiting on a dawn-bright
Lawn and he names the sky his own.

But a caged BIRD stands on the grave of dreams
His shadow shouts on a nightmare scream
His wings are clipped and his feet are tied
So he opens his throat to sing.

The caged bird sings with
A fearful trill of things unknown
But longed for still and his
Tune is heard on the distant hill
For the caged bird sings of freedom.



Maya Angelou

Helping ourselves, helping each other – Galina's Story

The sewing factory and Shavshvebi IDP community in Georgia

— by Jana Javakhishvili

“Well, if you will get to know Galina you will definitely see that she is special...the one who can change...I mean, change her own life, her family's life, as well as our community's life.... Thanks to her, my family, as well as the families of four other ladies got jobs. I mean, after forced displacement we were often dreaming to organise a small-scale sewing workshop, but that was kind of a dream. But she did it! She was persistent in explaining our idea to every single newcomer and donor who visited our Shavshvebi community and finally the TEA Programme agreed to help us to set up the workshop!”

Martha, an IDP Women from Shavshvebi IDP Community



“You can't imagine what that means – to lose your homeland, home, house, garden, furniture, pets, domestic stuff; you know – everything, everything!!! Except your life!! I became wiser since displacement as I've realised that!! I was sewing back home, so I started to think how to use this skill and invited my neighbour-ladies, asking them to join. We started to look for businessmen who could fund us to do sewing workshops. Then, when I've learned that the TEA programme proposed that we initiate some business projects, I felt like - aha, that is the opportunity. TEA helped us to buy equipment, materials and we are running a sewing workshop now, producing bed linen, selling it not only at our IDP settlement but on the Gori market.”

Galina's story

“I need bed linen from time to time as I am running a little hotel in Gori. Since the Shavshvebi ladies opened the factory I am buying the linen only here. Why? First of all, the quality is good here and I respect quality. Secondly, it's closer for me to go to Shavshvebi and thirdly, I like to buy stuff from displaced people, because I am helping them to win their fight for survival. They are my co-citizens, you know! I feel solidarity towards them.”

Customer from Gori

The context of learned helplessness

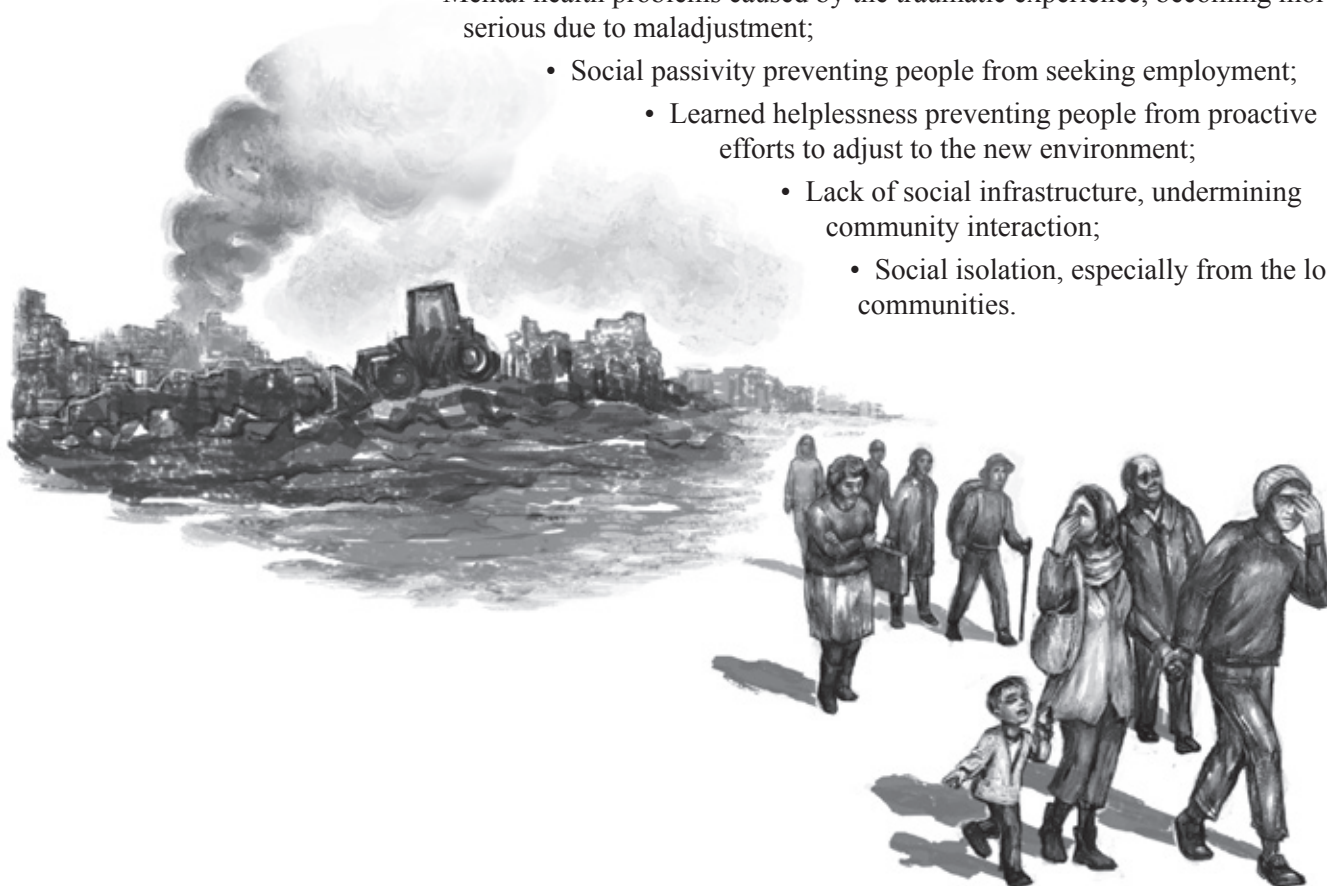
The Russian-Georgian war in August of 2008 created more than one hundred thousand Internally Displaced Persons (IDPs). They were moved from Georgian villages, bordering the conflict zone, that were bulldozed and destroyed by Russian troops. The majority later returned to their homeland, but about 30,000 were not able to do so as Russia moved the conflict division border deeper inside the country and “swallowed” their villages. Since then the majority of them were crowded into the newly built IDP communities. These artificial villages lacked basic social infrastructure and opportunity to maintain the agricultural activities that were the major source of income of the people.

A mental health study done amongst IDPs by a research consortium under the leadership of the London School of Tropical Medicine in 2015 revealed that IDPs suffered from such mental health problems as depression, alcohol abuse, anxiety and Post Traumatic Stress Disorder (PTSD) symptoms.

IDP communities with such mental health symptoms are often isolated from the local population and experience being marginalised, excluded, and disoriented in their new living environment, considering themselves as victims of the military catastrophe. All these factors hinder their capacity to adjust and results in “learned helplessness”; a state of mind of people who, due to traumatic experience, are not able to realise their own potential to do things which they are usually able to do, thus remaining passive recipients of outsiders’ help.

The specific problems identified before the intervention, by GIP-T team, a member of the TEA Alliance, were:

- Mental health problems caused by the traumatic experience, becoming more serious due to maladjustment;
- Social passivity preventing people from seeking employment;
- Learned helplessness preventing people from proactive efforts to adjust to the new environment;
- Lack of social infrastructure, undermining community interaction;
- Social isolation, especially from the local communities.

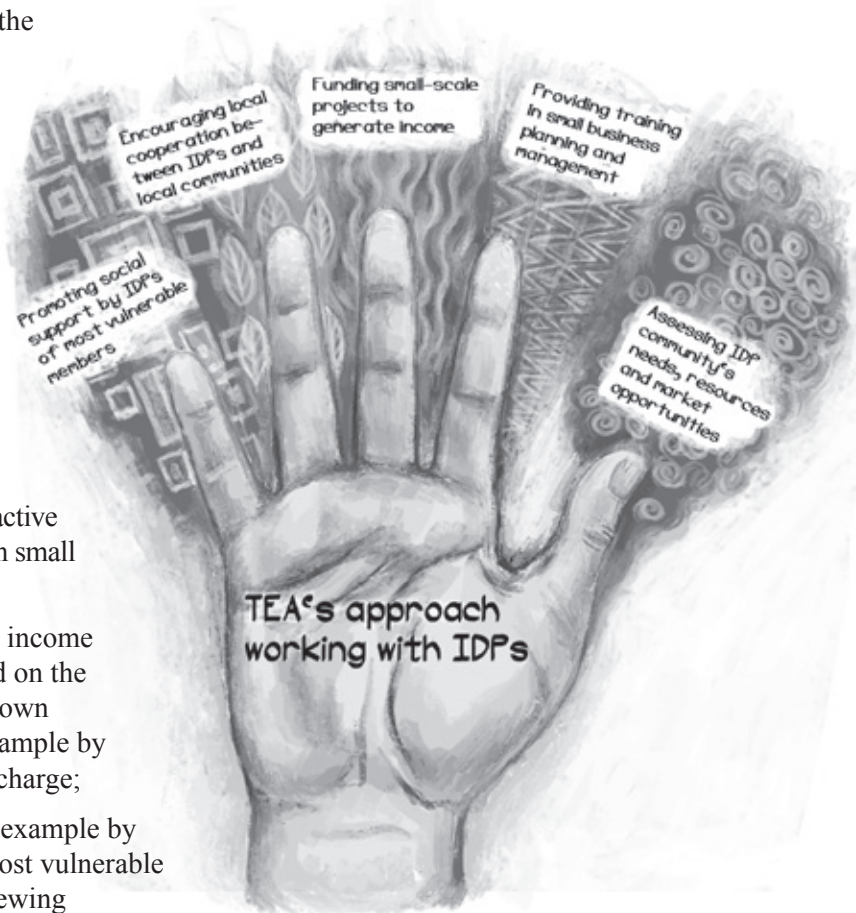


The Tea programme responds

In 2013 the TEA Programme in Georgia started implementation of the Livelihood Development and Income Generation Programme for Internally Displaced People (IDP) with mental health problems. Three IDP settlements were targeted, the action plan was elaborated and the Shavshvebi IDP settlement was chosen as the first target for the year 2013.

The intervention designed by GIP-T, in cooperation with the agricultural NGO Elkana, targeted the problem described above, with these plans:

- To assess the Shavshvebi IDP community's needs, resources and market opportunities for the business ideas' implementation through a Rapid Rural Assessment and market chain survey;
- To provide the necessary training, in small business planning and management, for the activation of existing resources, by identifying active members of the community and training them in small business planning and project proposal writing;
- To fund small-scale projects directed towards income generation and livelihood development, based on the co-funding principle, where IDPs make their own input into the small business activities, for example by working for a certain number of days free of charge;
- To promote social support between IDPs, for example by using part of the gained income to help the most vulnerable community members. In this case study the sewing workshop started to provide bed linen free of charge to those families whose members were killed during 2008 war;
- To encourage cooperation of IDP and local communities within the framework of the joint small business projects.



The project ideas were collected and evaluated by the participatory committee (project management representatives plus community leaders). Nine proposals were chosen for funding.

One project idea was to organise a sewing workshop for bed linen production, giving job places for five women. All the nine projects were successfully implemented and nowadays, two years later, they are still going and helping IDP families to sustain themselves.

The situation today

Fast forward to today and we see that the lives of the beneficiaries have changed significantly. All the nine small business project teams have developed their activities in cooperation with the local villagers. In total, 40 direct beneficiaries were involved in the implementation of the small business projects and 120 indirect beneficiaries (their family members) benefited out of them.

The learned helplessness has been largely overcome and community resilience mechanisms activated. With the development of a mutual support culture in the community, exchange and interaction with the local community, and diminishing social isolation and marginalisation of the IDPs, people have become more active and better connected.

"The learned helplessness has been largely overcome and community resilience mechanisms activated."

“The nine small business projects have inspired others to take initiative, illustrating a growing resilience.”

“Before implementation of the project, the Shavshvebi community members would not move out of the Shavshvebi IDP settlement.

Now they maintain joint business activities with the local community, and train and consult people in the Skra and Karaleti IDP settlements.”

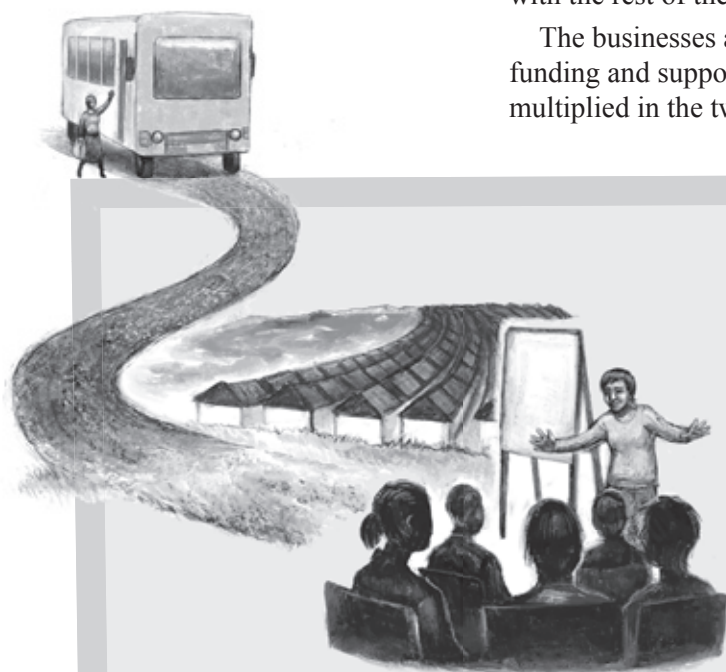
The nine small business projects have inspired others to take initiative, illustrating a growing resilience. For example, a group of young women approached the TEA Programme with the request to help them to renovate one of the community buildings to organise a kindergarten to help young mothers to free up their time to seek jobs or income and to provide work for local women as kindergarten teachers. The TEA Programme helped with the materials, community members did the building renovation work themselves. Seeing that, the local governance structures supported the kindergarten project and allocated financing for hiring three kindergarten teachers from the IDP community and co-funded the renovation. So, the nine initial business projects inspired not only IDP community members, but also the local governance structures to pay attention to the Shavshvebi IDP settlement.

According to the qualitative study, the mental health situation of the community has been improved as well.

This resilience has not only developed in the Shavshvebi Community but spread to other IDP settlements. The Shavshvebi villagers became resource people for other IDP communities. In 2014 and 2015, they helped GIP-T and Elkana to train two more IDP communities (Skra and Karaleti), where similar interventions were implemented, based on the lessons learned from the Shavshvebi case.

Before implementation of the project, the Shavshvebi community members would not move out of the Shavshvebi IDP settlement. Now they maintain joint business activities with the local community, and train and consult people in the Skra and Karaleti IDP settlements. This enables them to travel frequently outside of their IDP settlement, exchange and interact with the rest of the world and thus feel more integrated and better adjusted.

The businesses are now sustainable, no longer dependent on external funding and support. The model of intervention described above was multiplied in the two other IDP settlements and worked well there.



One Hiccup that turned out well

The kindergarten project building was renovated and the kindergarten started. Then one night the windows were broken, some equipment stolen, and some rooms vandalised. The IDP community, in spite of the fact that they were initiators of the kindergarten project, were not very upset, seemingly considering this event as “normal”. This was very frustrating for us. We thought that whatever was done, nothing would be safe and nothing would be sustained in the IDP settlement

with this attitude. But after the first wave of emotions we decided to reflect on this together with IDPs. We invited the community to a meeting, discussed what happened and what could be done to repair the damage. A group of IDPs took responsibility for repairs and the building was mended and functional. The IDPs also shared responsibility for remaking what was stolen (chairs and wooden toys) and decided to monitor the kindergarten to prevent further incidents like this. This process of problem solving was revealing and showed that IDPs had the resources to solve their own problems and unfortunate events could turn into useful ones, as they mobilised their community.

What was our Theory of Change?

The TEA Programme's Theory of Change was based on the basic assumption that IDPs (individuals as well as communities) had their own potential and resources of resilience, and that we needed to create conditions which would allow them to actualise or unlock that potential for themselves.

Key principles and related activities:

- **Help people to see and understand their own context – needs, opportunities and resources.** The needs and resources would be studied in parallel with opportunities in the social context (the market in this case). In other words, the TEA Team would help the IDPs to map which opportunities, provided by their social context, enabled them to use their own resources to address their needs. These methods were suggested, and used; Rapid Rural Assessment, market chain survey and SWOT analyses.
- **Provide targeted capacity building.** Based on the previous step, the IDPs were to be provided with corresponding capacity building, mostly training in small business planning and management;
- **Enable the most active community members to serve as role models for others.** To catalyse change, the most active community members were identified and given opportunities to promote changes within the community. They were given opportunities to start small business, to build relationships with the local community to initiate joint business. They served as role models – e.g. after the small business projects implementation started, the community members were inspired to start a kindergarten, giving opportunities for other community members to start jobs (as kindergarten teachers) and to search for other employment opportunities (i.e. those young mothers who used kindergarten service as safe space for their kids, started to search for job places).
- **Catalyse a culture of mutual support.** A culture of mutual support was encouraged, by using some income gained from the small business implementation. This was to be used to help the most vulnerable community members, to spread the benefits for the intervention to the neediest and build community solidarity. This was to be a condition for funding;
- **Build cooperation with the local population.** To overcome isolation and prevent competition and xenophobia, cooperation with the local population was considered as condition for funding.
- **Promote horizontal learning to spread the knowledge more widely.** Successful communities can inspire and teach other communities to follow their example.

“The TEA Programme's Theory of Change was based on the basic assumption that IDPs (individuals as well as communities) have their own potential and resources of resilience, and that we needed to create conditions which would allow them to actualise or unlock that potential for themselves.”



Galina and the Sewing Workshop

It is not possible to describe each of the nine initiatives. One story, of Galina and her team, will be told, as an example of all.

Galina, an Ossetian woman, is married to a Georgian man, with two grown-up children and four grandchildren between them. In the Shavshvebi IDP settlement the family was given a little wooden house of just two rooms for eight people to live.

Galina is an active lady, respected by the community. As soon as she learned that there were small business opportunities in the project she helped the TEA team to invite a large community meeting to introduce the project. She and her team of four ladies put their heads together to produce a worthwhile proposal for a small business project: a sewing workshop. Thirty-six project proposals were submitted by the IDPs and considered by the selection committee. Out of these nine were funded, one being Galina's team's proposal.

They proposed to buy materials in Gori (regional centre) to sew bed linen, to involve local villagers in distribution, and to provide free bed linen to the most vulnerable families.

Galina's team have maintained the sewing workshop till now, serving as role model to the whole community. They have enlarged their business and are trying to sell the bed linen in Tbilisi as well. Galina and her team are active in advising the two other IDP settlements mentioned above on how to develop and implement business ideas.

The quality of life of the families involved has improved. For example, Galina built an extra room where her son and his family lives.



Some reflections and learnings

The most helpful belief and idea that the TEA Team brought was that IDPs can do things for themselves and that nothing should be done for IDPs without their participation. They need to be given space and time for participation in any decision-making about themselves, participating in their own process of change, not in our process of help – “Nothing about us without us” is a key principle.

Why was this considered to be necessary and possible? Well, the TEA Team considered the IDP community to have great potential in their resourcefulness and resilience. When working with a marginalised and victimised group, it is important as a project team not to consider beneficiaries as victims (powerless, resource less, helpless) but to consider them as resourceful experts of their own state. If this is done, then the team needs only to facilitate the realisation of this potential.

It was important and helpful that the TEA team encouraged a culture and real practices of mutual support within the community: supporting other people helps one to overcome victimhood.

It was helpful that the TEA Team tried to catalyse interaction and cooperation between the local communities and IDPs, searching for win-win solutions. If, at the beginning stage, IDPs were given a lot of help, the two communities might have become alienated from each other as competition for jobs would have started. In this situation, putting local-IDPs cooperation as a condition for funding of small business projects, demonstrated to both of them the benefits and value of the approach.

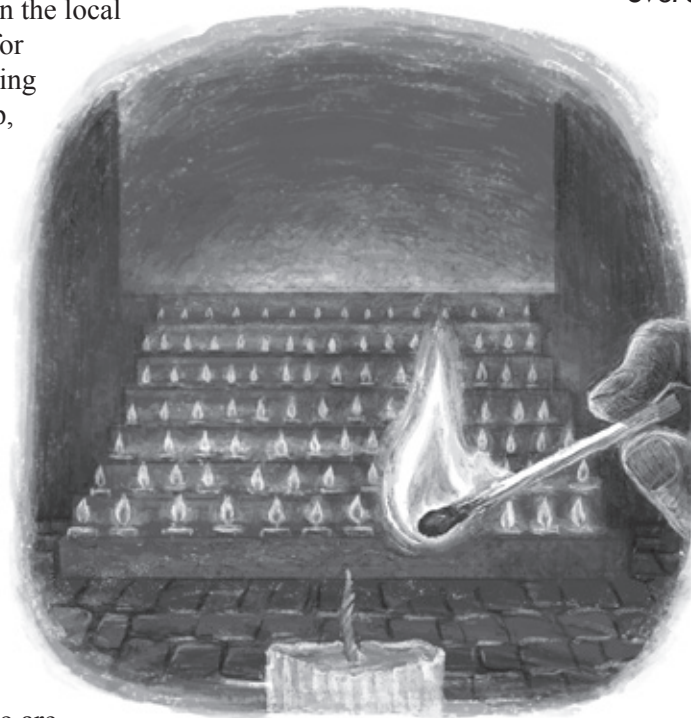
There is a critical balance that needs to be found in supporting local businesses to develop in traumatised communities. There is a danger when a few are helped and the rest, who do not receive direct support, are left resentful that they were left out. If those who are helped are seen as role models and supportive of the less fortunate then these negative feelings can be diminished.

Small business projects not only help people moving themselves from a helpless victim role to the proactive survivor role, but also improve their mental health condition. Depression and anxiety is often associated with unemployment and therefore, employment opportunities can positively influence mental health and psychosocial state of the people in need.

But the work is ongoing. The TEA Team needs to work further to encourage the Ministry of Refugees and Displacement to adopt this approach towards empowering more IDP communities and enabling their social integration.

“They need to be given space and time for participation in any decision-making about themselves, participating in their own process of change, not in our process of help – “Nothing about us without us” is a key principle.”

“It was important and helpful that the TEA team encouraged a culture and real practices of mutual support within the community: supporting other people helps one to overcome victimhood.”



“Small business projects not only help people moving themselves from a helpless victim role to the proactive survivor role, but also improve their mental health condition.”

We Journey Towards A Home

We journey towards a home not of our flesh. Its chestnut trees are not of our bones.
Its rocks are not like goats in the mountain hymn. The pebbles' eyes are not lilies.
We journey towards a home that does not halo our heads with a special sun.
Mythical women applaud us. A sea for us, a sea against us.
When water and wheat are not at hand, eat our love and drink our tears...
There are mourning scarves for poets. A row of marble statues will lift our voice.
And an urn to keep the dust of time away from our souls. Roses for us and against us.
You have your glory, we have ours. Of our home we see only the unseen: our mystery.
Glory is ours: a throne carried on feet torn by roads that led to every home but our own!
The soul must recognize itself in its very soul, or die here.

Mahmoud Darwish

Mahmoud Darwish (1941 – 9 August 2008) was a Palestinian poet and author who won numerous awards for his literary output and was regarded as the Palestinian national poet. In his work, Palestine became a metaphor for the loss of Eden, birth and resurrection, and the anguish of dispossession and exile. He has been described as incarnating and reflecting “the tradition of the political poet in Islam, the man of action whose action is poetry.”



Singing from Prison

Promoting the Inclusion of Prisoners and Ex-Prisoners

— by Tamara Okujava

“Being here in prison I could not imagine that I could participate in anything which goes on outside the prison... That is such a delight – to be able to feel myself as a part of the society... thank you for giving me the chance. That’s not just a chance, that’s A CHANCE.”

– Ana

This young lady, who entered the prison because of her participation in thievery, was provided timely psychosocial care in a prison setting, and it worked well. She was improving day to day, and at some point, when we started to organise the musical self-expression workshop for prisoners and she sang we realised – here is the talent. As her mental health and psychosocial skills building developed we allowed her to participate in a TV talent contest, where she sang and won the prize. Oh yes, that’s A STORY. For such stories it’s worth working for years to promote real change.

– The Prison Project Manager

“For such stories it’s worth working for years to promote real change.”

Background history and context

The Georgian penitentiary system is deeply influenced by Soviet inertia. Until recently there were no proper institutional mechanisms for mental health care within the prison setting. At the same time, according to the scientific evidence, imprisonment is a major stressor to human beings, leading to a number of mental health problems at different stages of imprisonment, starting from suicide, continuing with depression and anxiety and ending with addiction of various kinds.

There have been no proper institutional mechanisms in place to address these problems and mental health problems have simply been ignored within prisons for the following reasons: low awareness of the prison mental health staff concerning prisoners mental health and psychosocial needs; absence of relevant services and programmes, for example a suicide prevention programme; insufficient capacity of the prison medical and social staff as well as the regimen personnel to take care of the mental health problems of the prisoners; and finally there is no appropriate policy or strategy in place.



“... imprisonment is a major stressor to human beings, leading to a number of mental health problems at different stages of imprisonment ...”

“... mental health problems have simply been ignored within prisons ...”

What did we plan and what was our thinking?

Since the start of the TEA Programme in this ex-soviet state in 2013¹, our NGO has worked on prison mental health reforms. In the first stage of the programme we developed multidisciplinary mental health services for the female and juvenile prisoners in a context where the penitentiary system was not open to major changes. But in that year the newly elected government opened a window of opportunity for changes and we intensified our activities.

Our NGO mobilised human resources and social capital (partner NGOs and governmental institutions) and wrote a project proposal to the European Commission (EC) showing that, within the frame of the TEA programme, important work had already started within the penitentiary system and that we needed additional resources to make sustainable changes.

Pursuing our theory of change, we focused on the three key levels of the penitentiary system:

- **Macro level:** Advocacy/lobbying for the development of the institutional mechanisms. For example anti-stigma actions, humanisation of the policies, improvement of the corresponding legislation - for prison mental health improvement, as well as mechanisms focused on prisoners' social reintegration and inclusion after release;
- **Meso level:** to work on capacity building: Building the capacity of the prison medical staff, and other where relevant, to assure quality professional performance within the frame of the newly introduced services.
- **Micro level:** the introduction of innovative mental health and psychosocial services in the prison. For example multidisciplinary team care, prisoner's psychosocial abilitation/rehabilitation programme, addiction treatment programmes, etc.

All these three levels complement each other, creating synergy and a higher chance of sustainability.



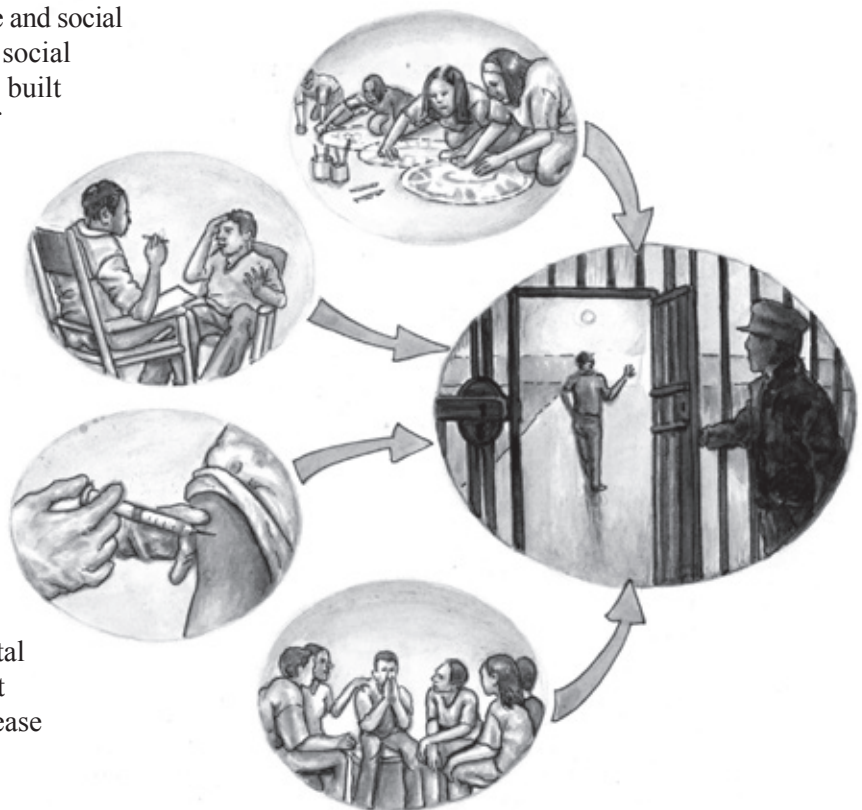
¹ Some names and places have been changed or obscured at the request of the people involved.

The Results of the Programme

The main changes that we initiated and supported occurred on the three targeted levels:

1. The legislation has been changed to respond to the mental health needs of the prisoners. For example, if a prisoner needs mental health treatment the legislation makes possible his referral to the treatment centre outside the prison setting; or, if the prisoner needs mental health treatment but does not understand his or her own need, current legislative changes allow the prisoner to be referred to involuntary treatment.
2. The following innovative services have been introduced in the prisons: a suicide prevention programme, psychosocial rehabilitation via occupational and art therapy, and addiction treatment programme, cognitive and social skills Development, an “Understanding Your Personality” programme, psycho-social rehabilitation of disabled prisoners with mental health problems, penitentiary stress management, anger management and useful skills training (coping with harmful effects of imprisonment and violence).
3. A method for Multidisciplinary Team Case Management has been introduced to the staff. All these create an institutional environment of evolving opportunities for the mental health and psychosocial care of prisoners, and better prepares them for release and social inclusion thereafter; The prison medical and social staff, and regimen personnel’s capacity was built in the following aspects: The assessment of difficult cases and development of relevant recommendations and intervention plans; management of mental and behavioural disorders; crisis management; prescription/revision of already prescribed psychotropic medications, and the management of their side effects; comprehensive evaluation of drug-addicted patients; provision of information regarding the existing risks to the patients and physicians; detection of the patients with suicide risk and redirection to the suicide prevention programme (if necessary); documentation of consultation results; mental health and psychosocial care at the different stages of imprisonment; preparation for release from prison and social inclusion.

“The prisoners feel more connected to the rest of society, less isolated, and more optimistic about their future.”



How have the lives of the prisoners changed?

Feedback from the prisoners reveals that they feel more adjusted, more taken care of, safer than before; grateful for the social skills training and for opportunities to be included in societal life. The prisoners feel more connected to the rest of society, less isolated, and more optimistic about their future.

The unexpected change was that the TV Company agreed to let the prisoners speak on air which contributed to a change in the public's attitude to prisoners, helping them to overcome their marginalisation.

What sustainable changes have taken place?

- The legislative changes;
- The introduction of the innovative services and their incorporation into budgeted prison services;
- The capacity building of prison staff, trained to deliver a better job, with all the internal procedures and guidelines being documented, to help to maintain the quality of work when new staff are employed;
- The most important change is that due to the interventions at the three levels of the penitentiary system, the decision makers, prison management and prison staff are more conscious of the mental health and psychosocial needs of the prisoners and are better equipped to appropriately respond to these needs.

Despite these positive changes, there are scarce resources available for the research of mental health within the prison setting and we are not sure how easy it will be to measure and prove the impact after 5 years.

ANA'S STORY

Her name was Ana. She was very young when her mother was killed in a car accident. Her father became depressed and started to abuse alcohol and soon she was a teenager without proper parental care. She entered into a relationship with a young man with a criminal background. He was a thief, and persuaded her to join him in stealing. That is how she ended up in prison. She had unresolved mental health problems from the past – traumatic loss of the mother, drinking problems, lack of social skills. She was included in the Trauma Focused Therapy, to deal with the traumatic loss which had impacted on her mental health, for cognitive and social skills development and anger management and some other useful skills training, including music therapy, where it became apparent that she had an unusual musical talent. Being in the listed programmes, her mental health and psychosocial condition significantly improved and the prison administration, together with the TEA programme implementers, decided to give her the chance to participate in the musical contest held by one of the big TV companies. She participated and won the prize. She is still in prison but awaiting release, when she will further her musical career.

“She was included in the Trauma Focused Therapy, to deal with the traumatic loss which had impacted on her mental health ...”



“Human help comes when you no longer expect anything positive. And all of a sudden the message is received (I don't know, maybe that is from God!). You are not lost, you can still be respected and acknowledged. Your misdeeds in the past are not “A Sentence”. You can change your life; you just need a little help. And when you need it, and can accept it, it is there...”

– Ana

Some reflections and lessons

Through the changes that our NGO implemented, it became possible to work more closely and cooperatively with the prison administration and corresponding authorities. It was also helpful that the new administration was motivated to deal with the high number of suicides and was ready to accept methodological help from the non-governmental sector. It was helpful that the prison staff was motivated to build their own capacity and was receptive to the training. It was helpful that we already had a good reputation and were trusted by the different stakeholders.

Focusing not only on the needs but also on the resources of our beneficiaries proved to be surprisingly important. The fact that a young lady's musical talent was discovered helped her to feel acknowledged, a protective factor for her further social inclusion after she is released from prison.

Our main worry is that in our country there is not enough developed infrastructure to assure a complete chain of care to the prisoners. We tried to develop the prison medical staff's capacity to take care of prisoners' mental health problems. But to have a complete chain of care we also need social workers who will work with prisoners and their family members in preparation for release. We need a social agency which will work with the prisoners after release and help them to find jobs. One which will work with their families, provide family counselling to assure that both family and workplaces help ex-prisoners to reintegrate, readjust, and find their own place in the society. But we do not have this chain of care in our country.

It is not possible to achieve multiple changes in the different institutions in one programme, unless we can extend the programme with more resources. So, these are objectives for future projects. Our main worry is that even Ana, after release, could have major difficulties in readjusting.

"Focusing not only on the needs but also on the resources of our beneficiaries proved to be surprisingly important ..."

"We know we should keep working in cooperation with the stakeholders to achieve lasting systematic changes."



The Character Within

As artist paints the sky a brilliant blue,
And adds a streak of silver to the cloud,
I slowly lay the background to my life
And feel a character--not shamed or proud.
This character is deep within, and is not held
In bondage to the rhythms of the crowd.
It knows within its fundamental flows
Of when to stay aloof, and move uncowed.
When held along with those who lost their soul,
This character, impervious, will stand unbowed;
And then, as time in silence moves ahead,
It sets what words, and when, will be allowed.



Brian Henson



Step-by-step towards market inclusion in Laos

The challenges of supporting the inclusion of ethnic minorities in the economy

— by Tran Le Hieu and Jeroen Overweel

The TEA programme started work in 2013 with 14 villages from the Nong district in the Eastern part of Savannakhet province, close to the border with Vietnam but far from market centers and connected by bad roads. The people who live there belong to the Mangkok and Taoy minority groups. For their livelihood, they depend on their natural environment. Agricultural activities consist of upland shifting cultivation, with each household clearing about 1 hectare of forest in the dry season (February to May), preparing fields for traditional upland sticky rice planting in May or June, when the rains come. Rainfall is a decisive factor for successful rice crops. The daily diet is supplemented with food collected from the forest.

The intrusion of the modern money economy is limited. The people build their own houses and produce their own food. Generally, money is only needed for medicine and education. Monetary income comes from forest products, like timber.

“They learn that medicine can cure diseases. They have to send their children to school. These influences from outside create the need for money.”

The problems

With their subsistence farming and forest collection, the people are perfectly able to take care of their livelihood. Their environment provides all they need. However, the encroachment of the outside world upon their lives is a continuous and irreversible process. As part of this process, new needs are created and new duties are imposed on them. They learn that medicine can cure diseases. They have to send their children to school. These influences from outside create the need for money.

The way to earn income is by accessing the market, by selling products. However, the villages are far from market towns, trade is limited, demand is lacking and transport costs are high, especially for products with limited added value. People are hardly able to save money, as it is quickly spent on basic needs. Access to bank loans is impossible, and in cases of emergency people depend on private creditors who charge high interest rates.

Production for the market is only possible when a surplus is created, but time is an important limiting factor. Travelling and working in the fields takes up a lot of time and energy of the farmers as most of the villagers spend many hours a day just travelling to and from their upland fields. Moreover, rice production is not sufficient for year around consumption so that for several months a year all the food the need has to be collected from the forests.



The TEA Intervention

Introducing more productive rice varieties

“At least one of the four committee members had to be a woman.”

One obvious approach for farmers to deal with the shortage of cash or capital is to increase agricultural productivity. In the middle of 2013, the TEA program contacted the Upland Agricultural Research Center in Luang Prabang on rice varieties that are suitable for the farming and climate conditions of the Nong district. In 2014, demonstration plots were created with new varieties.

Five families in 14 villages each were selected to try the new rice. They were provided with 20 kg of suitable rice seeds to grow in a nearby plot near their field to compare the results. The district partners and TEA Laos staff conducted field training for 5 households in each of 14 villages in order to help them test the new varieties in their own fields.

The TEA programme also organised field visits and training for district partners and for some village leaders to visit other provinces in Laos with similar natural conditions, who were already successfully growing the new rice varieties.

Village Development Funds (VDFs) were started alongside this initiative, which created access to small loans with low interest for income generating activities, infusing capital in the villages. In December 2013, 10 villages received funds from the TEA program to the total amount of 198,680,000 Kip (US\$ 25 000). The programme cooperated with the Lao Women’s Union (LWU) at the district level. The villages manage the funds directly, but with assistance from the local authorities and the district branch of the LWU. The amount of funds allocated to the villages is based on population size and poverty rate. The VDF committees managing the funds were selected through a participatory process, but candidates had to meet certain criteria. At least one of the four committee members had to be a woman.

The money was stored in local banks. With technical support from programme staff the villages drew up eight basic rules of organisation, fund operation and management. The VDF Committee (VDFC) in each village was trained by the programme and partner staff trainers on basic accounting. The method was learning-by-doing, supplemented by coaching, technical assistance and limited formal training.

Other initiatives outside of the scope of this case study were rice banks and livestock revolving funds. Together they were expected to change the agricultural production infrastructure of the ethnic villages. The assumption was that if the villagers would accept the new rice seeds, including a few different cultivation methods and if they produced sufficient rice for domestic consumption needs, then perhaps they could diversify to other cash crops and other productive agricultural production, creating surpluses for cash income.



The results

The piloting of new varieties, in 2014, delivered promising results: 37 out of the 44 tested households had higher yields from the new upland varieties than from the traditional rice. The productivity increase ranged from 104% to 633%. On average, the productivity of the new rice varieties is 161% higher than the traditional one. On average, the rice yield from tested households in 2014 was 1.03ton/ha for new varieties, much higher than the yield of traditional varieties of 0.64ton/ha in the same field.

The new varieties were grown by households enthusiastically joining the tests. But when the rice project was scaled up in 2015, only 14 of the targeted 25 households per village were willing to try to the new rice varieties.

With regard to the VDFs, a similar hesitation to join activities was visible. In the course of two years, only 48 borrowers took 63 loans in total. 26 of these were used for productive activities like planting, small businesses and livestock rearing. This of course affected the pay back rates.

“People believed that the spirits did not like the new rice and so they hesitated.”

Challenges that were faced

Despite successes, there were several challenges, which showed when projects were scaled up. A fair number of families joined pilots and tests and did their best to make a success of it. But that does not mean that all new opportunities offered were enthusiastically embraced by the communities as a whole. Let’s have a look at some explanations for this.

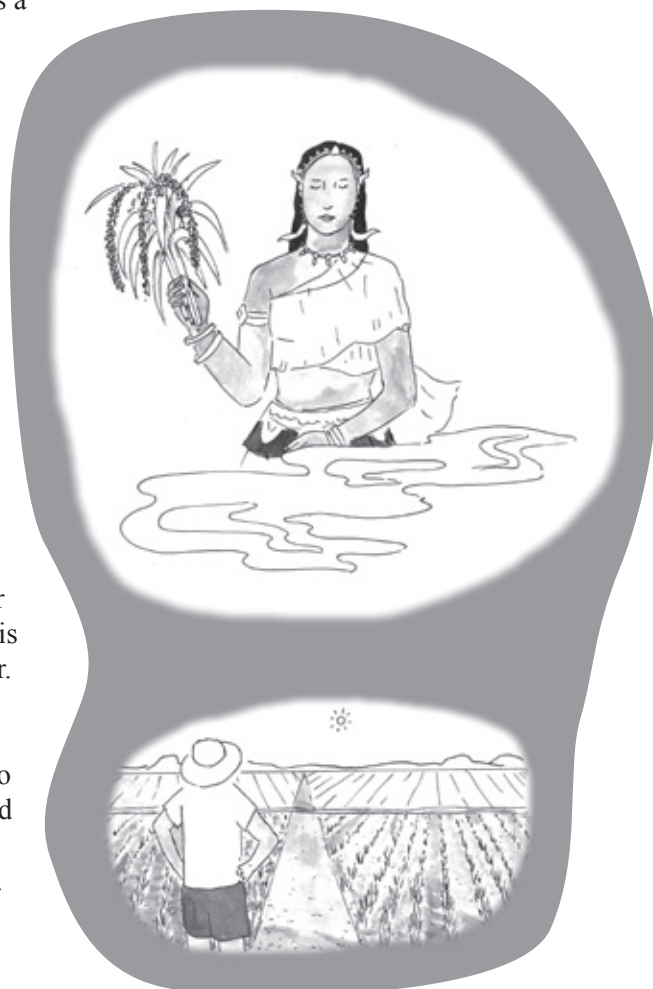
Villagers are used to grants topping a subsistence economy

Local people in Nong were familiar with free grant support from government and other donors and this, combined with the risks made them understandably cautious to join micro-credit schemes. Borrowing and using new rice varieties increase risks for households who are already living hand-to-mouth. “What if the new rice doesn’t work after all? What if I can’t pay back my loans?”

The traditional practice is growing rice just for family consumption and the effort and risk associated with investment in more cash crop expansion causes the people to think twice. The family would have had to hire more labor, buy more inputs for production and then try to sell the rice for profit, something most of them had not done before. Doing this with borrowed money is another step higher on the risk ladder.

Worship and the spirits’ preference

People believed that the spirits did not like the new rice and so they hesitated. Project staff then advised that households could also grow a small plot of old rice varieties to worship beside the main field for higher yield varieties for their consumption. It helped that some considered the new rice to be tasty and therefore also worth worshipping.



“Members of the committee act as mentors on a day-to-day basis and contact other households for labour opportunities.”

Traditionally, the farmers separated the paddy from the branches in the field and then put the paddy in sacks to carry home. However, the grains of the new rice sticks more firmly to the branches so that this work takes more time. The farmers feel inhibited cutting the branches, as it will make the spirits unhappy, creating the risk that they will not give them luck for the next crop.

The role of local leadership

Always, when people live together in groups, some form of decision-making structure will emerge. For outsiders this may not be clear at the outset, and may require a bit more study about local governance. Investing time in relationships with local decision makers is therefore very important, yet even then it remains to be seen whether project staff can convince them. Talung village is 40km away from the district center but many households even walked this distance to receive the seeds, while in Labeng Khok, none of the villagers went to receive seeds even though it is only 18km away, with a good road.

Awareness about local power relations, who is influential and how to bring new messages is indispensable when the project creates governance structures of its own. The example of the active Village Development Fund Committee (VDFC) of Xuan Yai shows this. Local informal leadership was incorporated in the VDFC and started to play a very active role. In addition to providing capital, the committee also provides information on farming techniques such as livestock breeding, rice cultivation and banana cultivation.

In addition to credit management, we are always trying to help people finding new ways to improve their livelihood. Recently, we discovered that people living near the Vietnam border planted many banana, selling it with a high profit. Considering that Xuan Yai land can support this crop, the management board held a study trip in early 2013. After that, I was the first one to cultivate banana, also providing banana cultivation techniques to 6 other households. Each household earns about 2 million Kip a year.”

– Mr. Alex is Xuan Yai village head and a member of the VDF committee.



The committee is not prejudiced, even supporting and motivating apathetic households. Members of the committee act as mentors on a day-to-day basis and contact other households for labour opportunities. This helps these households in ‘gaining more confidence in life’. The committee also formed production peer groups, so that members can help each other in sharing labour resources and experience. As the committee is part of local culture, its members know how to convince borrowers to pay instalments in case of default. For this they make use of the village elders, all within the boundaries of what is culturally acceptable.

Difficult geographical conditions are a given

Concerning the micro-credit scheme, more than 70% of the borrowers live in Xuan Yai village. The reason for this is the simple fact that the village is located beside the main road to the district centre, leading to more favourable trade conditions. Households can easily buy production materials and sell their products.

Accountability versus illiteracy

The villagers were asked to come to the district center to receive the seeds individually because the book-keeping required their signatures to send back to head-office within the month. This requirement discouraged many households who were living far away and could not arrange their transport. Some of the villagers had to walk about 40km on rocky mountainous road to come to the district center to take the seeds. Here accountability requirements clashed with local conditions.

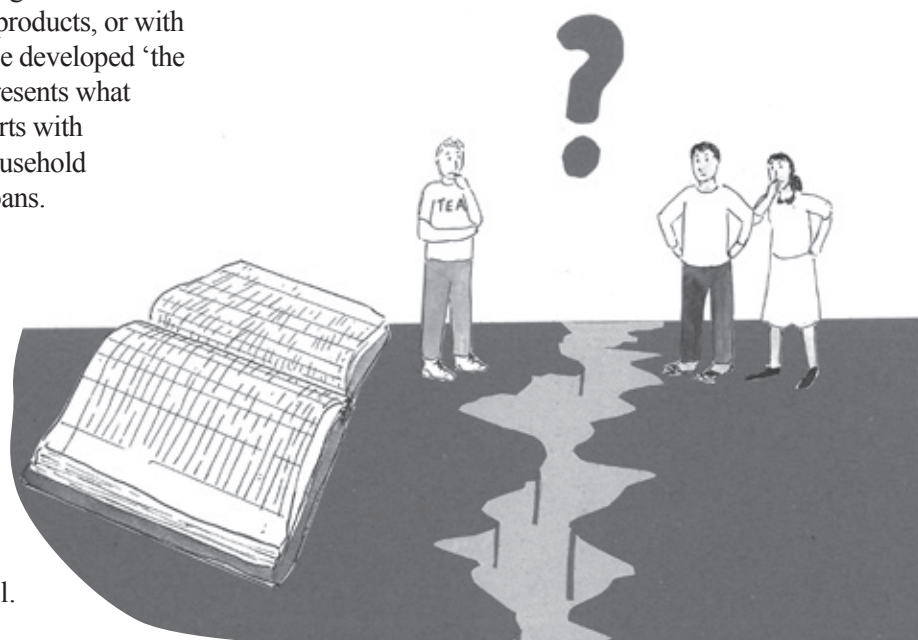
In general, there is gap between the way business happens in subsistence economies compared to countries where INGOs come from. In the former business is based on barter, reciprocity, trust and the resolution of conflict by the village elder. You don't need bookkeeping for that. If the intervening party wants written records, understandable from their point of view, it needs long term investment in financial literacy, and patience. Bookkeeping is an extra burden and doesn't promote quick adaptation to new opportunities offered, particularly if other fears doubts have not been dealt with.

“This story represents what is labelled ‘the graduation approach’, which starts with grants in order to establish a firm base in the household economies. Only later may there be room for loans.”

Lessons learnt

The marginalisation of indigenous peoples is geographical and cultural. The distance to the market is a problem. Because one village happens to be close to the main road, the revolving fund works best there. The obvious lesson learnt here is that when people indicate they need cash it is naïve to just start a micro-credit facility in the village. If market conditions are different from one village to the other, likewise a diversified approach needs to be followed. One village is close enough to the district centre for establishing a loan fund. In other villages, cash may be earned by specific forest products, or with cash crops with a high added value. This may be developed ‘the old fashioned way’: with grants. This story represents what is labelled ‘the graduation approach’, which starts with grants in order to establish a firm base in the household economies. Only later may there be room for loans.

Probably more important is another distance: the one between cultures. One way or the other, the INGO bookkeeper has to understand the importance of worshipping rice. Not acknowledging this is not far from a colonial attitude in which ‘backward natives’ should understand the benefits of innovations brought to them from outside. They don't, because world views do not change overnight, and it should not be assumed that they have to change at all.



Colors of the wind



(You think I'm an ignorant savage
And you've been so many places I guess it must be so
But still I cannot see the savage one is me
How can there be so much that you don't know?
You don't know...)

You think you own whatever land you land on
The earth is just a dead thing you can claim
But I know every rock and tree and creature
Has a life, has a spirit, has a name
You think the only people who are people
Are the people who look and think like you
But if you walk the footsteps of a stranger
You'll learn things you never knew you never knew
Have you ever heard the wolf cry to the blue corn moon
Or asked the grinning bobcat why he grinned?
Can you sing with all the voices of the mountains?
Can you paint with all the colors of the wind?
Can you paint with all the colors of the wind?
Come run the hidden pine trails of the forest
Come taste the sunsweet berries of the Earth
Come roll in all the riches all around you
And for once, never wonder what they're worth
The rainstorm and the river are my brothers
The heron and the otter are my friends
And we are all connected to each other
In a circle, in a hoop that never ends
How high does the sycamore grow?
If you cut it down, then you'll never know
And you'll never hear the wolf cry to the blue corn moon
For whether we are white or copper skinned
We need to sing with all the voices of the mountains
We need to paint with all the colors of the wind
You can own the Earth and still
All you'll own is Earth until
You can paint with all the colors of the wind

From the film Pocahontas 2012

Senior citizens changing their own lives in Sri Lanka

— by M.S. Chaminda de Silva of HelpAge Sri Lanka

“My mother was a member of the Arunapura Diuldamana Senior Citizen’s Committee (SCC). She took a 3,000 LKR loan from the SCC to help me start producing cement flower pots to sell. But after a few months she died. I had to spend a lot on the funeral, but the Senior Citizens’ Committee helped me with a grant of 5,000 LKR. You see, I have two children and my husband is a labourer, but his income is not enough for the family and the children’s education and other expenses were a burden for me.

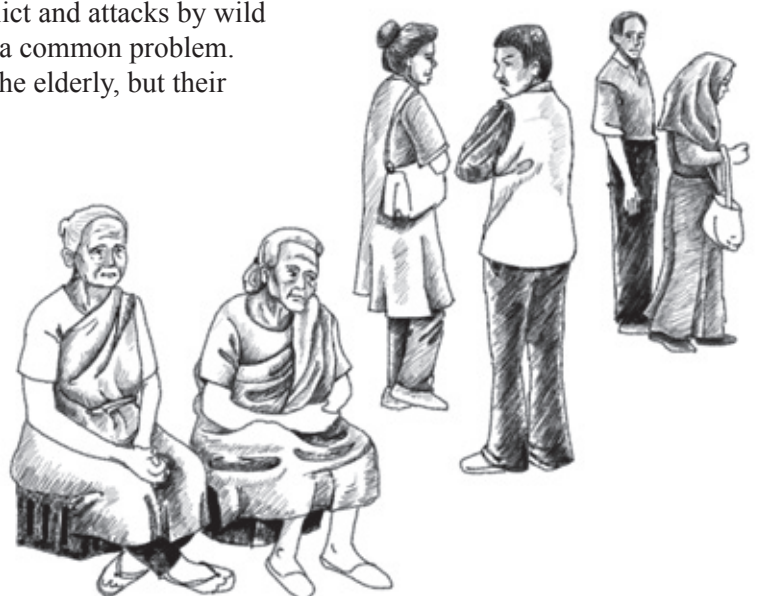
Then the SCC introduced a new loan scheme for non-members and I got 15,000 LKR to continue the cement flower pots production. I bought equipment and material. I produced flower pots and sold them. Now I am earning 10,000 LKR per month, covering my costs, at last, and I am paying back my monthly loan instalments too. I am now supplying pots to the Committee’s plant nursery and planning on applying for another loan to purchase moulds for new designs to expand the market. Now I am happy and give thanks to SCC for this unforgettable support.”

– K.G. Sudharma, Arunapura Diuldamana village, Sri Lanka

Mrs. Sudharma’s village is in Polonnaruwa District of Sri Lanka, where most people are poor farmers. One in five families do not have their own farm land and must work as labourers. Of the total population, one quarter are elderly and most of them have had no income and are dependent on their families. Most also have chronic diseases and disabilities, and many are bed-ridden. A lot of elderly people do not have permanent housing. The area is frequently affected by natural disasters, conflict and attacks by wild elephants. Malnutrition among the elderly has been a common problem. 70% of older people are illiterate. Indeed, not only the elderly, but their families are also vulnerable.

Older people felt helpless, marginalised and even afraid, due to threats from outsiders and society. They relied on their children, other people and the government and developed a dependence mentality. In Sri Lanka there is the belief that the elderly cannot or should not work and therefore have to retire and rest in their old age. Hence, when they turn sixty, elders are reluctant to work and hand over their jobs to younger people. They often transfer their land to their children, but then many face problems from their children, in addition to physical difficulties and discrimination in society, even in the hospitals.

“Older people felt helpless, marginalised and even afraid, due to threats from outsiders and society.”



“Elderly people who wanted to access loans were unable to do so because most financial institutions saw them as a bad risk.”

There were very few organisations assisting older people in this area. The Senior Citizen Committee and local government offices only provided a little assistance. The Committee was started in 2003 with initial advice from the Dr. Aloka Gunerathne, a local health official, even before Government Social Service Officers were required to initiate them in all villages. It focused mainly on informal gatherings and some religious services and pilgrimages. Mr. Edman Sumanasena said that before the TEA programme started, “elderly life was about going to the temple, worshipping and resting. I was involved in those SCC activities”. But the SCC had no vision or mission. At that time their income came from the small amounts they gathered as membership fees.

Elderly people who wanted to access loans were unable to do so because most financial institutions saw them as a bad risk.

What happened?

Arunapura Diuldamana SCC was selected to be part of the TEA Programme by HelpAge Sri Lanka, one of the implementing partners. The SCC received training programmes in:

- leadership,
- advocacy and rights training,
- financial literacy and revolving fund development training,
- business proposal writing,
- The Five Capabilities organisation development training
- monitoring and evaluation.

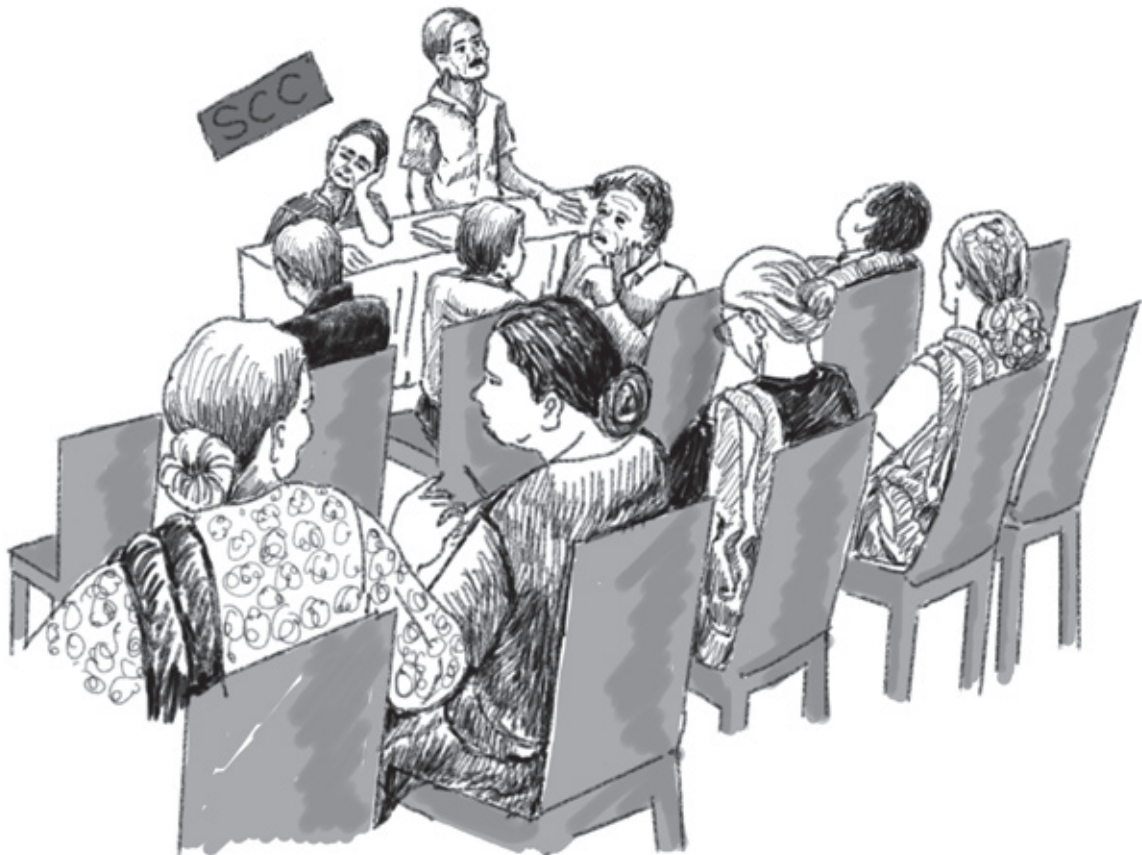
This intensive training programme developed the capacity of the SCC members to run the committee and expand its activities, enabling it to better address the needs of the elderly.

As so many of the elderly did not have an income, getting access to finance became a priority for the SCC, because Sri Lankan banks and microfinance institutions do not provide loans for elders. The TEA programme supported the SCC in providing loans, providing 150,000 LKR as initial capital to start a loan programme in 2011. To begin with, they could select only 12 people from around 100 members, which was quite a challenge.

They were able to agree on a set of criteria and some rules. At the beginning they selected vulnerable members who needed financial assistance to start livelihoods. They decided to provide 13,000 LKR as the maximum amount for any beneficiary. The interest was 1% per month, reducing rate, and recipients were given 2 years to repay the loans, which meant the monthly instalment payment was low and beneficiaries were able to pay easily.



After monitoring progress, HelpAge provided training on how they could develop the fund by changing the interest rates. The SCC realised they would have to increase the interest rate in order to develop the fund because, if they did not do this, they would not be able to assist other members who were starting to request loans for themselves. This was discussed with members so that they would understand the reasons behind the change. The SCC then increased the interest rate to 2% per month and reduced the repayment period to 10 months and in this way they were able to get the money back quickly and provide loans to other members. The SCC began providing 3,000 LKR as a small loan, as well for emergencies, a vital service for people who live at risk.



Soon the SCC had developed their total assets to 1,250,000 LKR and expanded their services. Some members have now completed repayment of their first loan and have taken a second or even a third loan.

The HelpAge and Sarvodaya TEA programme team brought these SCC leaders to visit other CBOs who have been able to develop themselves using microfinance schemes. That exchange visit motivated them to increase their interest rate to grow funds further. They decided to increase the interest rate to 3% per month on reducing rates which is equal to 1.7% per annum flat rate and they also increased the membership fees.

However, the SCC leaders struggled to explain the rationale for their decision to the members and many opposed this decision. At this point the TEA programme stepped in to provide a little guidance on how to find a good balance between financial and social performance, in other words how to ensure that members interests were served in a way that is economically viable and sustainable. As a result of the opposition and the advice they received, the SCC reconsidered their decision and began to provide lower interest rates for the poorest of the poor in the village.

“However, the SCC leaders struggled to explain the rationale for their decision to the members and many opposed this decision.”

“This has benefited them in several ways, helping their village, of which they are a part, improving their standing as the elderly and also earning some more income to assist their members and other vulnerable groups.”

Normally, SCCs work only for the benefit of older people. But Arunapura Diuldamana SCC members have changed their perception of their role and they have assisted differently-abled people and people with mental health problems too, after the training and experience from the TEA programme challenged them to think beyond their traditional role. In 2014, the SCC began to target the younger generation and provided assistance to other people in their village who needed financial assistance to start or improve their business. To date they have assisted 24 non-members with microloans for small businesses. This has benefited them in several ways, helping their village, of which they are a part, improving their standing as the elderly and also earning some more income to assist their members and other vulnerable groups.

Power Change

When money started coming into the SCC, some leaders wanted power over the money, including the Secretary of the SCC at that time, with help from the former president of the SCC. He had political power and was therefore more powerful than others. He also had the support of most of the members, including some who had misused CBO funds in the past.



The Secretary postponed the Annual General Meeting three times while he prepared his people for the takeover. The SCC Treasurer and the President organised some other members to save the SCC. They wanted to remove the Secretary and appoint a new one, but it wasn't easy as they only had the support of 40 members. They organised an AGM without the Secretary, but the Secretary raised an objection that this was against the constitution. 90% of the membership participated in this meeting and all members except five accepted the holding of the AGM. The Secretary was voted in again by his supporters. But the President and Treasurer were also re-elected. The Secretary said he couldn't work with the President and Treasurer and resigned. Another member was appointed Secretary.

After this, some members of the Committee continued to work against the SCC by staying away from meetings. Sixty members continued to participate. They decided to follow SCC rules and regulations strictly, according to their constitution. Those who did not attend three meetings consecutively had their membership cancelled. The membership dropped from 140 to 60. But as the micro-finance programme continued to progress, former members realised that they could benefit from being a member of the SCC again. Membership gradually increased and at present there are 183 members.

Some critical learnings and challenges

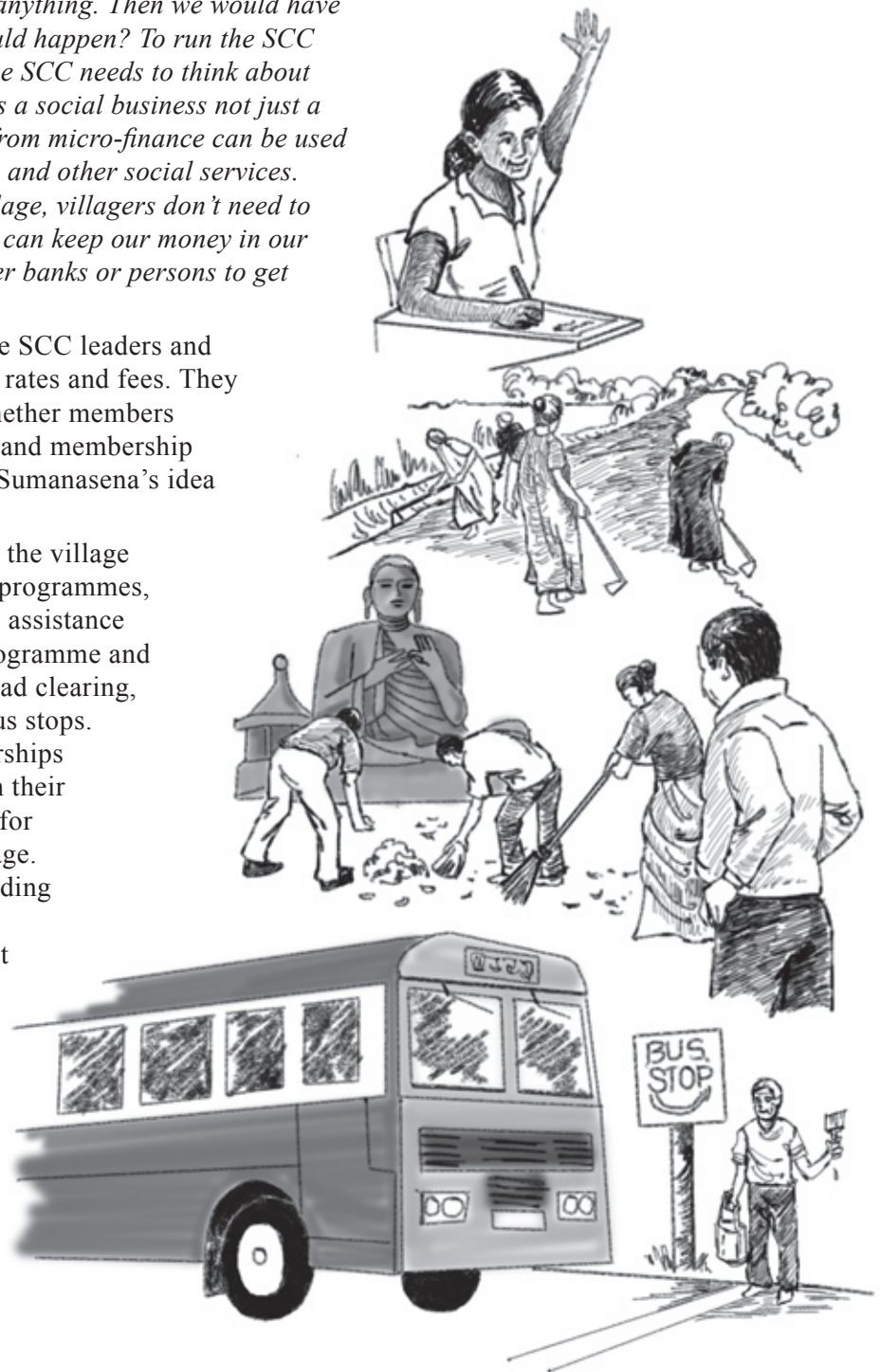
When the SCC said they were going to increase the interest rates and membership fees, some members said that the loans should be interest-free because HelpAge and Sarvodaya provided this money free of charge to the SCC.

Mr. Edman Sumanasena, the treasurer of the SCC, explained to the members; *“If we distribute this money among the members, SCC would lose the money and we couldn’t do anything. Then we would have to dissolve the SCC. Then what would happen? To run the SCC and provide services sustainably, the SCC needs to think about generating income. Micro-finance is a social business not just a profit-earning business. The profit from micro-finance can be used to provide services for the members and other social services. If the SCC provides loans to the village, villagers don’t need to go outside the village for loans. We can keep our money in our village rather than allowing outsider banks or persons to get interest by providing loans.”*

After explaining this, most of the SCC leaders and members supported higher interest rates and fees. They decided to have a vote to check whether members agreed to increase the interest rate and membership fees. All members agreed and Mr. Sumanasena’s idea was supported.

The SCC has become popular in the village now because it carries out various programmes, such as Health camps, a home care assistance programme, a health awareness programme and “Shramadana” activities such as road clearing, clearing the temple and painting bus stops. The SCC has also provided scholarships for students who performed well in their examinations and ran a day centre for vulnerable older people in the village. They have conducted capacity building programmes for other CBOs in the village. A microfinance lobby event in the Dimbulagala area and an Elders Camp in Dimbulagala have been held annually since 2012. Elderly people are therefore more respected than in the past, not only in society but by their families, and are happy with their situation now.

“Elderly people are therefore more respected than in the past, not only in society but by their families, and are happy with their situation now.”



“With the training they have received, they feel more educated and empowered. They can bargain for their rights.”

The SCC has developed relationships with other organisations in the area such as NGOs, government organisations and private organisations. Due to these relationships, the SCC has obtained assistance in improving services for the elderly and has built up a good name in the area. The SCC was selected as the best Senior Citizen Committee in the Dimbulagala DS division. Mr. Edman Sumanasena was selected as the Treasurer of the SCC consortium in Dimbulagala. The SCC has received invitations to conduct training programmes for other CBOs. Some banks give special facilities and benefits to the SCC because they run their finances so well.

The SCC also runs a welfare fund for its members: If a member dies, the SCC will be provided 7,500 LKR. They also give 500 LKR to disabled older persons per month. They have set up a personal development fund.

Each loan beneficiary pays in 100LKR per month. This will gain interest, like a savings account, providing loan security and savings for the beneficiaries. The SCC also puts some money aside in a special fund each year to cover any risks that arise.



“He said ‘this is a unique example of elders who are not a burden to society, they are an asset to society and their experience can be utilised for development.’”

After the TEA Programme

Presently 40% of the elderly population of the area have an income and feel happier. Income generating activities have changed their lives. Now most elders have saved money for emergency situations or disasters and some have even started to construct permanent houses. Older people are now able to eat more nutritiously and most are no longer in debt. Having money has empowered them to contribute to their families. They are less dependent and used to helping themselves.

They have developed better relationships with people such as government officials, NGOs, banks and private organisations. They receive better care from health facilities. They no longer feel alone. With the training they have received, they feel more educated and empowered. They can bargain for their rights.

In the past very few organisations have given attention to the older people. Now more organisations are paying attention to older people, including the government, non government and private organisations. This is happening at a local and national level.

The medical officer from the Youth, Elderly and Disabled unit of the Ministry of Health, Dr. Dilanka Thilakarathne, visited the SCC and he was inspired by their success. He said “this is a unique example of elders who are not a burden to society, they are an asset to society and their experience can be utilised for development.”

Visaka's walk –

an elders' society moves from stagnation to success

— by Mr. R.A.P. Karunatileke – HelpAge

The story of Susan Chanaka

*'Hands and feet be ever so slight,
A courageous heart shines bright,
Conquer the world yonder it lay,
Strive hard son, more and more every way.'*

I am Susan Chanaka, born the eldest child in a low income family in the village of Unagaswala. I have a younger brother and sister. I was born healthy but when I was three my limbs began to get deformed as if from a bad Karma.

My parents tried their best to cure me but it was like throwing sticks into a flowing river. They felt more and more helpless. Yet they encouraged me to get a good education. I passed both GCE 'O' and 'A' levels. I got a degree from the University of Colombo.

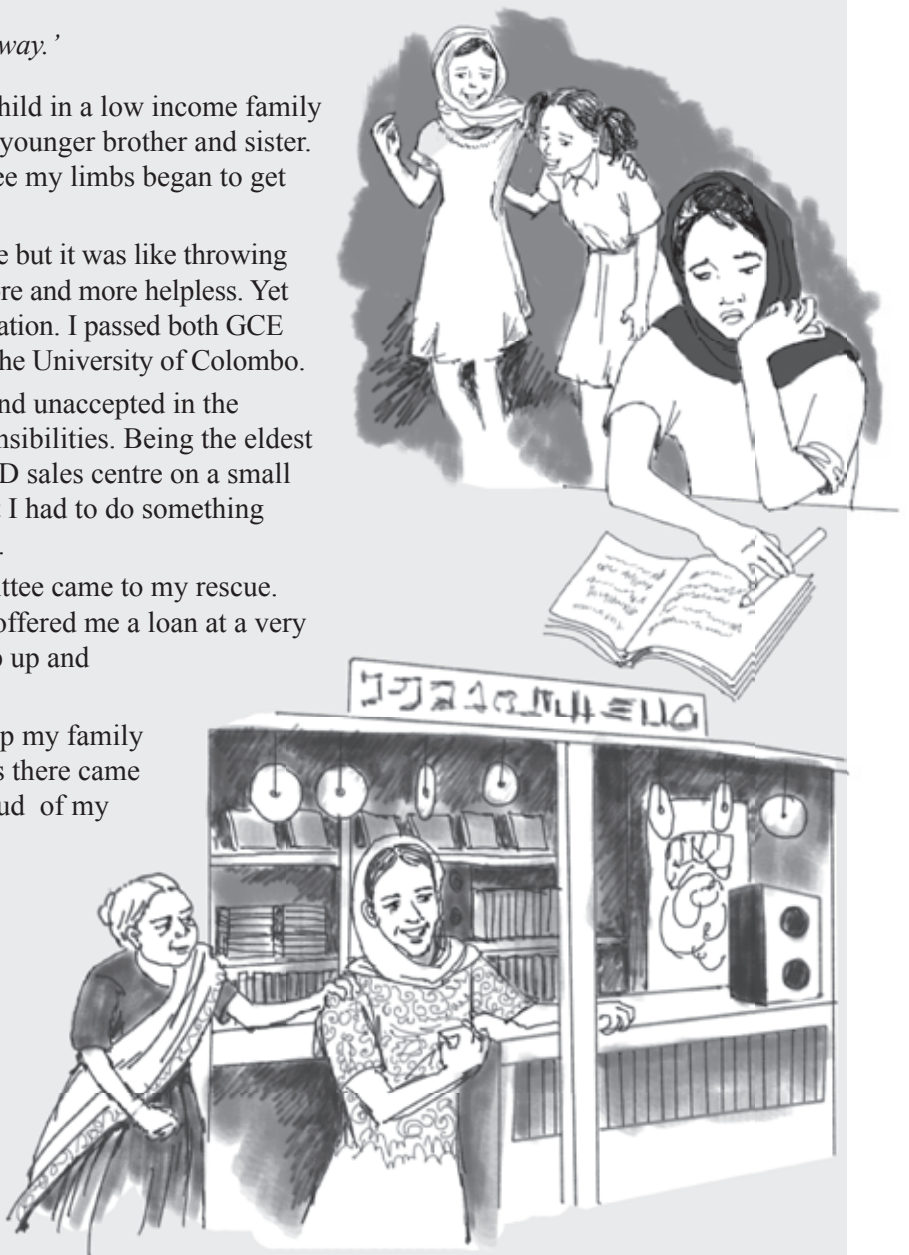
But I wasn't happy. I was isolated and unaccepted in the community. I had a host of filial responsibilities. Being the eldest was a great burden. I started a CD/DVD sales centre on a small scale. Now I have a small income. But I had to do something more if I was to provide for the family.

The Visaka Senior Citizen's Committee came to my rescue. They encouraged me to join and they offered me a loan at a very low interest. My record bar took a step up and became a 'Communication Centre'.

Now I get a better income. I can help my family more. I am happy and with my success there came acceptance and respect. Now I am proud of my achievements.

The society provided the money for my dreams to become a reality. I am a contented person now.

*"Now I get a better income.
I can help my family more. I
am happy and with my success
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my achievements."*



“The relentlessly busy lifestyle and the stress caused by economic constraints led to changes in the behaviour of children towards their parents.”

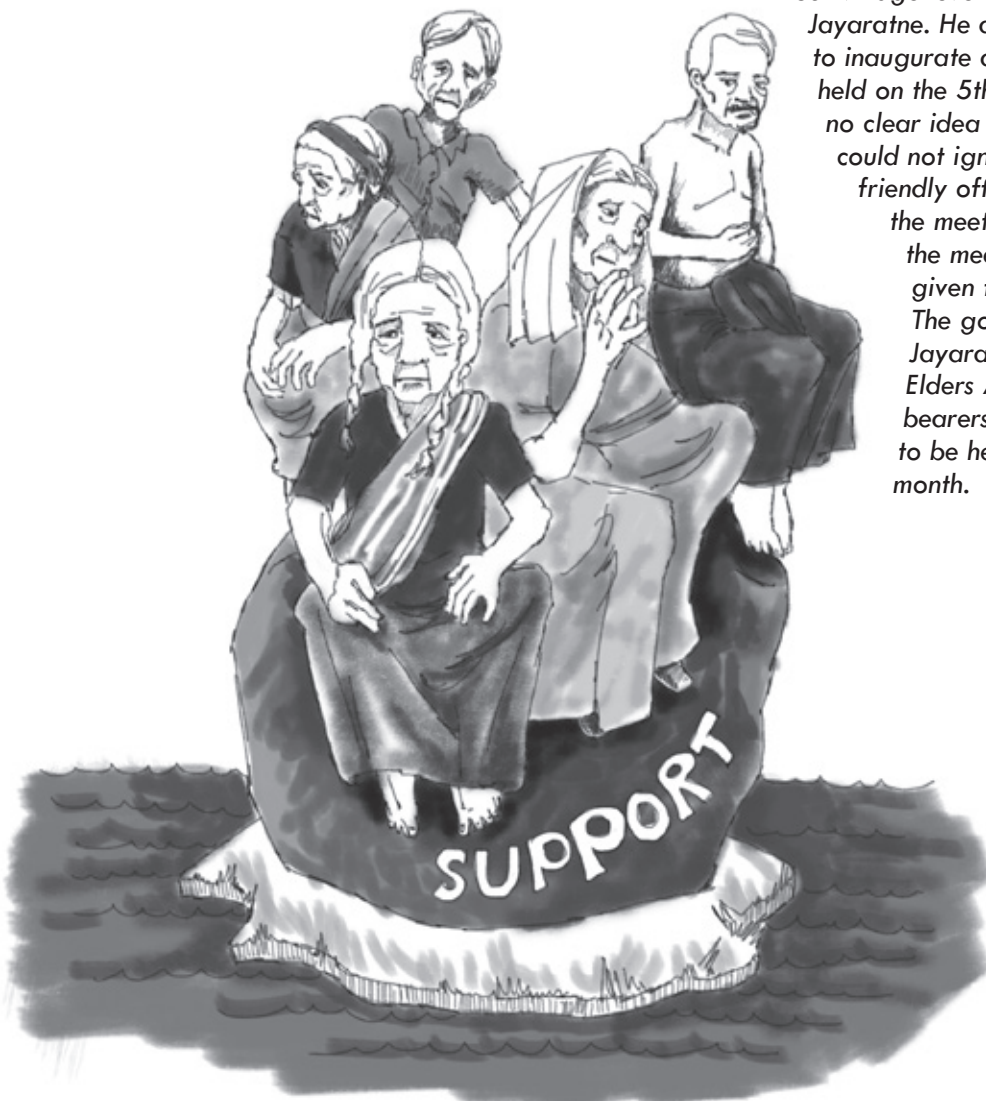
In the Sri Lankan society of old, elders were held in high respect. Providing parents with succour, love and care was regarded as the responsibility of their children. But in modern times, with an increasing population and scarcity of resources, family incomes have declined. Husband, wife and adult children all have to be employed to keep the home fires burning. The relentlessly busy lifestyle and the stress caused by economic constraints led to changes in the behaviour of children towards their parents.

Disputes about the distribution of property and wealth are used as an excuse to neglect parents. It has become the norm. Many older people are now destitute and ignored and some take to the streets in despair.

The government responded to this by passing an act of Parliament in 2000 – Act 09 - to Protect the Rights of the Elders. As a result, Elders’ Societies were set up in each Village Division to bring together elders over 60 years of age residing in the area. The objective was to protect the rights of older people, ensure their physical and mental well-being, and to provide support for them to lead a life with dignity.

2nd October 2005, sundown

Someone was at the gate. It was none other than our village level government officer, Sriyantha Jayaratne. He asked me to attend a meeting to inaugurate an elder’s organisation to be held on the 5th at the junior school. I had no clear idea about what this meant, but I could not ignore the request made by this friendly officer. So I decided to go for the meeting. About 95 people were at the meeting. A considerable number given the small size of our village. The government officer, Sriyantha Jayaratne spoke at length about the Elders Act and its objectives. Office bearers were elected. Meetings were to be held on the last Friday of each month.



Thus Visaka Elders' Society was born

At the monthly meetings members entertained the group with songs and speeches. Free books were distributed to mark World Children's Day. Spiritual activities such as pilgrimages and almsgivings were held.

There was a membership fee of Rs 10/= per person. But no fundraising programmes were started nor was there any formal accounting of income and expenditure. There was a treasurer but receipts were not issued.

Membership gradually dwindled as the members felt that they did not get any benefits out of the Committee. The number of members increased when excursions were organised but then decreased again. The local population expected to add the name of our society to the list of failed societies. We were nicknamed as the 'society of the oldies'.

A new direction

A bright sun rose up on 1st November 2011. Mr Sunil Danwatte, the programme manager of Sarvodaya Suwasethawas was the guest speaker at our Elders' Society meeting. He spoke about community-based organisations, their objectives and the potential of our organisation to help ourselves and the community. He asked us to become part of the TEA programme.

There was no looking back. A series of awareness programmes enhanced our knowledge of what was needed to have a thriving society: a broader purpose, a constitution, clear practices and financial procedures, clear roles for office bearers and transparent reporting to members.

Enhancing our economic strength

All that knowledge spurred us to action. We wanted to do more and were ready to do more. But our funds were low. We needed money.

In May 2013 we requested a grant from TEA to start an income generating project. Cinnamon is a major cash crop and a popular source of income in the area. The production of cinnamon sticks is a major livelihood activity in the area. Young cinnamon plants could be sold to people of the area to start new plantations. With this in mind our members decided to start a cinnamon plant nursery. A project proposal was prepared and submitted but it was approved only in January 2014.

"Membership gradually dwindled as the members felt that they did not get any benefits out of the Committee."

"A bright sun rose up on 1st November 2011."

"There was no looking back. A series of awareness programmes enhanced our knowledge of what was needed to have a thriving society ..."

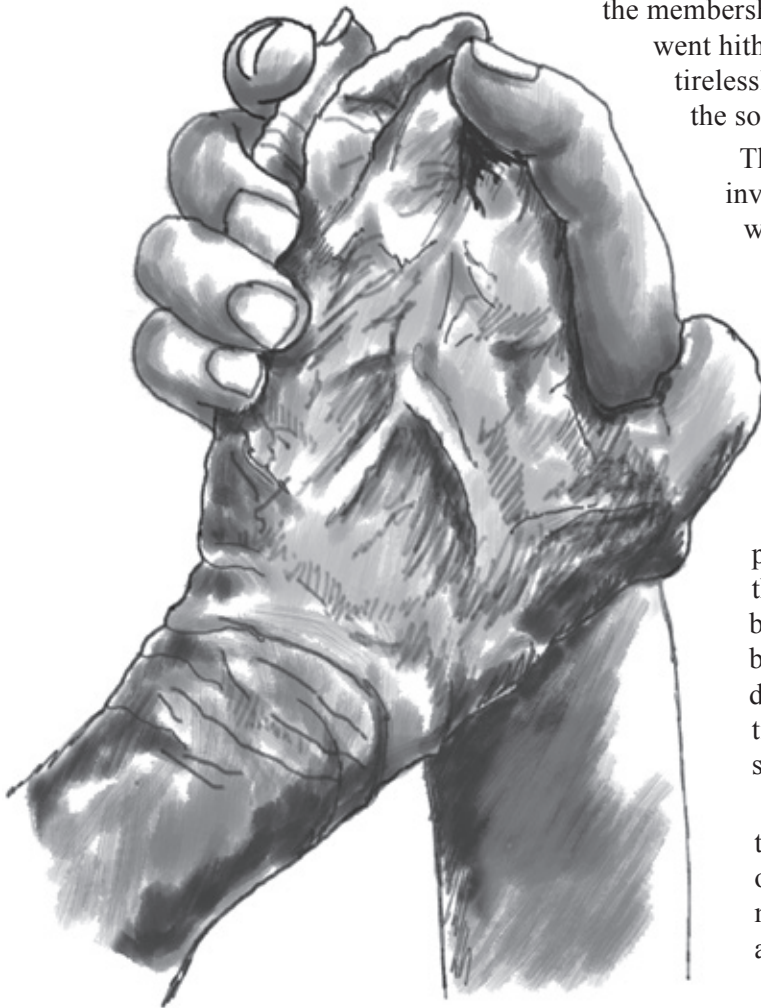
"We wanted to do more and were ready to do more."



“The knowledge gained from the various awareness programmes facilitated by the TEA programme awakened us to our potential to serve society.”

“... we decided to raise funds through a lottery and the sale of souvenir brochures.”

“At the end of the function we found out we had earned a profit of 73,000 Sri Lankan rupees. We had the money to launch the project!”



At the same time with its new knowledge of community-based organisations, Visaka Elders’ Society prepared and adopted a new constitution. We had entered a new phase in our activities. The knowledge gained from the various awareness programmes facilitated by the TEA programme awakened us to our potential to serve society. We looked around our own community and realised how people with disabilities within the community struggled to eke out an existence because of lack of social acceptance and tolerance. A new section was added to the constitution enabling the inclusion of people with disabilities to become members. They were enrolled as members and a programme for their upliftment was crafted. Office bearers and the membership moved forward with a new vision. We were hoping to get funds from the TEA programme.

Finances for the cinnamon nursery were not forthcoming in a hurry. We couldn’t understand this delay. The right season to put down the seeds was fast approaching. It meant another challenge – the challenge of raising funds. We had to find the money before the end of July.

We met, discussed and even argued. We needed the funds immediately as the season for planting was right. We had to make a start soon. A number of suggestions were considered. Finally, we decided to raise funds through a lottery and the sale of souvenir brochures.

We were galvanised into action. Working together like one, we soon printed the lottery tickets and distributed them among the membership for sale. Like a swarm of bees, they went hither and thither selling lottery tickets, tirelessly working to obtain advertisements for the souvenir brochure.

The day of the lottery dawned. The invitees arrived in the afternoon to draw the winning tickets. At the end of the function we found out we had earned a profit of 73,000 Sri Lankan rupees. We had the money to launch the project!

We managed to get a rent-free plot of land in the precincts of the community centre with the intervention of the local government officer. We cleared the plot, bought the polythene and prepared the soil. We paid the members for their labour on a unit basis (payment made on the number of baskets prepared for planting). At last the deed was done. We planted the seeds on time. We were jubilant. The collective spirit was high.

We also finally received the grant from the TEA programme. We had used up all our resources to launch the nursery. The money could be used for its maintenance and to continue our project.

Into a new phase

We moved into another phase in our activities - ensuring the economic stability of our members. Most of our members lived under economic constraints. The worst off were the people with disabilities. They had lost their self-worth as their families themselves did not accept them. The community too rejected them.

Our society decided that the only way to help our members with disabilities was to encourage them to run self-income generating businesses. We began by using a part of the society's fund money to advance Rs 2000/ as a short term loan and later increased it to Rs.3000/ and Rs 5000/.

Things went well. For example, in October 2015 12 persons were granted low interest loans amounting to Rs 445,000. Six of them have disabilities. A group of six members received a loan of Rs 45,000/ to start the production of brooms, marketing them in the name of the society. A small percentage of the earnings is paid to the society fund.

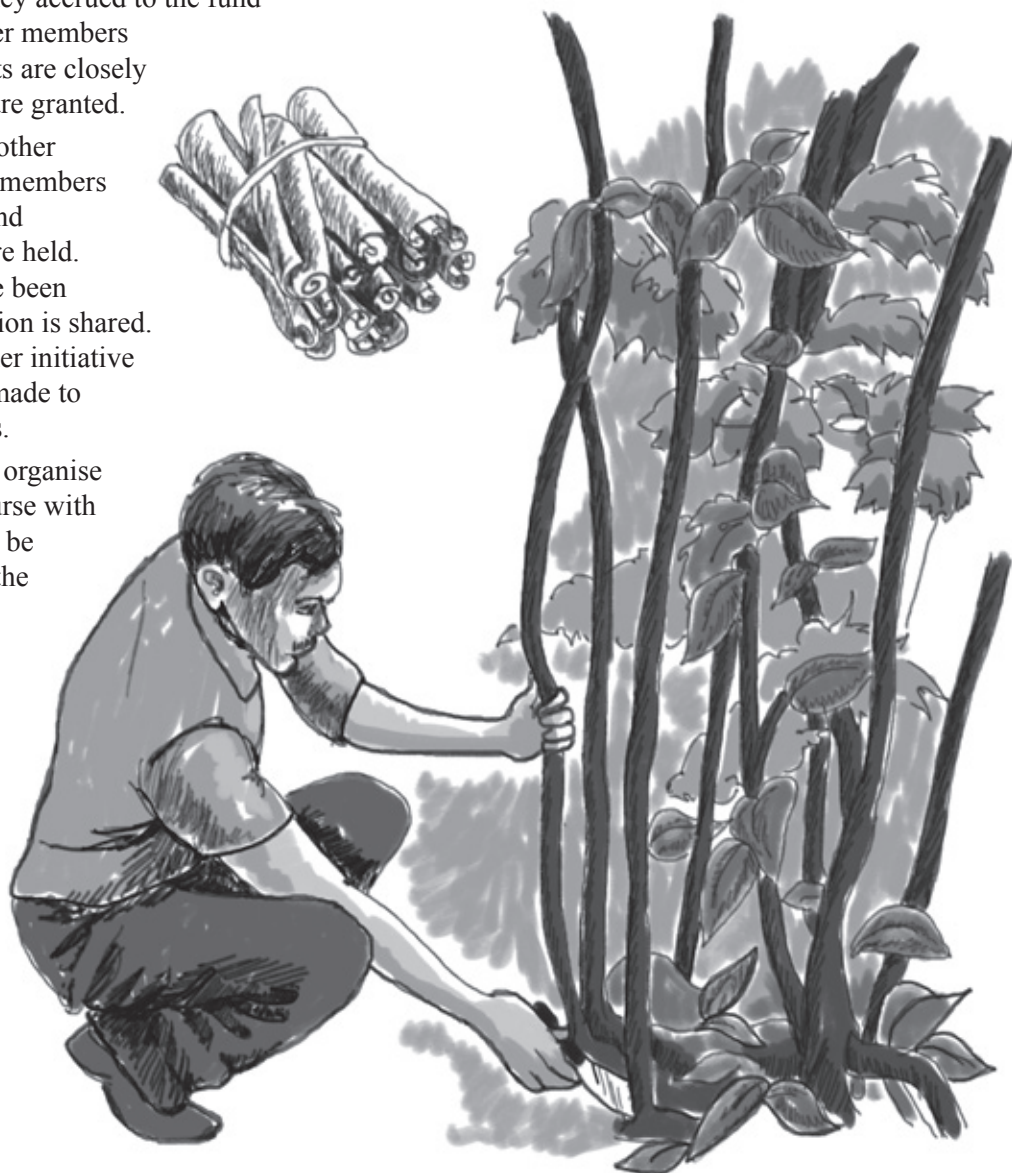
The individual loan scheme operates as a revolving fund and has a separate bank account. The money is not added to the society fund but kept apart. The money accrued to the fund is therefore available for other members requesting loans. The requests are closely scrutinised before the loans are granted.

The society also provides other services for the benefit of its members and their families. Western and indigenous medical clinics are held. Physiotherapy exercises have been introduced and health education is shared. An annual eye clinic is another initiative of the society. Referrals are made to appropriate health authorities.

Arrangements are afoot to organise a free six-month cookery course with a lesson per month. This will be targeted at school leavers in the families of members and the resource persons are drawn from among the members.

“Our society decided that the only way to help our members with disabilities was to encourage them to run self-income generating businesses.”

“The society also provides other services for the benefit of its members and their families.”



Visaka members rejoice

“Then the TEA programme arrived at our doorstep. It broadened our horizons.”

In the beginning Visaka’s journey was colourless and lethargic. We were a conservative group and the meetings and activities merely helped to overcome loneliness and boredom. It did not give us any direction in our lives or pride in our experience. Office bearers had no idea of their responsibilities and how they could change the situation.

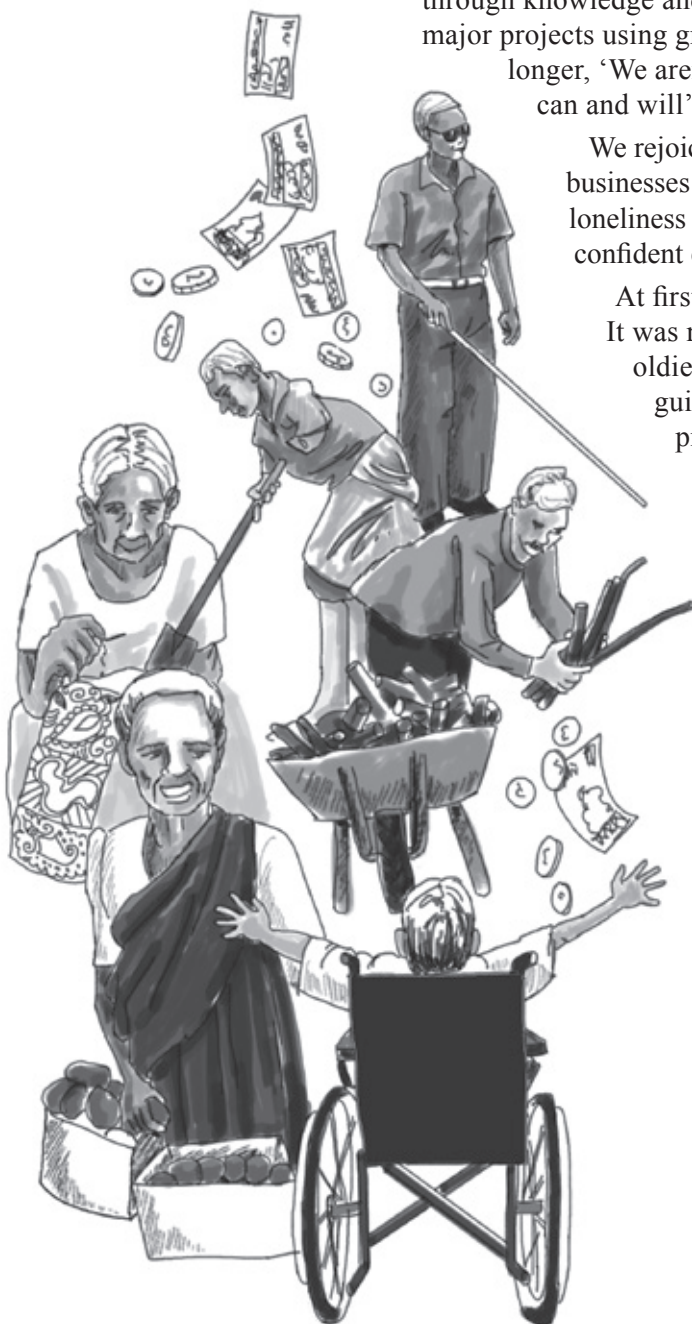
Then the TEA programme arrived at our doorstep. It broadened our horizons. We learnt all about administering a society, financial procedures, forward planning, budgets, project proposals and we turned around totally. We were energised!

The frustrated, slumbering membership awoke to the prospects before them and their potential to perform. Confidence was gained. A collective spirit blossomed. Respect was restored. Attitudes changed. We either raised the funds with confidence instilled through knowledge and awareness or we were able to implement major projects using grants from the TEA programme. It was no longer, ‘We aren’t capable. We are old and feeble’ but ‘We can and will’.

We rejoiced in the success of our members in running businesses to increase their incomes. Isolation and loneliness was replaced by energy and pride. They were confident enough to deal with government officials.

At first the society was ridiculed by the community. It was regarded as a boring gathering of tottering oldies. With the acquisition of funds and the guidance and knowledge provided by the TEA programme the society gained confidence and vibrancy. Members were contented and happy. They no longer worried about the economic constraints on their families but acted to remedy them. Visits of government officials gave them credence and respectability. Modern technology has been harnessed and members surf the internet. All these changes have changed the attitude of the community towards the society into one of growing respect and acceptance. Members, including the persons with disabilities, are enjoying the reflected glory of the changed attitudes.

“Isolation and loneliness was replaced by energy and pride.”



Office bearers are thrilled with the new turn of events. We rejoice in our services to the community and are humbly proud!

*Adorned in all the finery,
As the skies poured down in torrents,
The way Visaka arrived,
Oh! Its beyond belief!!*

Learning

The TEA programme is about changing attitudes towards people who are rejected, changing the lives of older people and people with disabilities.

The key learning is that with encouragement, financial support and some capacity-building it is possible to bring out the best in people, despite their age or disability. There are surprising capacities in all people that can be seen and strengthened if they are brought together in the right way, with respect and full involvement.

When the elderly saw a role for themselves in encouraging the people with disabilities it brought out a life-giving, even rejuvenating, sense of pride and generosity. When we serve and support others, in empowering ways, we become empowered and more human.

“There are surprising capacities in all people that can be seen and strengthened if they are brought together in the right way, with respect and full involvement.”

“When we serve and support others, in empowering ways, we become empowered and more human.”



Do not go gentle into that good night



Do not go gentle into that good night,
Old age should burn and rave at close of day;
Rage, rage against the dying of the light.

Though wise men at their end know dark is right,
Because their words had forked no lightning they
Do not go gentle into that good night.



Good men, the last wave by, crying how bright
Their frail deeds might have danced in a green bay,
Rage, rage against the dying of the light.

Wild men who caught and sang the sun in flight,
And learn, too late, they grieved it on its way,
Do not go gentle into that good night.



And you, my father, there on the sad height,
Curse, bless, me now with your fierce tears, I pray.
Do not go gentle into that good night.
Rage, rage against the dying of the light.

Dylan Thomas

Power to The Powerless through Partnership

How the TEA programme and Suwasetha helped government and CBO to see each other and work together differently

— by Mr. Lionel Premachandra of Sarvodaya Suwasetha

"I have been working as the Social Development Assistant in Mathugama divisional secretariat for about ten years. I wanted to do some useful and productive work for poor people but I couldn't look beyond the long established traditions of the government system. I didn't really believe in the Community-Based Organisations, especially the ones for elderly people and those with disabilities who were always considered as dependents. I did not have a close relationship with CBOs until I had the opportunity to be involved in the TEA project. I performed my duties following the traditional methods found in any government office in the country, with an indifferent attitude in the bureaucratic system of the country. At the beginning of the project I was also doubtful about the NGO that was going to implement the project in my area since people's attitude towards any NGO was negative. Participating in the training programs organised by "Suwasetha" gradually changed my thinking pattern. It gave me new inspiration to change my traditional administrative mind-set and to embark on a people-friendly approach to working with the community. Then I engaged in community development activities and acquired the necessary skills to work with CBOs and NGOs. Now I am quite happy to be able to bring about productive changes in CBOs of disadvantaged communities. And I am happy about the attitudinal changes within myself as well."

The story of Miss. Manoji may seem simple and what she did, easily achievable. However, in reality, it took a great deal of thought and effort. The practice of government officers in Sri Lanka has been well-established and almost impossible to change. Because of their influence, government offices were regarded as people to be treated with respect.

This administrative system has been in operation for more than seven decades, but development hasn't progressed as expected. Rather, in comparison to the private and NGO sectors, inefficiency, delay and corruption are common.

"It gave me new inspiration to change my traditional administrative mind-set and to embark on a people-friendly approach to working with the community."



“The leadership was selected without considering their commitment or knowledge but rather the influence they had over people in the villages.”

Mr Sriyantha, the Grama Niladhari (government officer at village level) of Randenigama, was not an exception, performing his duties half-heartedly and without commitment. He didn't think of supporting community development work or the welfare of elderly people and people with disabilities. He also didn't have enough knowledge or skills to build partnerships with community based organisations or the NGOs for the purpose of delivering a productive public service.

He didn't think it was possible to improve the livelihoods of most disadvantaged people as they were only interested in getting some sort of aid, money or any consumables from the government.

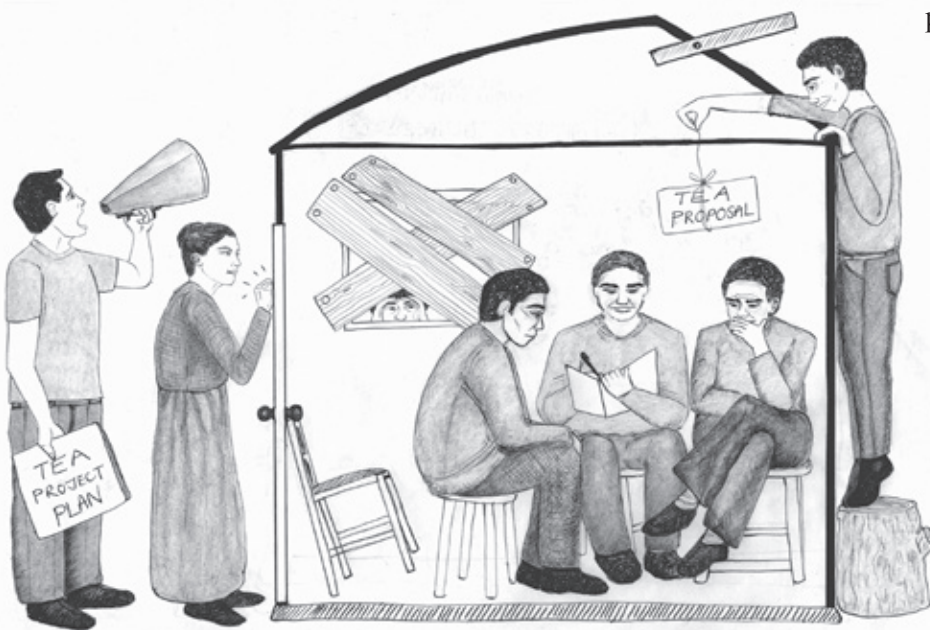
Mr Sriyantha was disheartened because of the dependant mentality of rural people who weren't prepared to help themselves. Although there were several community-based societies in the villages, they were not functioning properly due to lack of knowledge about how to run these societies for the benefit of their members. When the meetings were called, only a few members attended. At the initial stage of forming a Senior Citizen Committee, more than one hundred people participated but they later lost interest as it didn't provide real benefits. They came only for religious activities such as sermons, worshipping and pilgrimages. Government allocations were also not available for community development ventures even if an officer wanted to do some sort of welfare activities through CBOs.

Although non-governmental organisations in Sri Lanka have been operative for a long time, the general opinion of NGOs is somewhat negative. During the rehabilitation period after the tsunami, the performance of most NGOs was questionable as people witnessed misuse of donor funds that was intended for social development. This negative attitude towards NGOs was a major barrier when the TEA project started.

Senior Citizens Committees (SCC) had been established in all the provinces in Sri Lanka. They were formed in the year 2009 following the enactment of parliamentary act No. 09 which directed government officers to start forming and registering SCCs across the island and issuing elders with identity cards.

These activities were mainly handled by the Social Service Officers (SSOs) at the regional level so members of the SCCs regarded these village level CBOs as just part of another government procedure.

The financial management of the CBOs was not transparent so members didn't have much faith in the leadership. The leadership was selected on the basis of political influence over people rather than on commitment and knowledge. Therefore, all the CBOs remained inactive and financially poor. They didn't think of expanding their activities to benefit members and the community.



Suwasetha, a local NGO, had been working with disabled people in Galle and Kaluthara districts for some time, mainly providing welfare facilities and rehabilitation. When they started to implement the TEA programme, Mr. Danwatta, the coordinating officer, began using a different approach to get the involvement of government officers in community development work, and to encourage the community based organisations to develop their capacity and collaborative efforts with government authorities. Initially both parties were sceptical of the NGO's ability to do this.

Suwasetha had to follow government regulations and approach the CBOs it wanted to work with through the local government authorities. Mr. Danwatta followed normal procedure and identified four locations, as directed by the Divisional Secretariat division level officials. The government officers, as well as the members of the CBOs, were resistant since they considered Suwasetha as just another NGO trying to implement a traditional project. They had had a negative experience with another NGO dealing with microfinance transactions in the same area. One selected SCC refused to participate in the program because of Suwasetha's involvement. The chair of the SCC resigned as a result.

However, Mr Danwatta, managed to select four village-level CBOs and decided to go ahead with his team. He organised a meeting at a school and informed the participants about the program. Public officers including Ms. Manoji and Mr. Sriyantha, local level politicians, village committees, regional directive committees, Divisional Secretary and other NGOs also participated in this meeting. They all had some doubts about the new program and he spent a lot of time clarifying the intention of the programme.

Mr. Danwatta then organised an awareness programme. It was highly successful and was the stepping stone for developing trust and confidence among the stakeholders. High ranking public officers in the area, local level politicians, community leaders and NGO practitioners got together and discussed the future plans of the TEA project to be implemented in their locality.

Miss Manoji and Mr. Sriyantha were key performers because they were the government officers handling social welfare of disabled and elderly people. After participating in the workshop these two officers understood the possibilities of promoting the CBOs at village level under the TEA program and were determined to gain the support of relevant colleagues in their respective offices. They participated in all the training programs conducted by the TEA project while performing their normal duties and gained new knowledge on organisational development under the framework of five Capabilities introduced by the TEA project.

“Mr. Danwatta then organised an awareness programme. It was highly successful and was the stepping stone for developing trust and confidence among the stakeholders.”



“Government officers also participated in exchange visits to Dimbulagala and Jaffna and gained and shared knowledge.”

At the beginning it was difficult to convince the members of SCCs to extend their support to people with disabilities because disabled people were not mentioned in their constitutions. In some societies the leadership had to be removed at the annual general meetings and more capable and dedicated people appointed to the leading posts. Not only the Social Security Officers but also other relevant public officers participated in the monthly meetings of the CBOs and supported the change. The training on; Good Governance, Managing CBOs, Leadership, Book-keeping, Fundraising, Rights and Advocacy, Monitoring and Evaluation, Elderly Care and Care for the Disabled, provided necessary knowledge and guidance to both parties to change the way they had been working.

The programme supported the CBOs to assess their capabilities using the 5 Capabilities approach. The government officers participated in the process of evaluation and in doing so gained some insights to evaluate their own institutions. The process widened their understanding about the organisations while making it possible to identify specific areas to be developed. This methodical approach could be applied to other organisations handled by the government officers. In Mathugama division about 55 CBOs were made aware of this organisational evaluation approach by Miss. Manoji and other government officers.

Although it was a difficult task to work with two disadvantaged groups, the knowledge and skills gathered in the continuous awareness programs paved the way for gradual change in traditional attitudes. Mutual understanding between the public officers and the CBOs improved and they could step into new ventures, like individual loan schemes and collective business efforts. The grants provided to the four CBOs were utilised to form a revolving fund in each society and members began to benefit directly from this scheme. Government officers also monitored the progress of these loan schemes and provided necessary guidance ensuring that the funds were used in a way that would benefit local people.

The change in the effectiveness of the CBOs encouraged the public officers and made them more motivated to bring about social and economic development of marginalised groups in the community. They were engaged fully in the process, participating in community development activities and other events organised by the TEA programme. Government officers also participated in exchange visits to Dimbulagala and Jaffna and gained and shared knowledge.



As the programme progressed, the government officers in the two divisional secretariat offices gradually developed confidence in the work of Suwasetha and changed their previous assumptions about the elderly and people with disabilities. Earlier they had considered elderly people as weak and did not have much faith in them.

The government officers had the opportunity to learn more and more about the management of community based organisations efficiently through participation in the workshops organised by the TEA program. Although these workshops were intended for the members of the CBOs, the government officers were also encouraged to attend. Most of the relevant officers took these opportunities. The workshops provided not only knowledge but also the opportunity to build close relationships with the members of the CBOs. The officers began to understand the abilities of elderly and disabled people. Gradually they realised that they themselves can also develop leadership qualities to benefit the community. They also developed mutual relationships in relation to the duties performed at the village level, increasing their efficiency and they learned the importance of forming sub-committees and delegating the different responsibilities among them. The finance, monitoring, loan and fundraising sub-committees had different duties to perform. The regulation of book-keeping in CBOs increased the efficiency. In addition, all CBOs prepared their vision and mission statements with the help of government officers, a totally new experience for them.

By the end of 2013, there had been some progress and the individual loan schemes had also started. The beneficiaries of the loan scheme began livelihood activities and were starting to increase their income. This attracted the attention of government officers who had been a little sceptical earlier about the ability of older and disabled people to manage finances. But the interest rates charged by different lending institutions in the villages were not the same and this created a conflict where the government officers also had to intervene. They conducted a survey and all the families were categorised according to their income levels. After that the interest rates were determined according to the income levels of the families.

As well as loan facilities, the programme provided equipment needed by institutions so that they could support and include disabled and elderly people. Karandeniya Junior School was provided with a building and equipment for a special education unit. Necessary equipment was supplied to Katugahahena regional hospital. Some medical equipment was supplied to the Ministry of Health office at Borakanda. The government officers also added some contributions from the government allocations to fill the gaps.

“... the government officers in the two divisional secretariat offices gradually developed confidence in the work of Suwasetha and changed their previous assumptions about the elderly and people with disabilities.”



“Government institutions also started to help each other more.”

Several government officers from the four areas had the opportunity to visit the CBOs in Jaffna in the Northern Province, which was recovering from the war time. During this period, it was important to build peace and harmony among different ethnic communities. The leaders saw the struggles of the communities and how the members maintained their CBOs successfully. Later, the representatives from Jaffna CBOs also visited the TEA areas in Southern province and these exchange visits paved the way for better understanding among the Tamil and Sinhala communities.

It was difficult at the initial stage to get the consent of SCCs to work in collaboration with the societies of the disabled. But the government officers realised, if the disadvantaged groups were to be empowered, these different groups must be united in some way. Opportunities were created to meet these two groups and let them understand that as both were disadvantaged they could work together to win their common rights. Eventually the SCCs even changed their constitutions to provide loans to disabled people. This partnership was a significant achievement on the way to success of the TEA program in Galle and Kalutara districts.

By 2015, the government officers had gained some knowledge and skills in community development work and become more positive in their attitudes. The government officers became more people-friendly. The officers had built healthy relationships with rural communities and they gave more attention to the real social development of the people living in the villages. For example, the health authorities in the area organised clinics and awareness programs at village level for the first time. Also, when the divisional secretariat organised some training programs, the members of the SCCs and other

CBOs were invited to participate. This new development paved the way for productive partnerships among the government officers, CBOs and NGOs who now collaborate in a more democratic way.

Government institutions also started to help each other more. The medical health office, the divisional secretariat, the schools and the hospital also worked together, organising joint programs at the village level. As a result of increased awareness of government services the villagers sought more and more services from the government officers.

Randenigama Senior Citizens Committee experienced this dramatic change and they also responded in the same enthusiastic way. They invited the government officers to their monthly meetings and special occasions. The social service officer and the Grama Niladhari, Mr. Sriyantha, played a key role in bringing about this change. They are expanding their services to other CBOs in the area; for example, one SSC has been given state land where they have constructed a building for their society with money from a local politician.



Miss. Manoji is quite optimistic about the sustainability of what they achieved during the course of TEA project and says, *“Both parties know each other and also a culture of working together has been developed. Therefore, it cannot be reversed as the villagers are now demanding more services from the government officers.”*

Mr. Priyantha endorses this idea saying *“In my division nobody can escape from the common people since they are now aware of the services they can get from government officers and they come forward and make their demands.”*

“Both parties know each other and also a culture of working together has been developed. Therefore, it cannot be reversed as the villagers are now demanding more services from the government officers.”

Reflections and Lessons

Sustainable change cannot be achieved overnight. It needs a long period of time, resources and human effort. This has been proved throughout the TEA program, especially with regard to the involvement of government officers in this project. In this five-year drama there have been exceptional characters like Miss. Manoji and Mr. Sriyantha who have played a leading role in community work. They have changed themselves. The TEA program has proved that the partnership built among government officers, NGOs and CBOs can bring about positive changes for marginalised groups in rural communities.

These are some lessons that might be useful for community development practitioners embarking on the same kind of projects.

- At the outset of the program, make the high ranking government officers aware of the objectives of the project and convince them about the outcome and the impact of it. This is needed since the officers working at the field are not able or willing to go against the directions of their higher officers.
- Select the most vulnerable segments of the community because they are the most deserving people to be genuine beneficiaries.
- Sometimes it is better not to confront government officers who try to obstruct the process but to avoid them as much as possible and work with those who have good intentions for the community. The question to ask is: how to bring out the best in people?



Exclusion

Tonight, I didn't feel welcome in my own living room
And as I sat staring at the stained carpet of my bedroom,
I didn't think of that but of the people who never do.
If I could remove my heart to go out to them
To maybe help them feel full again, I would.
Because exclusion is the least comfortable sweater
And it scratches hard when family members become the stitching.

Karissa Lin Celona



My son has changed and so have we!

From mental health to social health in Sri Lanka

— by Mr. Albert Sri Ranjan-Jaffna

“Now I feel that I am very fortunate. How much did I suffer because of my son? He used to sit in a corner in the house as he could not face the society. But now we cannot even believe how much he has changed”.

Yes, I will tell my son’s story in full. I am Santhiradevi. My husband is Kandaih. We live in a rural village called Tellippili, in the district of Jaffna, in the Northern province of Sri Lanka. We are Tamils. My husband and I earned a living by working as hired labourers. My husband tills the fields while I pull out the grass or cut the grass in the onion or vegetable plots. We led a simple, happy life.

When I gave birth to my third child, Prasanna, we were so delighted that a son was born into the family, after the birth of two older daughters. I had no words to express my joy, but I did not know of the sorrow that was to come. Our son grew up in the normal way, but he did not talk much. As he completed his fifth year of age we admitted him to the grade 1 class in the village school.

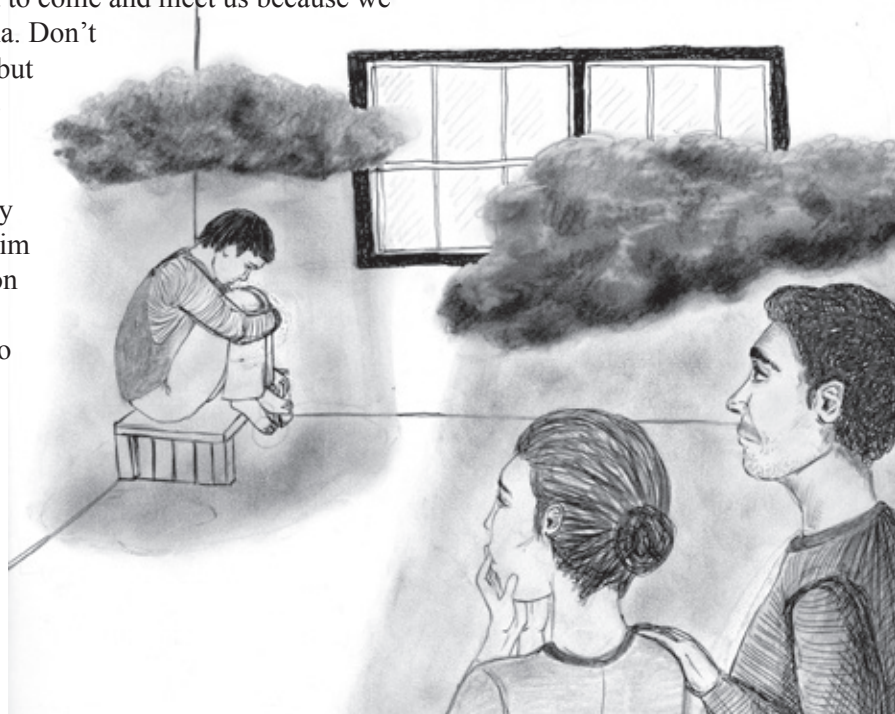
One day we received a message from school asking us to meet the Principal. The following morning, I went to school quite early.

“Come in mum, come and sit. We asked you to come and meet us because we wanted to speak to you about your son, Prasanna. Don’t misunderstand us for speaking to you like this, but compared to the other children, Prasanna seems to be quite different. He does not listen to what we tell him. He is not obedient. Yesterday he stuck a pencil into a child in his class. He is very stubborn. Other children are scared to sit near him even. It would be good if you can keep an eye on this child. My staff and I think that he has some mental disorder. You should try and show him to a Doctor who is specialised in this field,” the Principal told me.

When the Principal spoke like this my heart ached. From that day we lost the joy in our lives. We felt our lives becoming gloomy.

I could not sleep that night. The Principal’s words kept coming back.

“Compared to the other children, Prasanna seems to be quite different. He does not listen to what we tell him. He is not obedient ... my heart ached. From that day we lost the joy in our lives. We felt our lives becoming gloomy.”



Early in the morning, on the next day we took our son to the Tellippili government hospital which was quite close to our home. Although none of the modern technologies were available at that time, the Doctor took time and examined my son.

“There is nothing to fear,” the Doctor said, “I don’t see anything of the sort in this child. My opinion is that the child is undernourished. The child is weak. Give the child nutritious food containing proteins. He needs to be fed.”

I came back after listening to the Doctor. He did not give us any medicine.

After that day my son did not go to school. Because it was the school in the village the opinion of the teachers and Principal had spread all round. Even before the Principal talked to us we had noticed the difference in our son’s behaviour.

“Mum, don’t feel sad. We will give him nutritional food as the doctor explained. Malli’s (our younger brother’s) behaviour will certainly change.”

My two daughters were trying to pacify me but there was no happiness in my heart. My husband had gone silent and did not speak with anyone. The house was totally quiet.

Though I followed the doctor’s instructions and fed him with nutritional food nothing changed. He was not interested in food. He did not listen to us. He continued to be stubborn. I tended to believe the principal’s words now- he must be having some mental condition. Oh God! What demerit have we done to deserve this?

We became isolated as we could not face the community. We wished to associate with other people in the community but we were hesitant. As a result, I stopped going to work. Only my husband was earning now. The earnings of a single person were inadequate to meet the family needs. We had to cut down on our food and subsist on a meal or two for the day.

As the days passed the children grew up. Despite a myriad of economic issues within the family our eldest daughter passed the GCE ‘A’ Level examination. She applied for a number of jobs and lucky for her, she got a government job. Meanwhile we heard that an allowance was given by the government for persons with mental impairments. Thinking that this would do some good to my son, I got up early the next day and went to the Tellipilli Divisional Secretariat with my heart filled with dreams. I met the relevant government officer and talked to him.

“Yes mum, there is an allowance paid to persons with mental problems. Let me have the details of your son please.”

“I stopped going to work. Only my husband was earning now ... We had to cut down on our food and subsist on a meal or two for the day.”



I continued to watch the officer's face thinking that I will get some positive reply from him.

"I am sorry" he said. "I cannot authorise this payment for your son since your eldest daughter is a government officer."

All my high hopes came crashing down. I came home empty-handed but the words of the Doctor at the Tellipilli hospital resonated in my ears. "Perhaps if you motivate this boy to get involved in some work there's a chance for him to be a changed person." I felt that something could be done if we could find some money.

In 2011 I came to know that the women's society was providing loans to the poor. I went and met the president of the Women's society immediately. I told her about all my problems.

"Our society has received some monetary funding from the Sarvodaya TEA project through the Shanthiham Organisation in Jaffna. The TEA Project officers instructed us to select persons with mental impairments and other special needs as beneficiaries in giving loans. I simply cannot give you a loan of the full amount you are asking for. I will talk to the Shanthiham Organisation about your request," she told me. Despite this drawback I obtained membership of the women's Organisation.

Two days later I went to meet the president again and handed over a written request to her.

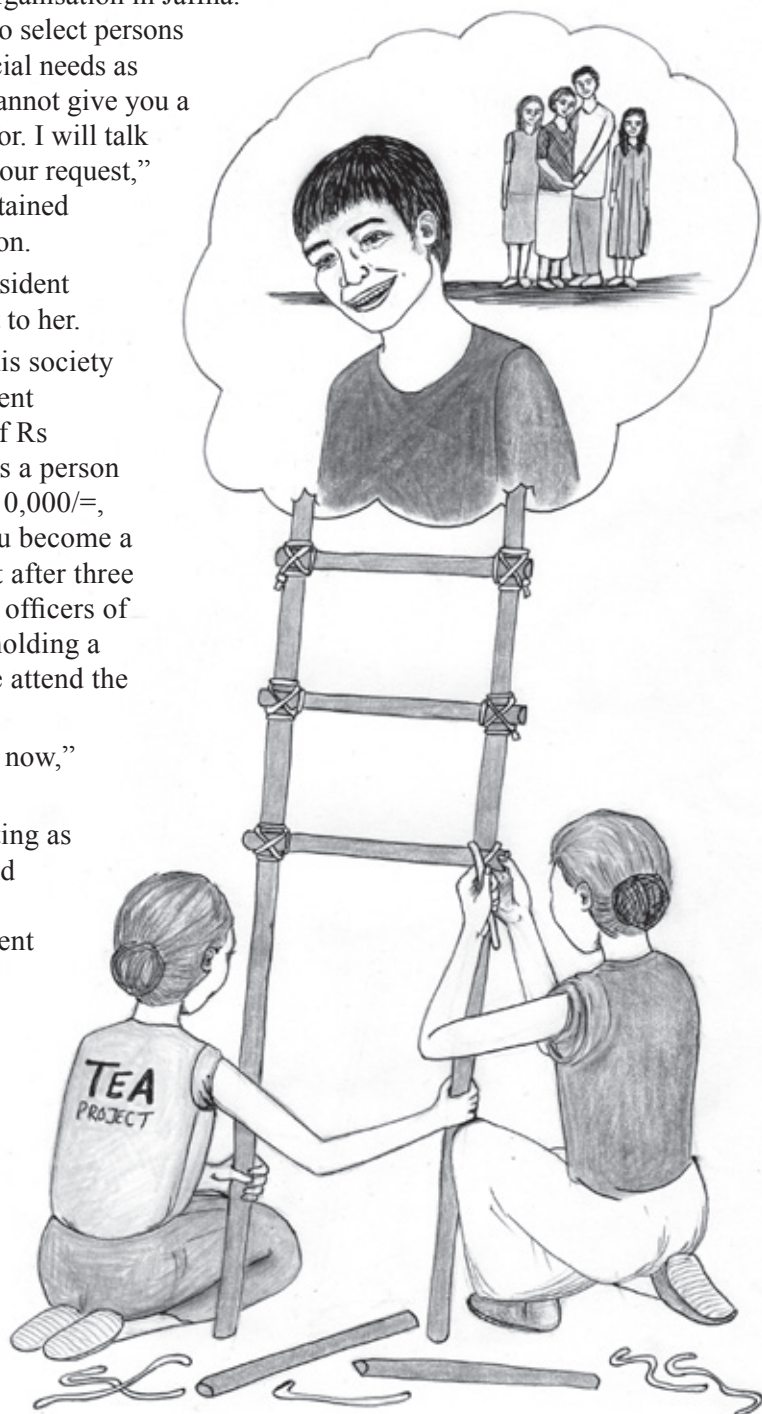
"Please take a seat, Santhiradevi. This society offers loans to people in self-employment generally. We cannot give you a loan of Rs 50,000/=. Of course we can treat you as a person in self-employment and lend you Rs 10,000/=:, but I cannot do it immediately after you become a member. We will consider your request after three months. I will refer your request to the officers of the Shanthiham Organisation. We are holding a meeting the day after tomorrow. Please attend the meeting," the president told me.

"Good, Madame president. I will go now," I said.

I attended the women's society meeting as the president requested, with a thousand hopes brimming within me. As I approached the meeting hall the president talked to me with a smile on her face.

"Santhiradevi, come and sit. I have received the approval of the Shanthiham Organisation to give you a loan of Rs 35,000/=I will give you the money out of the funding from the TEA Organisation as a grant for our society. We do not charge any interest. I will inform our society and get you the money tomorrow." she said.

"Perhaps if you motivate this boy to get involved in some work there's a chance for him to be a changed person'"



“From the day we brought the cow home my son gradually began to come out of the house. He started going into the garden in front of our house to cut grass to feed the cow.”

Oh! The joy I felt at the time! No words could describe it. I went into the hall as the meeting commenced. The president informed the members about the loan extended to me.

“How can you give a loan for a person with mental impairment? How are we going to recover the loan? We cannot give loans in that manner.” The treasurer objected. That was not all.

“Santhiradevi became a member just a few days ago. There are lots of people who have handed over their loan applications earlier. Santhiradevi has not yet submitted her loan application,” she continued.

The president wanted to give the loan but the atmosphere was not inviting her to speak. Most of the members opposed the idea.

“The constitution does not mention anything about giving loans to differently abled people. How can we give loans to them?” said the secretary.

A member voiced her opinion; “Why is such a big loan offered to them? Why not Rs10,00/ or 15,00/ as in the case of others? If it is given without interest that facility can be extended to others too.”



“Today, he is a happy person. That dark period of our life has passed.”

Finally, the president addressed the membership. “Her son is a mentally sick child. The objective of the TEA project is to protect and care for the mentally sick and persons with special needs as well as to empower them economically. We obtained the approval of the TEA project through Shanthiham. The loan is not given to him. We have to find out whether the constitution could be changed to include them in our self employment loan project in the future. We will sympathise with the plight of her family and give her the loan with two sureties from the membership. I believe that she will pay back monthly.”

The president’s speech lightened my heart.

I received Rs 35,000/. I invested the money in a cow. At the end of six months the cow gave birth to a calf. From the day we brought the cow home my son gradually began to come out of the house. He started going into the garden in front of our house to cut grass to feed the cow. He learnt to give the cow grass at a particular time. With the birth of the calf his interest grew. He loved the little calf. After watching me milk the cow he too started doing it. Daily he cleaned the cow shed.

I did not forget to pay back the loan with the money I earned by selling the milk. Monthly I paid the instalment on the due date. In addition, I bought a bird cage for my son. He started feeding the birds with food and water. Now he is breeding exotic fish. Today, he is a happy person. That dark period of our life has passed. Now he speaks freely with the sisters and me. The TEA project made this change in our lives.

The TEA project organised a number of training workshops. I attended all of them. What's more, they gave us a training on identifying, caring and seeking medical advice for mentally sick persons. This training was given to the apprentices in our village.

I paid back the total amount I received as a loan from the Women's society. As I cleared the debt those who opposed me earlier saw with their own eyes the change in my son's behaviour and shared my joy. Now I have a second loan of Rs 20,000/.

There could be other persons suffering from disabilities similar to my son's disability. People who are isolated like us, should get similar help earlier. We must identify such cases and refer them for medical treatment. Just as the TEA project extended its patronage to our society to be a helping hand to us, I hope the society will help other people like us to change their lives too.

“People who are isolated like us, should get similar help earlier.”

Important lessons

- People do not identify mental health as a problem. Therefore, there is stigma. Primary health is developed, but mental health is not so developed. Mental healthcare does not go beyond the hospital. Under the TEA Project we trained the volunteers, linked them to the government service and encouraged them to take the service to the village. Monitoring how the mental health service recipients take their medication is done by the volunteers. Apart from the above, a loan system was established by the CBO to develop the livelihoods of the mental health service recipients. The loans provided to these beneficiaries were given at a lower interest rate.
- Place emphasis on identifying the cultural and social value systems and base your work on these.
- Identify mental health patients in ways that minimise social stigma. The manuals introduced by the government can be used for this purpose.
- Involve and develop the whole family and not only approach the mental health service recipients. Mental health is a social issue requiring social answers.
- Develop a monitoring system to look at behavioral patterns of the mental health service recipients.
- Counselling and treatment should be made available for the mental health service recipients with a comprehensive self-development plan.
- When dealing with families, this should be done by a well trained group. These families should be treated as normal people in the village.
- Not only medication, care, love and recognition are vital to develop the mental health. It is important to be physically active too.

“Not only medication, care, love, recognition is vital to develop the mental health. It is important to be physically active too.”





A Smile

A smile does not cost anything and gives so much
It enriches those who receive it
And does not come at any cost
Even though it is only short-lived
Its memory can be forever
Nobody is rich enough to afford it sliding off
And nobody is too poor to deserve it
It gives warmth at the hearth
A sensitive sign of friendship
A smile soothes fatigue
Brings hope to the depressed
A smile cannot be bought, borrowed or stolen
Because it only obtains value once given
From the moment that it is given onwards
And if you meet someone that does not know
How to smile anymore
Be generous, give him yours
Because nobody needs a smile as much
As the one no longer able to present it to others.



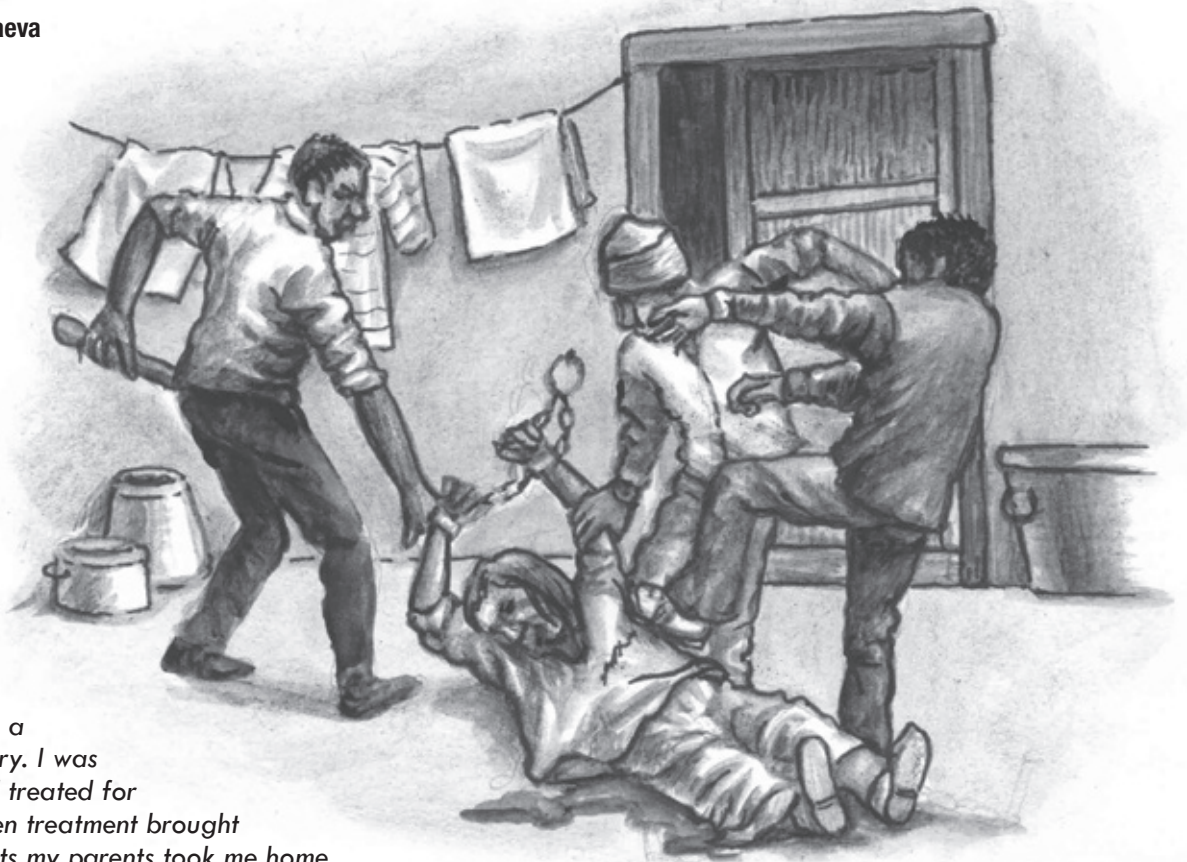
By an un-named homeless man in Lille, France, July 2007



Unshackling our lives

How cooperation freed all stakeholders to move from a medieval mental health system to one that empowers and humanises all

— by Zalina Shanaeva



I am 49 years old; I got sick when I was 24 years old due to a severe head injury. I was hospitalised and treated for six months. When treatment brought no positive results my parents took me home and, under the recommendation of local healers, they shackled me in chains to be beaten up by anyone who passed by.

After two years of being in chains my physical and mental state worsened, my parents took off the chains and started my treatment with psychiatrists. After selecting the correct method of treatment, my condition improved and became stable. A crucial point in my life was visiting self-help groups, which were organised based on the organisation 'Hamdilon'. I was introduced to people with identical problems. I found my friends there, like-minded people. But, after four years, the organisation shut down.

GIP was the donor of our activities, which implemented enormous work on improving the quality of our lives. I was a participant in many seminars and trips. I learned how to work on computers and received access to the internet. The group decided to select me as a coordinator, a big responsibility for me. My mental health condition was under the supervision of professional doctors. The interaction and communication obtained in the groups with my peers – is a strong healing motivator for my condition. It has been four years since receiving treatments in the hospital.

– From an interview with one beneficiary

Background and context

In 2013 the GIP TEA Programme signed a Memorandum of Understanding (MoU) between the GIP office in Tajikistan and the Ministry of Health and Social Protection in Tajikistan. The MoU was aimed at promoting better health care policy, with a focus on mental health.

In 2014 GIP started working on developing a strategy aimed at expanding the concept of self-help groups and non-medical treatment of mental health users, via links with closed institutions. After a series of meetings and round tables on strengthening co-operation between mental health professionals and NGOs, GIP raised the awareness of medical staff on a *balanced care approach*. As a result, representatives of the Republican Clinical Centre of Psychiatry expressed their willingness to establish a self-help group and introduce occupational therapy, based at the Centre.

“During self-help groups I was asked many questions. I tried to provide as informative answers as possible. I found it interesting to participate in such discussions. As a doctor, I could get more information about their health, as a human being I could feel their pain. I can say that during the project a relationship of trust was built amongst doctors and services users. As much as possible I let them know that I was on their side and I wished them recovery. I am not a person who wants to hospitalise anyone. I am here to listen and to provide advice. Many of them felt very proud when talking to me. I think they felt more empowered and more confident. Before this project I was communicating with a patient in my room only. Now I could join the group when I wanted or when requested. I know that there is a high degree of stigma and discrimination in our society, not only towards people with mental health, but towards doctors too. Other medical doctors make fun of us, but they simply do not understand that mental health problems can lead to other serious health problems.

Before GIP we did not provide social services and did not have enough computers or funds to afford internet access. Now these services are available in our centre. The TEA project was one of the most interesting projects I have ever participated in. I learned a lot, and will try to spread my knowledge to other colleagues who work in the same field”.

– From an interview with the head of the Republican Clinical Centre of Psychiatry



What was the situation before the intervention?

The National Mental Health Strategy in the Republic of Tajikistan

Since its independence from the Soviet Union, Tajikistan had not undertaken a reform of the mental health sector. There was no policy on mental health in Tajikistan and until 2002 there was no law on mental health.

The present law “On Psychiatric Care” establishes provisions on the rights of persons in mental health facilities and sets out the procedures of placing people in mental health institutions, voluntarily and involuntarily. However, this law has a weak mechanism of implementation and is out-dated.

Community Based Services

Mental health hospitals use Soviet methods of treatment. Attention is only given to the diagnosis and initial medical treatment. There is little attention for non-medical rehabilitation and recovery. New methods of treatment have not been applied in Tajikistan. This is also due to a lack of training and refreshment courses on new methods of treatments. In addition, the salaries of doctors and psychiatrists are very low, which demotivates them to provide good care and services for mental health service users.



We decided to interview the beneficiaries of the TEA project about the situation before the project started to identify the main problems that they experienced. This is what we heard:

- We were alone and had no friends.
- We couldn't go anywhere.
- At home, family members wouldn't understand us and were overprotective.
- We faced discrimination and violation of rights in the places of study.
- We never went anywhere outside of Dushanbe.
- We were never hired for a job
- We didn't even attempt to find work, because we already knew that no one would hire us.
- We had no idea about our rights and privileges.
- We had never participated in seminars.
- We couldn't even imagine that we could improve our knowledge just by sitting at a table with a doctor.
- We had forced treatment.
- We have been shackled in chains, beaten up and humiliated.
- We had low self-esteem.
- We suffered from harsh stigma.
- We had no information regarding our illness.

What did we do? What really happened?

Since 2008 GIP has continuously supported the ‘Mental health service users’ movement organisation, “Hamdilon”. After “Hamdilon” was shut down by the local court, due to failure to provide annual reports, GIP resumed its function as an umbrella organisation. The new organisation re-ignited the activities of the former “Hamdilon”, and started provision of non-medical services. GIP, assisted the new organisation in finding temporary premises.

After applying to many organisations, one agreed to provide a basement close to GIP offices. However, due to poor working conditions the GIP leader decided to relocate the organisation to the Republican Clinical Centre of Psychiatry. In her opinion, the relocation would result in beneficiaries having a permanent place to go at any time, and doctors being motivated to learn more about non-medical treatment.



The project proposal was written and approved by the coordinating organisations in the Netherlands and the process of new cooperation with the closed institution was started. The project proposal aimed to fulfil and achieve the following objectives:

#	OBJECTIVE	ACTIVITY
1	NGOs/CBOs sustainably provide more health care and social services to marginalised groups	1. To open a resource centre for service beneficiaries, doctors and students.
2	Health services cooperate more intensively with NGOs and CBOs, benefitting marginalised people	1. To establish a multi-disciplinary group of professionals and to provide consultations for people with mental health problems and their families. 2. To establish three self-help groups on the basis of the Republican Clinical Centre of Psychiatry with direct involvement of outpatients.
3	Knowledge and training institutes have improved knowledge and curricula inclusive of marginalised groups	1. To provide training to students and medical staff on inclusive health.
4	Government policies are more inclusive	1. To organise awareness raising activities in order to adopt mental health strategy such as round table and newspaper articles.

At the beginning of the activities GIP built the capacity of the medical staff. GIP, in cooperation with the World Health Organisation (WHO), handed over a number of computers and opened a resource centre with high speed internet for mental health service users and doctors. But they found that many doctors did not know how to use the computers. This issue was discussed with the head of the centre, who immediately requested a computer teacher from the Department of Adult Education of the Ministry of Labour. The Ministry of Labour also decided to improve computer literacy of its own staff. As a result, the Ministry of Labour and the centre formed a mixed group of staff, of different professions and hired a teacher.

While interviewing the medical staff about the effect of the computer classes and their access to the internet, all of them said that they could get a lot of new information from different medical sites and mental health forums from different countries, which was especially useful during the prescription process. If the doctors faced any doubts about a new medicine, they could easily find all the information required on the internet.

“Before TEA intervention, the centre was providing medical services only. In cooperation with GIP, the staff at the Republican Clinical Centre of Psychiatry started to provide social services to outpatients thus minimising their social isolation.”



Besides all this, GIP strengthened the knowledge of medical staff on the concept of self-help groups and their functions on the basis of medical facilities. GIP conducted five learning sessions for medical staff. After this GIP and medical doctors decided to establish two self-help groups. One group was available for former “Hamdilon” service users, and the second group for newcomers. During these sessions, WHO concept like social determinants of health and other forms of non-medical expertise and support were explained. It should also be noted that during the lifetime of TEA, GIP Tajikistan together with experts from the Netherlands, organised different training sessions in the field of mental health such as; the prevention of suicide, non-medical rehabilitation, early recognition of autism and learning sessions for service beneficiaries, on their rights.

Before TEA intervention, the centre was providing medical services only. In cooperation with GIP, the staff at the Republican Clinical Centre of Psychiatry started to provide social services to outpatients thus minimising their social isolation. The doctors were invited to attend the self-help groups where they could communicate with the service beneficiaries to learn more about the problems that they face. Co-operation between service beneficiaries and medical staff intensified.

“... there were barriers among doctors and patients, often due to biased attitudes, (as indicated in the UN report, ‘patting on the shoulder’, ‘indistinct smile’, ‘fear of seeing a doctor’ and so on).”

Relations with service users were very different at the beginning of the project. Although there has always been a trust relationship with NGOs, and no barriers between patients and NGOs, the situation with doctors was entirely different. There were barriers among doctors and patients, often due to biased attitudes, (as indicated in the UN report, ‘patting on the shoulder’, ‘indistinct smile’, ‘fear of seeing a doctor’ and so on). Since the implementation of the project, the situation has changed significantly. During the group training, experts and mental health users prepared questions for the doctors. The group would ask the doctors to answer some questions and a very interesting, friendly conversation was carried on. Beneficiaries were interested in the following questions:

1. Is Schizophrenia curable for a patient who is suffering from mental illness?

A very detailed answer was given by the head of the centre, which satisfied the patients.

2. Is it possible for a patient with mental illness to have a family?

The answer was positive. A very interesting and productive discussion was held, at the end of which, everybody was satisfied.

Many improvements have been made since the beginning of this project and we are confident that skills and knowledge obtained by people with mental health problems and the medical staff during the lifetime of TEA will help them in the future. The most important achievement of our joint cooperation with the medical staff from the Republican Clinical Centre of Psychiatry was the establishment of relationship of trust and mutual understanding.

As it is known, there is a lack of social workers in Tajikistan. GIP formed a group of different specialists. They work in different places, but can contact each other when needed. Republican Clinical Centre of Psychiatry are aware of the medical, psychological and social assessment of each patient, and are now competent in differentiating problems and are able to call on the appropriate specialists when needed.

Although the TEA programme has accomplished much the situation is far from resolved.

At present, The Republic of Tajikistan, like many other countries, faces serious challenges in strengthening the mental health and prosperity of the population and issues of mental health are becoming increasingly urgent. Presently, Tajikistan does not have a mental health policy. There is still no Department of Mental Health or Bureau of Mental Health.

But in terms of sustaining and expanding this initiative, the management of the Republican Clinical Centre of Psychiatry will demonstrate this model to other closed institutions and will lobby for the inclusion of non-medical treatment in the work of other closed institutions.

At the end of the day, both the patients and doctors who took part in the project stated that, ‘this project is unique’, and expressed their regret that the project has only lasted nine months.

“But in terms of sustaining and expanding this initiative, the management of the Republican Clinical Centre of Psychiatry will demonstrate this model to other closed institutions and will lobby for the inclusion of non-medical treatment in the work of other closed institutions.”

It's 18 months later – what has really changed?

The project shortened the distance between patients from self-help groups and the doctors. All the doctors at the Centre learned how to work on computers and were certified by the Labour Centre. Doctors and patients sat in the same classroom for the first time and trainers from the Netherlands conducted seminars on creating self-help groups. Mental health users asked questions of the doctors, expressed their discontent and asked for specific things. They felt confident about themselves and showed an increase in their self-esteem. This was due to the democratic form of communicating with doctors, which hadn't existed before. This information specifies that another important objective of the project has been accomplished; in particular *NGOs/CBOs sustainably provide more health care and social services to marginalised groups;*



Towards the end of the project interviews were conducted with mental health users and doctors who took part in the project.

“I am a psychiatrist. One of the training days was for us, another day was a joint training for staff and service beneficiaries. This was a unique training session; I could not believe that service beneficiaries could be so active. They told us their life stories, what difficulties they faced while being hospitalised. They asked us many questions, and we answered them. The most important part of the training was that the experts did not teach us how to medically treat the patient, they showed us social aspects of rehabilitation.”

The self-help groups were established with a discussion club model, where every beneficiary found useful information and mutual, peer to peer support. By communicating with each other outside of the group meetings as well, they were able to overcome loneliness, self-isolation and self-stigmatisation which appeared as a result of prejudices, stereotypes, and the highest rate of stigma and discrimination towards them in the society. Interaction within the group was also a good way to explore their own personalities.

From the beneficiaries of the TEA project:

- *We are not alone in our problems, we have friends who understand us, and we can share our knowledge and experiences with them and can talk about our diseases.*
- *We know how to listen, how to understand and support each other.*
- *TEA employees communicate with us as equals.*
- *We do not feel discrimination.*
- *We have learned how to fight stigma.*
- *The group has participated in seminars several times.*
- *We were given an opportunity to travel to other countries (Kyrgyzstan, Belorussia).*
- *We can communicate over the internet with our friends.*
- *A lot depends on our desire to work hard and gain knowledge.*
- *Some of us, from time to time, get an opportunity to work.*

“They felt confident about themselves and showed an increase in their self-esteem. This was due to the democratic form of communicating with doctors, which hadn't existed before.”

Some reflections and lessons

“We have learned that investing time in building good relationships is vital for the success of this kind of work. Often practitioners want to jump into the project work and get on with the job. But building these relationships can save time later on, avoiding or quickly dealing with misunderstandings, conflict and delays.”

“There is an assumption amongst many professionals that beneficiaries are helpless and need to be rescued. But beneficiaries can rescue themselves and each other, meeting as peers who understand and care for each other deeply.”

The Memorandum of Understanding was signed with the Ministry of Health and Social Protection, which pre-empted many hindrances.

A lot of focus was put into building contacts and dealing with misconceptions of state structures regarding the work of NGOs. We have learned that investing time in building good relationships is vital for the success of this kind of work. Often practitioners want to jump into the project work and get on with the job. But building these relationships can save time later on, avoiding or quickly dealing with misunderstandings, conflict and delays.

We would advise practitioners to pay more attention to relationships with state institutions and to make sure that there is a political will to change the situation. In the developing countries like Tajikistan it is nearly impossible to avoid bureaucracy. Therefore, it is vital to sign official documents and clearly define duties and responsibilities of each party.

The Head of the Centre was continuously informed on the results of the project. We learned that keeping stakeholders informed was vital in keeping the “train on the tracks”.

There is an assumption amongst many professionals that beneficiaries are helpless and need to be rescued. But beneficiaries can rescue themselves and each other, meeting as peers who understand and care for each other deeply. Professionals have important roles to play but need to constantly be looking for ways to support self-help and peer-to-peer learning and cooperation. In many ways this is where the most crucial change occurred, liberating both beneficiaries and professionals from rigid, top-down and controlling practices to enable them to meet as learning and caring human beings.

Through interviews with people with mental health problems these recommendations for doctors arose: Doctors need to –

- be able to listen to and hear us.
- not look down on us (do not look at us from a position of arrogance and put up a barrier – e.g. I am doctor, you are ill.)
- remove barriers, consider our opinions.
- use an individual approach to treatment.
- increase benefits (privileges).
- use modern medicine, with minimal side effects.
- improve the quality of treatment.



Finding their feet in the world –

the Story of a successful Disabled People's Organisation in rural Tajikistan

— by Zalina Shanaeva, GIP Tajikistan



“My name is Bimutaram. Over the past three years I have been a participant of the project in Disabled People's Organisation B. Gafurov. I have difficulties in walking and moving around, but I don't have any problems with my hands. Over many years, I couldn't work; I would spend all my time staying indoors, unable to communicate with other people because of my physical confinement. My mother found out about an organisation, which provides services for disabled people, specifically for girls and women. We decided to visit this organisation. During our visit we were introduced to other girls with similar problems, and decided to take part in the project. In the first two years, I have been participating in trainings on sewing and knitting and at the same time I have been communicating with other girls, who were studying in the DPO. B. Gafurov. Nowadays I have more self-esteem and I communicate with other people. I can earn money and support myself with basic needs. In the area where I reside, my skills are in demand and I knit custom-made scarves and jumpers. Many people have changed their attitude towards me; they have started to respect me and count me as a person.”

“Over many years, I couldn't work; I would spend all my time staying indoors, unable to communicate with other people because of my physical confinement.”

“Nowadays I have more self-esteem and I communicate with other people.”

The programme begins and unfolds

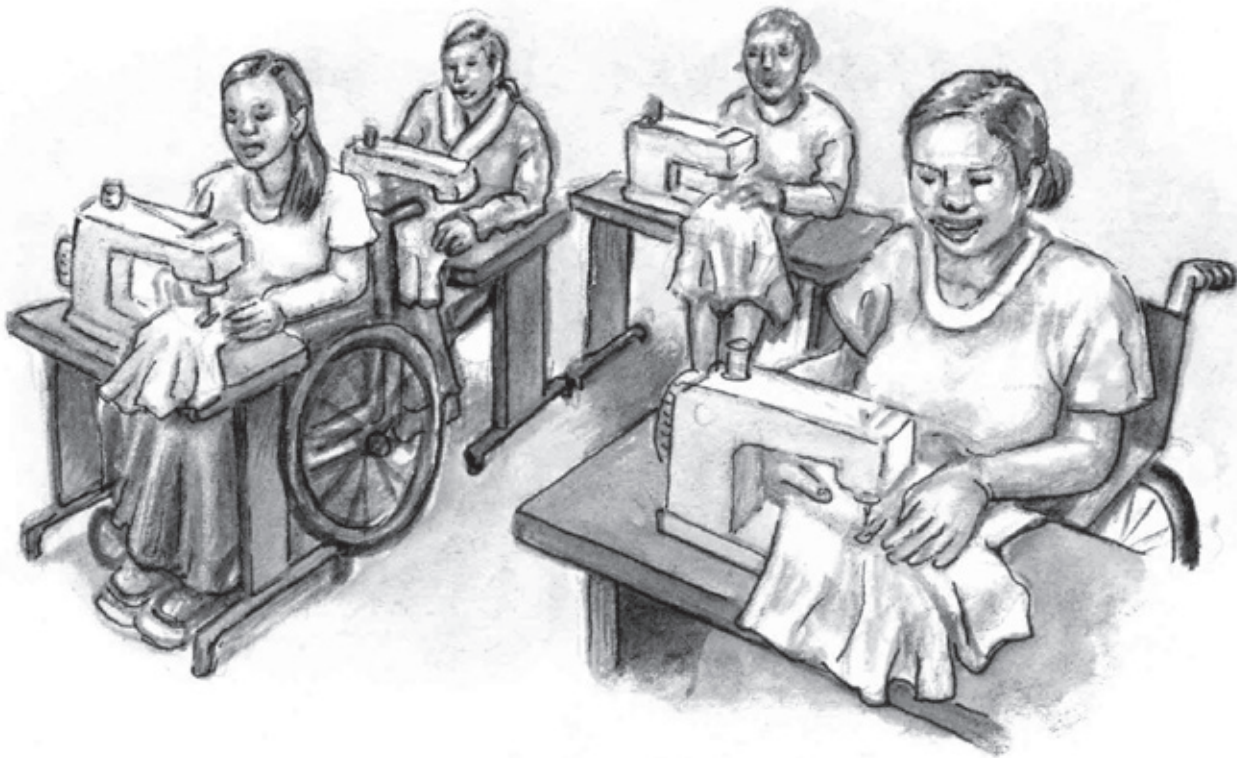
Joint activities between GIP Tajikistan and the Disabled People's Organisation B. Gafurov began in 2012. B. Gafurov passed the organisational assessment and was included in the roster of partner organisations. In the assessment it was determined that the organisation had an internal capacity and the technical basis to undertake income generating activities. Significantly, the management of the organisation had a strong relationship with government authorities.

“As a part of selecting participants, we decided to create a mixed group, particularly involving women with mental health problems and women with a physical disability.”

As the first activity, a sewing business (based in the organisation) was started to help the members generate income for themselves. This idea was supported by a written agreement of local authorities of B. Gafurov District.

It is worth noting that the head of this organisation is a disabled person who has spent all his childhood in a boarding school. However, despite this he had life-skills and aspirations to teach skills to people with disabilities, to help them earn income and to reduce their social isolation.

The organisation has 1200 members, 30 of whom were selected to take part in this project. One of the criteria in choosing who could take part was the degree of disability and the desire of participants to learn sewing skills. As a part of selecting participants, we decided to create a mixed group, particularly involving women with mental health problems and women with a physical disability. Together with the GIP Financial Manager, a three-year business plan was drawn up and sewing machines were purchased for the implementation of the project.



Over the period of three years, we have constantly traveled to B. Gafurov District to monitor the organisation. In this part of the report we exactly wanted to quote the interview with project coordinator Mrs. Rozia.

“My name is Rozia, I am project coordinator of the sewing business. I live in Histevarz, one of twelve villages in B. Gafurov district. This village is the largest with about 12 thousand people. After I retired, I decided to dedicate my life to people with disabilities. Looking around I noticed a lot of people with disabilities, particularly women and children, who are in need of support. Once, during one of the trainings, I met Ramziddin and we started working together. The first project that we implemented was a sewing initiative, where we invited 30 women with disabilities. They worked in two groups. Some of them would come in the mornings, some in the afternoon. We taught them how to sew bed sets, prepare glass bead products, and how to knit. We tried to involve more beneficiaries and expand the range of skills.

Our main goal was to determine which were the more interesting skills for beneficiaries. We didn't want to just teach them, but also wanted to create a strong united team, where they could come and communicate with each other, discuss issues that they have, and see other people who have similar problems. This way we motivated and inspired them with optimism. We have provided several trainings, such as meetings with a psychologist; we took them to various events in Khujand city. During this time, they have become attached to each other. We have started to celebrate birthdays together, started to visit each other, creating a strong united team just as we had hoped!



In school I also worked with children with disabilities who could not walk to school. Sometimes I would go to their homes. I pondered a lot about their future, what would happen to them. That is why, when I retired, I decided that I had to work with them. I had worked in the sphere of inclusive education for children and helped them to get education in school. I have seen that people with disabilities were left without proper supervision and support.

All our initiatives were agreed on with government structures, and we are on good terms with the authorities. One of our colleagues works in the local government. Thanks to her efforts, the government provided us with a building for a three-year period, free of charge, and then with a new building, where we are based at the moment, in order to prepare a new textile called Adras. They provided us with a new room for meetings and sewing equipment and another one for big equipment.”

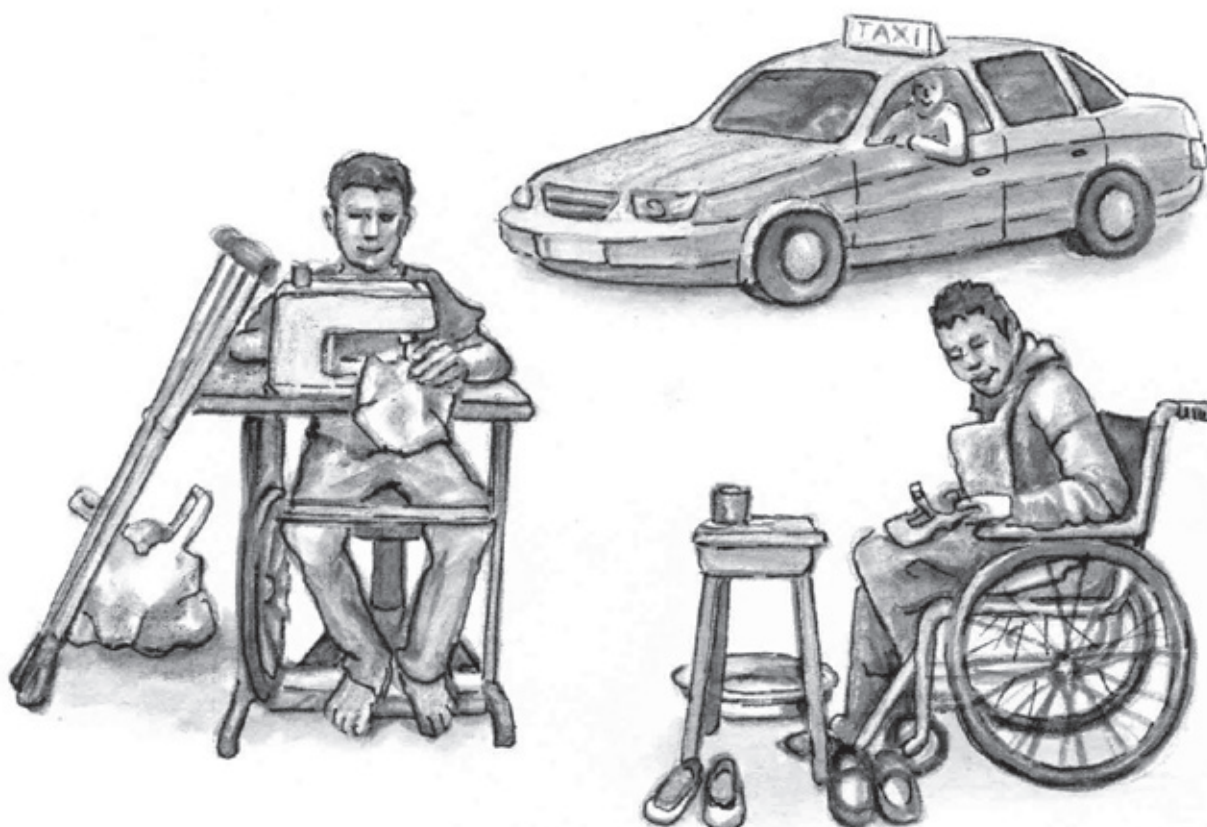
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“All our initiatives were agreed on with government structures, and we are on good terms with the authorities.”

We were interested to find out about gender balance in this project. We asked Rozia what she could tell us about this.

“Women are more isolated. They are ashamed of their disability and sometimes isolate themselves from society.”

“Although the bulk of participants in the project are women, we have also created jobs for men. One man is a taxi driver for the participants of the project, he is also disabled. While he is in the car, he puts his crutches on the other seat and drives women and girls home. Another man is a shoemaker. We provided him with a work place. But, it is worth noting that we mostly work with women and girls with disabilities, as it is easier for men to find a job on their own. Women are more isolated. They are ashamed of their disability and sometimes isolate themselves from society. They are more helpless and constantly in need of support. On this basis, we decided that this workshop must be for women and girls with disabilities.”



“Bimutaram likes knitting, she cannot work with her legs, and therefore she can't work on the sewing bench. Gulchehra joined the group later, and, in spite of her illness, she actively participated in various trainings and as a result she has received three certificates.”

Our next question was how women with mental and physical disabilities work in one team and whether they are discriminated against depending on their degree of disability.

“When they come to the organisation, they are all equal. It doesn't matter what form of disability they have, they are one team. They are not discriminated against in the organisation. As I pointed out earlier, we choose lessons for them in which they are interested. For instance, Bimutaram likes knitting, she cannot work with her legs, and therefore she can't work on the sewing bench. Gulchehra joined the group later, and, in spite of her illness, she actively participated in various trainings and as a result she has received three certificates. Moreover, she became a certified trainer and can train others how to knit a carpet, how to sew an Adras and prepare glass beads products.”

Our next interview was conducted with Saodat, she is a participant of the project and she suffers from dwarfism. We kindly invited Saodat to tell us about her involvement in the project as well as her impressions.

“My name is Saodat. I have a second degree of disability. I went to school in 1999 and graduated in 2009. I had serious issues with my health. In 2012, I heard from Ramziddin about training courses for women with disabilities and came to this organisation. In the course of three years, I have been learning how to knit and sew. The most astonishing part of my work and trainings is that I made many friends. We go on walks together; we take part in Handicap International seminars and Ishtirok. These seminars were aimed at raising awareness regarding the rights of people with disabilities. Based on these trainings, I realised that I have to move forward, develop and pass on my knowledge to other women and girls with disabilities.”

“The most astonishing part of my work and trainings is that I made many friends.”



After having conducted an interview with beneficiaries and coordinators of the project we decided to interview Ramziddin to find out about his impressions about the project, achieved results, issues and his plans for future.

“My name is Ramziddin; I am the head of the society for disabled people in B. Gafurov District. We began our work with GIP in 2012. With the support of GIP, we opened up a sewing workshop. During three years of joint activity, we participated in various trainings on the development of organisational capacity. Together with GIP we drew up a business plan, which we use to the present day. Moreover, I want to emphasise that the implementation of this project wouldn't have been possible without the participation and support of local government. We started training 30 women which soon grew to 70. I can say with certainty that the project is sustainable, thanks to the support of local government and the commitment of women and girls with disabilities. Because of our remoteness from the capital, we don't have much competition and our products are in demand only in the local market. The majority of the products are sold via participation in government tenders. They appealed to the medical facilities to purchase our products. Tenders are announced every year, and we have been participating for three consecutive years now. We assured the local authorities that our products would be of high quality with a three-year warranty. Ultimately, the main goals of our organisation of equal access to employment and improvement of the socio-economic situation of women and girls with disabilities, will be jointly achieved with the local government.”

“... I want to emphasise that the implementation of this project wouldn't have been possible without the participation and support of local government.”

The role of local authorities

We were also interested to know the opinion of representative of local authorities, who have been involved in the implementation of the project since 2012.

“As a representative from local government, I am very interested in involving a large number of beneficiaries. Based on this, we acquired equipment at the amount of 5 000 dollars and handed it over to Ramziddin’s organisation.”

“I was appointed to be responsible for the realisation of this project from the local government. I gathered all the women with disabilities and explained to them the purpose of the government structures in the sphere of improving the socio-economic situation, as well as reassured them that they can rely on support from the government. In our region, there are 60 000 people with disabilities; 28 000 of them are women with disabilities. In my opinion, this project is successful and very beneficial to the improvement of situation of women and girls with disabilities. During the launch of the project, government structures actively took part and assisted in the acceleration of selling products. As a representative from local government, I am very interested in involving a large number of beneficiaries. Based on this, we acquired equipment at the amount of 5 000 dollars and handed it over to Ramziddin’s organisation.”

“... we worked towards building up Ramziddin’s capacity, showing him how to formulate his ideas in the written form, how to correctly write project proposals and how to submit these proposals to donor organisations.”

Girls and women involved in the project gained skills which helped them to earn money, as well as to socialise with other people having similar problems. Furthermore, they improved their communication skills and improved their self-esteem. Skills which they gained help them to communicate with different people, being involved in the process of dress-making, girls and women forget about their disabilities.

The skills of the director on Income Generating Activities have improved, as well as the relationship with government authorities. In the implementation of the project, we worked towards building up Ramziddin’s capacity, showing him how to formulate his ideas in the written form, how to correctly write project proposals and how to submit these proposals to donor organisations. Since Ramziddin didn’t have secondary or higher education in the sphere of management, he actively participated in all GIP trainings. He learned how to delegate responsibility to his employees. Prior to our trainings Ramziddin performed all the tasks on his own.

“... being involved in the process of dress-making, girls and women forget about their disabilities.”



People with disabilities changed their attitude towards themselves, as well as society's attitude toward them has changed. During the three years of the support by GIP, the organisation achieved sustainable development. Every employee of the organisation was involved in the process of forming a strategic plan for the next two years. Before our involvement, the organisation didn't have a clear perspective. But now, with the assistance of consultants, this organisation has clear perspectives and objectives essential to achieving these goals.

Lessons

Summing up our joint cooperation in B. Gafurov District, we concluded that all of our work was set up correctly from the beginning. If we had to start this project in the same place with the same people, we wouldn't have changed anything.

Three important lessons that we have learned:

1. Always pay attention to the commitment of beneficiaries, ensuring that they are equally and well treated.
2. Invest in leadership skills, especially business skills, in the organisation.
3. Support a good relationship between the social organisation and government, helping both sides to see each other positively and to bring out the best in each other.

A different organisation, located in Dushanbe City, attempted to implement an identical project but unfortunately it failed due to lack of business skills and support from the government authorities. It is interesting to note that the level of support of local governments is higher and the degree of bureaucracy is lower in the regions than in the capital.

Donors should be careful of granting too much funds. On account of high stream of donor investments in social organisations in Dushanbe city, these organisations sometimes irrationally spend their grant funds. Organisations which are located in the regions are more inclined towards achieving sustainable results, being less dependent on funds, because funds are less available.

Prior to launching a project in the sphere of Income Generating Activities, it is crucial to carefully analyse the trading area and competitive ability of the expected product.





(Dis)ability

Did I tell you about someone I used to know?
Years ago,

The one who couldn't talk,
But told me so much,



The one who couldn't move,
But we danced all night,

The one who couldn't see,
But helped me find my way,

The one who couldn't go outside,
But we still played,

The one who was a person,
But you made them feel like they couldn't be.

Jayde Naylor



Lobbying and Advocacy

to impact the lives of marginalised people in Tajikistan

— by Zalina Shanaeva

“The situation with the provision of health care services to elderly is very difficult, especially in rural areas. One of the reasons for the lack of provision of the required assistance is distance, as most elderly people live far from the primary health care facilities. Elderly people do not receive adequate levels of assistance because they simply can’t reach a facility. The second reason is the shortage of family doctors and social workers. Access to health services is particularly poor. There is only one Hospice in the republic – a Centre for Nursing Care. There are lots of elderly people in need of care, especially by social workers and nurses.”

– Study “Aging in Tajikistan”, 2009

“Vulnerable groups include the elderly population of Tajikistan and persons with mental health problems, such as children with autism.”

“I don’t understand whether our health services are free or paid. For example, in this clinic I don’t pay for services. If you go to another place, doctors provide paid consultations. I was referred by a neurologist to the Neurological Hospital for consultation. I went there to a doctor to whom I was referred, because I had headaches, dizziness and sickness. The doctor said his consultation costs USD 75. He said it so bluntly. I thanked him and walked out. I don’t have this money.”

– Elderly woman, participant of a focus group discussion, 2014

The TEA programme in Tajikistan

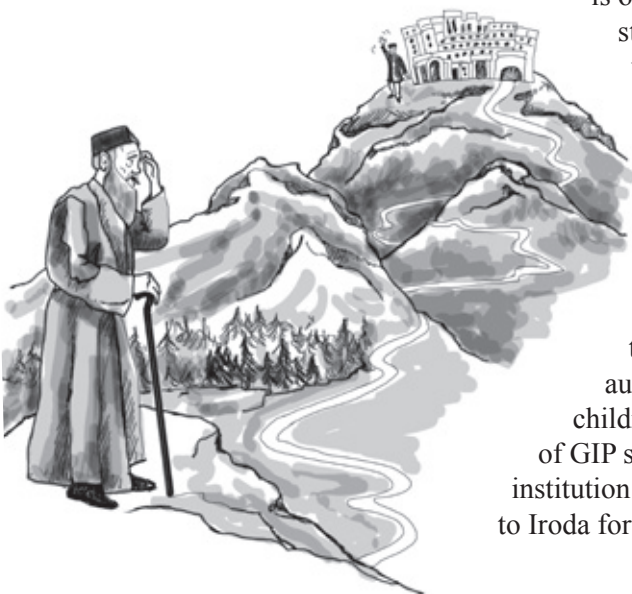
The Transition in the East Alliance (TEA) Programme in Tajikistan started in 2011 and is focused on the inclusion of vulnerable groups to health policy and services. Vulnerable groups include the elderly population of Tajikistan and persons with mental health problems, such as children with autism. These groups are given very little attention in the national health policy and the existing services, because the current focus in health policies

is on the health of mother and child. Before the TEA programme started, issues such as mental health and gerontology were

virtually neglected; autism was not diagnosed as such, but considered a form of mental retardation or schizophrenia.

Advocacy and lobbying efforts of the GIP office in Dushanbe succeeded in having gerontology services integrated into the health policy and health care system in Tajikistan, and is well on the way to getting autism recognised as a mental health disorder that requires a specific diagnosis and treatment. The Ministry of Health has already agreed to change some of its practices related to autism. Now, when

autism is diagnosed in a closed mental health institution for children, the staff refer the child to Iroda, a civil society partner of GIP specialised in autism. In some cases, if the staff of the closed institution are in doubt about the diagnosis of autism, they will now apply to Iroda for help.



“It provided an opportunity for the TEA Programme managers to regularly discuss and demonstrate examples of inclusive health services and new approaches that could be used to address needs of vulnerable groups.”

This case study aims to provide insight into the way in which GIP approaches lobbying and advocacy for policy influencing for improvements in inclusion.

The TEA programme in Tajikistan is managed by GIP Hilversum (GIP-H), World Granny (WG), MCNV and the country office of GIP Hilversum in Dushanbe (GIP-D). In the projects described in this case study, GIP-H provided technical expertise particularly in the field of mental health and lobby and advocacy, while MCNV provided complementary expertise on the development of civil society actors. WG provided specific expertise on the care for older people and gerontology. In the text we refer to GIP as the office in Dushanbe (GIP-D), because it played a central role in programme management and implementation in Tajikistan.

Dialogue with the Ministry of Health and Social Protection

In 2013, the office of the Global Initiative for Psychiatry (GIP) in Dushanbe signed a Memorandum of Understanding (MoU) with the Ministry of Health and Social Protection of the Republic of Tajikistan. The signing of this MoU was a process that took around six months and required a series of discussions with the Ministry about the goals and objectives of the TEA Programme, the living conditions of marginalised groups, and the expertise and approaches of GIP in addressing the situations of the vulnerable groups. GIP provided the Ministry of Health and Social Protection with a plan of implementation and information on progress towards achievement of objectives. Bi-weekly meetings were scheduled between the Ministry and GIP to discuss progress with implementation of the TEA Programme, to dialogue on a number of issues like curriculum development, the selection of health professionals for training, and the selection of health care facilities for the opening of gerontology rooms. These activities and the overall relationship-building finally resulted in the signing of the MoU.



The MoU focused on the promotion of the health care policy (with special attention for mental health issues) in the Republic of Tajikistan. This MoU was effective until the end of 2015, but that term could be extended based on mutual agreement. The practice of bi-weekly meetings between the Ministry of Health and Social Protection and GIP continued after the MoU was signed.

Through regular reports to the Ministry of Health and Social Protection, GIP maintained a cooperative, though challenging relationship. It provided an opportunity for the TEA Programme managers to regularly discuss and demonstrate examples of inclusive health services and new approaches that could be used to address needs of vulnerable groups.

The legal basis provided by the MoU provided the GIP office in Tajikistan with the opportunity to implement activities aimed at improving policies on mental health and gerontology. The bi-annual meetings with the Ministry to discuss programme progress, combined with field visits, provided policy makers with opportunities to learn about possible models and approaches and provided an ideal foundation for dialogues on policies. Field visits and workshops allowed the policy makers and the civil society groups (CSOs), strengthened through the TEA programme, to share ideas on concerns and potential solutions.

The platform that now exists allows for further dialogue between the Ministry of Health and Social Protection and the NGOs/CSOs working with vulnerable groups. It will be used for continued lobbying and advocacy for more inclusive reforms of health care system. Despite the unique work and results obtained with the help of the TEA programme, the issue of inclusive health requires continued attention and advocacy.

“... these NGOs started to become engaged in advocating the rights of their beneficiaries at international level, e.g. through UN-related bodies.”

Lobbying and advocating for practicing UN conventions

The TEA Programme in Tajikistan partnered with several NGOs that are led by representatives of vulnerable groups and work directly with vulnerable groups. Among these NGOs are the Central Asian Gerontology Center (CAGC), the League of Disabled Women “Ishtirok”, the Association of the Disabled “Imkoniyat”, and “Iroda”, an NGO working with children with autism. The TEA Programme contributed to building capacities of these NGOs using the 5C Framework that encompasses internal organisational capacities and capacity of NGOs to deliver results. Though each partner focuses on a particular vulnerable group, the informal network that was established by the TEA Programme is collectively used by them to lobby for the rights and interests of all vulnerable groups at national level. A recent example is the discussion with the Ministry of Transport about ongoing construction of roads and pedestrian walking areas in the capital of Tajikistan and their adaptation to the needs of people with physical and visual disabilities.

Two NGOs participating in the TEA programme have become part of the Network of human rights NGOs working on advocacy for ratification of the UN Convention on Rights of Persons with Disabilities (CRPD) by the Tajik government. In addition, these NGOs started to become engaged in advocating the rights of their beneficiaries at international level, e.g. through UN-related bodies. They contributed to the shadow reports submitted by the Network of Human Rights NGOs in Tajikistan to UN human rights related bodies and the Universal Periodic Review on Human Rights.



“The network allows for the participation in the dialogues with members of the UN to draw their attention to the international human rights obligations of Tajikistan with regard to rights of disabled persons including their right to health and health care.”

The network allows for the participation in the dialogues with members of the UN to draw their attention to the international human rights obligations of Tajikistan with regard to rights of disabled persons including their right to health and health care. A recent example included the participation of the Chairman of the Association of Disabled Persons “Imkoniyat” in the pre-session of the UN Committee on Economic, Social and Cultural Rights, where a list of issues for the Tajik Government with regard to the progress of implementation of the International Covenant on Economic, Social and Cultural Rights (ICESCR) was discussed. He presented the situation on respect, protection and fulfilment of human rights of persons with disabilities in Tajikistan.

Changes in gerontology policies and practices in Tajikistan

Country Context

Tajikistan is one of the Central Asian Republics, with borders to Kyrgyzstan, Uzbekistan, China and Afghanistan. It gained its independence in 1991 upon the dissolution of the Soviet Union. A civil war commenced after independence, which was resolved in 1997 with the signing of the Peace Agreement between the Government and the United Tajik Opposition. Civil war had a detrimental effect on economy and society of Tajikistan.

With the lowest Gross Domestic Product per capita among the countries of Commonwealth of Independent States, Tajikistan occupies 125th place in the United Nations Development Programme ranking of human development. It is included in the group of medium development countries¹ and ranks the lowest in Central Asia.²



The population of Tajikistan is 7.8 million, of which 73.5% reside in rural areas; 49.5% are women.³ Government statistics show a reduction of poverty from 81% in 1999 to 38.3% in 2012, and the aim is to build a middle class population.⁴ Arguably, this decrease in poverty is attributable to macro-economic stability, growth of labour migration and remittances of migrant workers. Tajikistan has a high proportion of youth in the population. Labour migration, mostly to the Russian Federation and Kazakhstan, is widespread.

According to the Ministry of Labour, Migration and Employment, in 2013, 788,496 Tajik nationals including 98,910 women left Tajikistan in search of employment.⁵ According to the Federal Migration Service of the Russian Federation, in November 2013, 1.15 million Tajik migrant workers, among them 180,000 women, resided in the Russian Federation.⁶ However, lately, the sanctions imposed on Russia because of the war with Ukraine have had a negative effect on the situation of migrant workers, which could severely affect the Tajik economy. Remittances by migrant workers amount to 47% of the country's Gross Domestic Product, the highest in the world, and constitute the main source of income for poor families in Tajikistan.⁷

“The number of cases where elderly members of families are abandoned and where they take responsibility for grandchildren left behind by their parents who are migrant workers is increasing.”

Context of elderly

Women constitute more than 61% of the elderly population, as the life expectancy of women is higher than that of men. Any interventions on the elderly population will particularly help women who, as they age, gain more independence and power in decision-making in Tajik society. The problems of the elderly population do not appear on the agenda of state policy, in spite of national commitments to international human rights treaties. These treaties call for equal treatment of elderly populations and ensuring their involvement in all spheres of life, especially after retirement age. Due to the tradition of living in extended families, elderly people are assumed to receive sufficient support from their family members. Persons living alone without support from children of working age have higher risks of poverty, they can only rely on their pensions.⁸ The access of the elderly to health services is hindered by the high costs of services, that includes out-of-pocket payments to doctors and transportation costs to reach health centres that are located in district centres. About 70% of the elderly are not able to afford health services and do not visit health care facilities.

Due to the labour migration of the youth, the pattern of support of elderly members of family by young members is transforming. The number of cases where elderly members of families are abandoned and where they take responsibility for grandchildren left behind by their parents who are migrant workers is increasing. So far, this growing phenomenon is not acknowledged by the Government of Tajikistan and, thus, not addressed in policy reforms.

Despite numerous reforms aimed at increasing pensions, the amount of the pension remains very low and does not meet the needs of the elderly, especially in accessing health care service where out-of-pocket payments are common practice. Social assistance to elderly people living alone is hardly accessible. In general, the Government of Tajikistan does not identify the elderly as a separate group in the population with specific needs. Thus, up to now there is no public policy or strategy for the elderly population that responds to the challenges they face. There is no national policy or strategy on how to meet the requirements of the elderly in Tajikistan.



“The Ministry of Health and Social Protection finally agreed to adopt a Decree regarding the opening of a gerontology services nationwide.”

Integration of gerontology services into the health care system

GIP supported the Tajik NGO Central Asian Gerontology Centre (CAGC) to implement a project focusing on the development of gerontology services in Tajikistan. The project had two main components:

- 1. Capacity development.** By developing capacity of the NGO CAGC and of relevant health staff and social workers through training and curriculum development, an alternative approach towards the elderly could be implemented and demonstrated to policy makers. MCNV and GIP-D worked closely together to make sure that a tailor-made organisational development programme was developed for all civil society partners in the TEA programme, among which was CAGC.
- 2. Demonstrating an approach through a pilot and using the pilot for intensive lobbying and advocacy.** The opening of five gerontology rooms in primary health care facilities in Dushanbe and Gafurov (4 in Dushanbe and 1 in Gafurov), and connecting the elderly population with health care facilities, demonstrated how gerontology care for the elderly could be managed. However, these rooms could only be opened by changing legislation and health policies. The Ministry of Health and Social Protection finally agreed to adopt a Decree regarding the opening of a gerontology services nationwide.

The two components are described in more detail below:

Component 1: Capacity Development

First of all, CAGC carried out an organisational self-assessment facilitated by GIP and agreed on capacity development activities to strengthen its capabilities. MCNV carried out Trainer of Trainer workshops on Organisational

self-assessment and Organisational development

in Tajikistan. Capabilities of the CAGC were

strengthened in areas such as project cycle

management, leadership skills, and networking

skills. Together with CAGC, GIP introduced

several changes to promote changes in health

services for the elderly. First, training curricula

for social workers on features of working with

the elderly were developed, and 60 social

workers in Dushanbe city and 20 social workers

in Gafurov district were trained. In addition,

several manuals on social work with the elderly

were developed and disseminated among social workers and relevant educational institutions.

Working with the health services, CAGC developed

curricula for doctors and nurses on specific health problems of the elderly

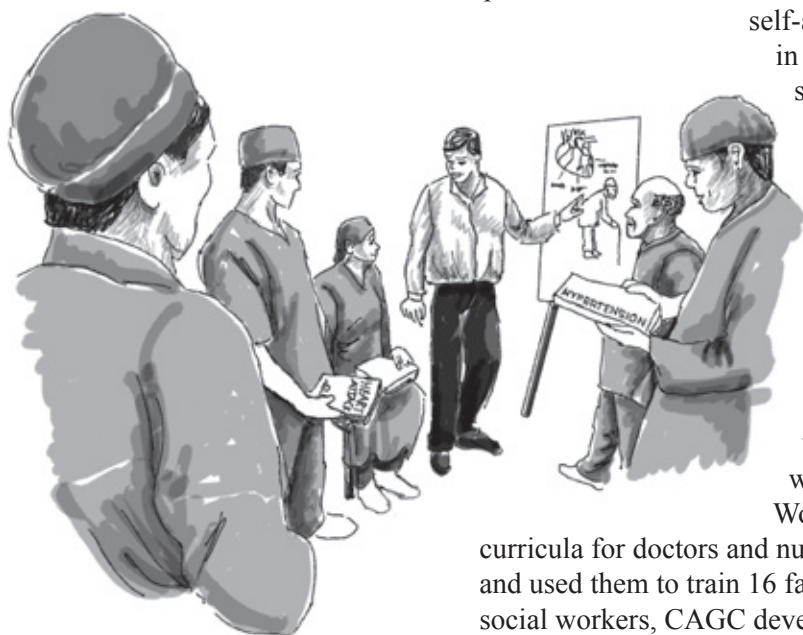
and used them to train 16 family doctors and 40 nurses. As in the case with

social workers, CAGC developed and published a set of manuals for family

doctors focusing on the specific problems of elderly people, including diseases

common to the elderly (hypertension, heart attacks, and others), and both

psychosocial and medical approaches to address the needs of the elderly.



Noteworthy is the development of curricula and a knowledge base on gerontology, conducted in cooperation with the Tajik Medical University and the Tajik Institute of Post-Graduate Medical Education to ensure that both institutions would have ownership of the results.

Efforts to develop national capacity on gerontology were supported with the compilation of a database on the elderly in Dushanbe and Gafurov, managed by the hospitals, that never existed before.

GIP and CAGC established a strong partnership with professors and academics from the Tajik Medical University and the Tajik Institute of Post-Graduate Medical Education to ensure acceptance of authoritative manuals and handbooks on gerontology issues and curricula for doctors and nurses.

Noteworthy is the fact that all these outputs were produced in the Tajik language – the state language of the Republic of Tajikistan. Currently, access to academic literature in Tajik language is poor; most of the professional health literature is available only in the Russian language. At the same time, primary, secondary and tertiary education is mostly provided in the Tajik language. Thus, students and family doctors who speak mainly Tajik experience a shortage of professional literature in their language. The manuals produced include the following:

- Pneumonia among the elderly population;
- Bronchial asthma among the elderly population;
- Features of coronary heart disease and cardiovascular diseases of the elderly population;
- Hypertension among the elderly population;
- Manual on psychosocial and medical approaches to working with elderly people.

As academia was a full owner of the process of development of these manuals, the end products were placed in libraries of both universities and disseminated among family doctors working in gerontology rooms.

Component 2: Demonstrating an approach through a pilot and using the pilot for intensive lobbying and advocacy

The initial project design envisaged the opening of gerontology rooms in Dushanbe and Gafurov district only. However, the GIP office, in cooperation with CAGC, had to undertake strong lobbying with the Ministry of Health and Social Protection for nine months, because the opening of the rooms would not have been possible without first having policy and institutional reforms. GIP, in cooperation with CAGC, set a goal of opening five gerontology rooms in primary health care facilities in Dushanbe and Gafurov district. To ensure successful implementation of this ambitious goal, close cooperation with the Ministry of Health and Social Protection of Tajikistan was critical. The GIP office in Dushanbe had to pursue a formal partnership with the Ministry of Health and Social Protection and had to lobby for integration of gerontology services in the health care system of Tajikistan and for inclusion of a gerontology specialism at educational institutions for doctors.

“As academia was a full owner of the process of development of these manuals, the end products were placed in libraries of both universities and disseminated among family doctors working in gerontology rooms.”



“This is a unique example in the Tajik context of partnership between the state and non-state actors, which will result in improved access to health services for the elderly.”

GIP and CAGC built a strong alliance with the Deputy Minister of Health (focal point from the Ministry on this Project) and the Head of the Department of Employment and Social Protection in the Administration of the President of the Republic of Tajikistan, to initiate institutional reform in the area of primary health care provision and to include gerontology. The outcome was that gerontology was put on the agenda of a session of the Board of the Ministry of Health and Social Protection of Tajikistan. During the session, the Deputy Minister of Health and the Head of the Department of Employment and Social Protection in the Administration of the President (being the main advocate partners) explained the relevance of the introduction of gerontology services and presented arguments for the opening of gerontology rooms. Subsequently, the Board of the Ministry of Health and Social Protection issued a decree on the opening of gerontology rooms in every primary health care facility in the country, as well as the inclusion of a course on gerontology in the curricula of students of the Tajik Medical University and Tajik Institute of Post-Graduate Medical Education. The decree particularly noted that the costs associated with these activities had to be included to the national and local budgets and heads of health care departments of all districts of Tajikistan have the obligation to implement this decree and to report back to the Ministry on progress made.

According to national statistics in 2011, there were 1,404 Health Centres. Thus, it is estimated that in accordance with the Decree of the Board of the Ministry of Health and Social Protection on opening a gerontology rooms, at least 1,404 gerontology rooms will be opened in Tajikistan as a result of

advocacy and lobbying conducted by GIP and CAGC. This achievement was not the only outcome of the CAGC advocacy. The main success of this advocacy was the fact that the responsibility to monitor the enforcement of this decree was given to the CAGC, which was also mandated by the Ministry of Health and Social Protection to present the results of monitoring at a session of the Board of the Ministry of Health and Social Protection. In this respect, advocacy efforts do not end at the stage of policy change, but will be further sustained during the monitoring of enforcement of the changes in health policy and services for elderly population and during further advocacy on the implementation of legislation. This is a unique example in the Tajik context of partnership between the state and non-state actors, which will result in improved access to health services for the elderly.



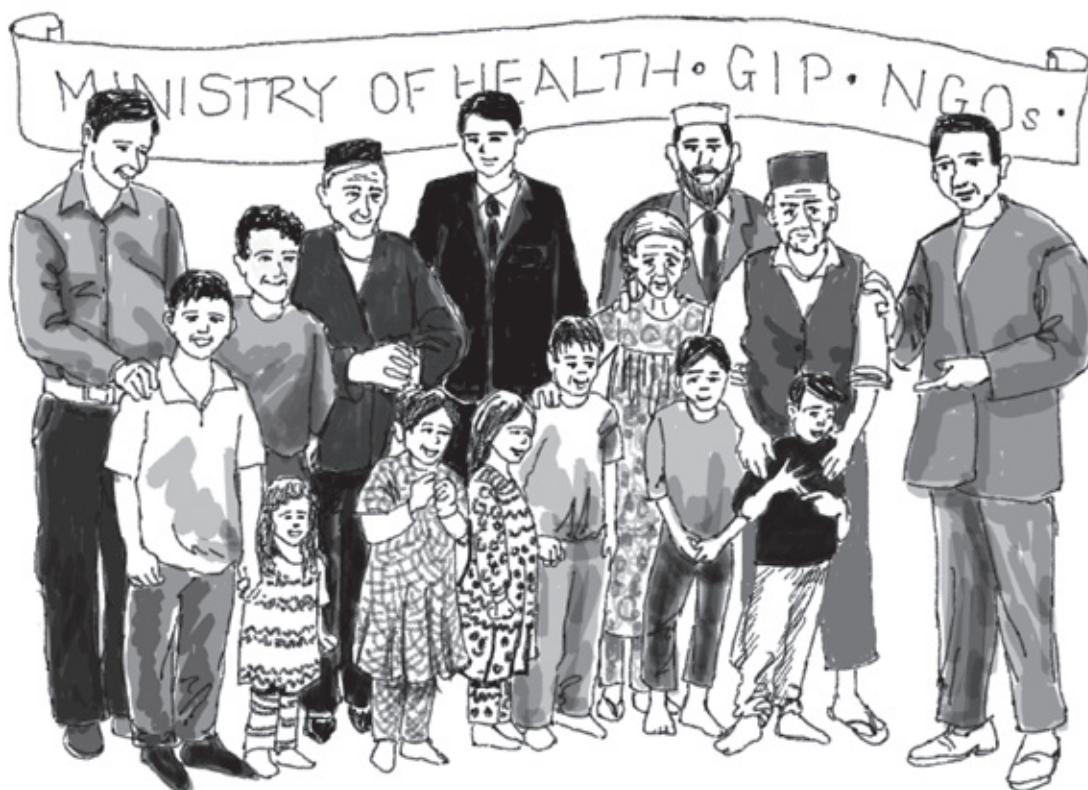
Conclusion

This case study demonstrated efforts of GIP on advocacy and lobbying to make health policy and provision of health care services more inclusive for the elderly. As a result of advocacy at least 1,404 gerontology rooms can now be opened in Tajikistan, and changes in curricula and in training of doctors and nurses have been institutionalised. Another important result is, that the Ministry of Health mandated the NGO CAGC to present monitoring results at a session of the Board of this Ministry. This shows that a NGO like CAGC was accepted as knowledgeable and respectable partner. This demonstrates opportunities for more and more in-depth partnerships between state and non-state actors in Tajikistan.

Changes in health policy and services aimed at incorporation of gerontology services were significant. These changes are direct outcomes of the advocacy and lobby by the GIP office in cooperation with the civil society partner, CAGC. GIP and CAGC developed an effective approach towards relationship building with their main partner in inclusive health reforms, the Ministry of Health and Social Protection, and built an alliance with senior management in the Ministry of Health and Social Protection who have the capacity to bring important issues for the vulnerable groups targeted by the TEA programme to the agenda of health policy reform.

The effective advocacy and lobbying tools used in the gerontology project will contribute to changes of policy towards other issues on which GIP-D is working, building on this foundation. Given the overall negligence of mental health and autism, GIP was able, through formal partnership with the Ministry of Health and Social Protection, to provide NGO partners a chance to advocate recognition of autism as a disorder requiring a psychosocial approach. It is an initial stage of changes in mental health policy that has to be continued, using the relationship-building approach and the alliances that have proven to be successful tools of advocacy.

“As a result of advocacy at least 1,404 gerontology rooms can now be opened in Tajikistan, and changes in curricula and in training of doctors and nurses have been institutionalised.”



End Notes

- 1 United Nations Development Programme (2013), Tajikistan, HDI values and rank changes in the 2013 Human Development Report, Explanatory Note on 2013 HDR composite, indices, <http://hdr.undp.org/sites/default/files/Country-Profiles/TJK.pdf> [Cited 16 August 2014]
- 2 Central Asia comprises Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
- 3 Statistics Agency under the President of Tajikistan (2012), Population of Tajikistan as of 1 January 2012, Printing house of the Statistics Agency, Dushanbe, p. 35
- 4 Strategy on Increasing Level of Welfare of the Population of the Republic of Tajikistan for 2013-2015 adopted by *Majlisi (Namoyandagon of the Majlisi Oli)* of the Republic of Tajikistan (Lower Chamber of the Tajik Parliament).
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Setting sails offshore

How learning and cooperation between local NGOs and CBOs enable the empowerment and social inclusion of marginalised people

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A moment of change

— **Nguyen Thi Phuong of the Village Health Workers Association**

The audience, many of them older people, didn't have to wait long. People smiled and whispered in surprise when the "actors and actresses", who appeared on the stage were recognised as people from the village. The play was based on a true story about repetitive conflicts and quarrels between an old couple and their daughter-in-law. People watched in silence, occasionally bursting into laughter at the humorous acts. When the play came to the climax, everyone kept still, frozen. On the stage, the two actresses were holding each other, sobbing. It turned out that they were mother and daughter-in-law in real life. When they performed the drama, they saw themselves in it. The daughter-in-law kept on saying "sorry" to the mother. The mother held her tight, both shedding tears on their faces.

When the play ended, it was the time for the audience to reflect on the story. Some criticised the daughter-in-law, while some felt sympathy. Some blamed the mother. Others said that they experienced similar conflicts and that this was quite common in the community. The discussion continued. One of the conclusions was that young people shouldn't leave older people out of decisions that affected their lives, and that everyone should do something to change this situation.



"One of the conclusions was that young people shouldn't leave older people out of decisions that affected their lives, and that everyone should do something to change this situation."

That was a moment that also changed me and my work. Never before had I recognised that our work of village health workers was so meaningful. I recognised that we could do it much better if we cooperated with community-based organisations in this way. That was the moment that I decided to devote more to my organisation's work, and, as a board member of the organisation, to inspire others to act for change for a better and healthier life of the marginalised groups we were working with.

Nguyen Thi Phuong is a member of the Village Health Workers' Association of Quang Tri Province, Vietnam. Village health workers are not employees of the government but are local community volunteers who receive special training for their community health work. All of our members are based at the grassroots. Each village has at least one village health worker who pays home visits, meets people and communicates with them about health problems, on a regular basis. As we live with villagers, people know us well. In the health system we are so close to villagers that people call us the "long arm" of the health sector.

The Association was founded in 2006, and now has 1,115 members based in 138 communes in nine districts and towns of the province. It plays an important role in creating opportunities for village health workers to share their working experiences and ideas, supporting them to improve professional knowledge and practical skills and motivating them to contribute more effectively to healthcare efforts of the health sector.

The VHWA of Quang Tri invests in strengthening organisational capacity and creative methods of working, such as the theatre-based approach, photo-voice, participatory video, folk singing and puppet shows and applying them in their work.



Learning from the model of the Village Health Workers' Association of Quang Tri, two other Village Health Workers' Associations were established in Cao Bang and Phu Yen provinces, in 2010 and 2011.

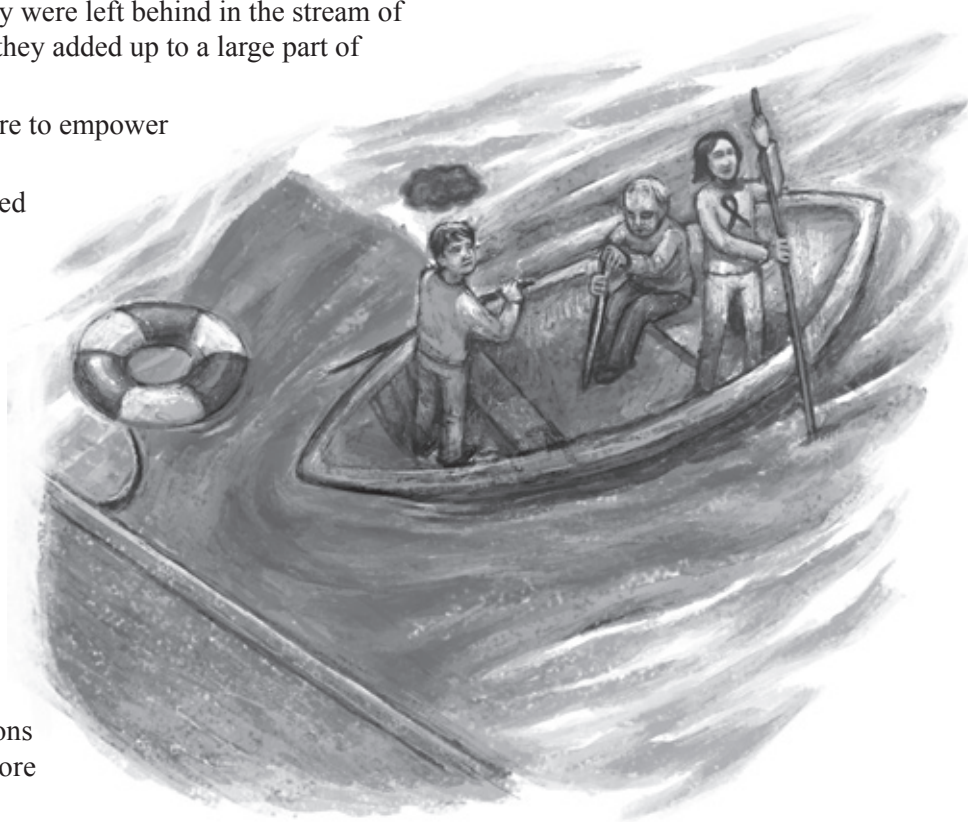
Looking back on past years, we could hardly see any relationship between the Village Health Workers' Associations and the local CBOs. We were functioning well. We carried out primary healthcare activities for the community assigned by the health sector – first-aids, child vaccination, mosquito killing chemical spray, home-counselling visits, epidemics warnings at village meetings, etc. With the support of MCNV, we learnt creative methods of communication mentioned above. Though we had not researched our impacts, we could see great changes in the quality of our work, and we felt proud. But we did not realise that even more was possible!

Doing more for the most marginalised

One thing still bothered us. We worked towards a healthier community in general, but we were not doing enough for specific marginalised groups in the community, including the disabled, people with mental health problems, people living with HIV/AIDS, older people and a few other groups. They were left behind in the stream of societal development, yet together they added up to a large part of the people we were meant to serve.

We felt that it was time to do more to empower and include marginalised people.

In our internal meetings we talked about applying creative methods of communication to help marginalised groups identify and solve their problems and to raise public awareness. We assumed we could transfer our normal methods of working to organisations of the marginalised groups and that our improved support for them would also improve our reputation; village health workers could also gain respect and support from the local authority, health sector, organisations and donors, thus enabling many more opportunities for cooperation. But, we didn't know where to begin.



It all began by learning together

One day in spring 2011, the MCNV invited us to participate in a workshop, with representatives of more than 20 older people's associations and disabled people's organisations of different communes in Quang Tri. It was one of the most disappointing workshops we ever attended. Why? Because we hardly understood anything that the MCNV staff said or expected of us, and there no room left for us to talk with the disabled people's organisations and older people's associations.

The workshop was about using the CIVICUS tools for Organisational Assessment (OA) and applying Outcome Mapping (OM) and the Five Capabilities model (5Cs) for organisational development analysis and planning. Though all the participants were management members of organisations and had some experiences and skills in organisational management, we were unfamiliar with the "academic-sounding" concepts and knowledge of OA and OM. "Legitimacy", "pointers", "progress markers" or "outcome journals" were just some of the concepts we just couldn't get.

"We worked towards a healthier community in general, but we were not doing enough for specific marginalised groups in the community ..."

"... we talked about applying creative methods of communication to help marginalised groups identify and solve their problems and to raise public awareness."



At the tea break, when we were chatting in a small group, one of us asked “Do you guys understand anything?” A lady replied under her breath, “No, I don’t, but I just kept nodding my head as if I had understood.” Another echoed this. We burst out laughing, but from deep inside we were aware that there was nothing cheerful here. We didn’t dare tell the people at the workshop that we didn’t understand, afraid that the other participants from the CBOs would look down on us. Yet, we wondered if they had the same feelings.

Despite these problems, this workshop turned out to be the start of something good. Several days after the workshop, MCNV invited us and a few key persons of the disabled people’s organisations to come to their office to give them feedback on the OA and OM tools. We were encouraged to openly speak out what we thought about the previous workshop, what was good, what were our difficulties, what remained our struggling questions, what should be changed or improved, and ideas on how to do it. We agreed that we needed to continue learning and practising the OA and OM tools, and that we should have more reflection meetings like this to share and learn from each other.

And we really did these things!

At first, we tested the OA and OM tools with our organisations, so did the disabled people’s organisations and older people’s associations. Then MCNV organised many meetings for all of us to give continuous feedback and reflections. The reflections helped MCNV staff to make adaptations to OA and OM language translation, design a better guideline and give clearer explanations about the concepts and tools. We thought the Five Capabilities Model should be explained metaphorically using cartoons and a puppet show. This really helped.

“*Capability to relate*” was one of the Five Capabilities. We could see the gaps in our building of relationships with different actors, especially the CBOs, in making joint efforts to support the marginalised groups. In the reflection meetings with the CBOs, based on selected pointers and progress markers related to this capability, we started proposing and sharing ideas of cooperative activities.

They responded positively, aware that they also needed external support and resources, besides their own efforts, to improve their organisational members’ lives. They saw the possible benefits of cooperation; to mobilise more resources, learn new methods of working, diversify their activities, position themselves better in the community, gain a higher reputation in the eyes of the local authorities, communities and members and to have more opportunities for joining in a broader network for learning and sharing.

“We were encouraged to openly speak out what we thought about the previous workshop, what was good, what were our difficulties, what remained our struggling questions, what should be changed or improved, and ideas on how to do it. We agreed that we needed to continue learning ...”



We began by forming a group of nearly 30 learning facilitators, all selected from the Village Health Workers' Associations and CBOs. Two thirds of the group were village health workers. The learning facilitators tried using the OA and OM tools in their organisations, had reflections and learnings, and then facilitated the CBOs to assess their organisations and make new "plans of change". This way of working promoted sharing of information and experiences, thus deepening mutual understanding between the Village Health Workers' Associations and the CBOs. Interesting ideas of cooperation started coming out and they began including cooperative activities in their plans. The process of feedback and learning together had brought together!

"We began by forming a group of nearly 30 learning facilitators ..."

Turning motivations into actions

In the years after that, we converted our plans into concrete actions.

One memorable action was to collaborate with the disabled people's organisations to organise lifeskills development activities, especially for disabled youths. Together we identified that the disabled youths, unlike adults, had less opportunity to participate in social activities and faced difficulties in orienting their future. They were not confident and often lacked basic lifeskills, for example in communication, ideas and dream expressions, leadership, and teamwork. So we helped them to improve these through different activities such as games, drawing and painting, shadow drama, making puppets and performing puppet shows.

"The process of feedback and learning together had brought together!"

But what they produced was less important than the process of producing. In that process, the village health workers helped them to express their ideas, communicate with each other, and respect and support each other. We organised activities like this in collaboration with the disabled people's organisations in Vinh Son and Vinh Tu communes (Vinh Linh district), A Xing, A Tuc and Thanh communes (Huong Hoa district) of Quang Tri province, and in Hoa An commune (Phu Hoa district) of Phu Yen province.

Besides lifeskills development activities, we also supported the disabled people's organisations in fundraising activities to diversify their sources of funding to enable them to support the most disadvantaged members. The campaigns often ended with musical events where the disabled people's organisations could acknowledge those who had given donations. We helped the disabled people's organisations to prepare dramas or to make video clips to show at the events.

"In exchange meetings between different older people's associations, they enjoyed acting, singing folk songs and chanting poems they had composed, not only about their common health problems but also about social issues related to their lives."

With the older people's associations, we used drama and folk singing to communicate with their members about common health problems they faced, combined with giving advice and checking their blood pressure. Then we discovered that older people were really good at composing their own folk songs and poems. So we encouraged them to do exactly that, but using the topics of health communication. In exchange meetings between different older people's associations, they enjoyed acting, singing folk songs and chanting poems they had composed, not only about their common health problems but also about social issues related to their lives, such as the parents and daughters-in-law relationship told in Phuong's personal story. Then we discussed with them about the problems and solutions. Many members of the older people's associations told us that they felt more valued and helpful to their families and society thanks to such activities.

"In my village, when we perform a drama, people see it with profound feelings and discuss it with excitement. Yesterday, when I was on my way home from the market, an old man suddenly stopped me for a while just to compliment me on a play we presented a few days before and asked me to give some more explanations about recommended diets for older people with diabetes like him. This would never have happened before. I'm very happy."

– Van, one of our members in Vinh Son commune of Quang Tri province



Expanding to other groups

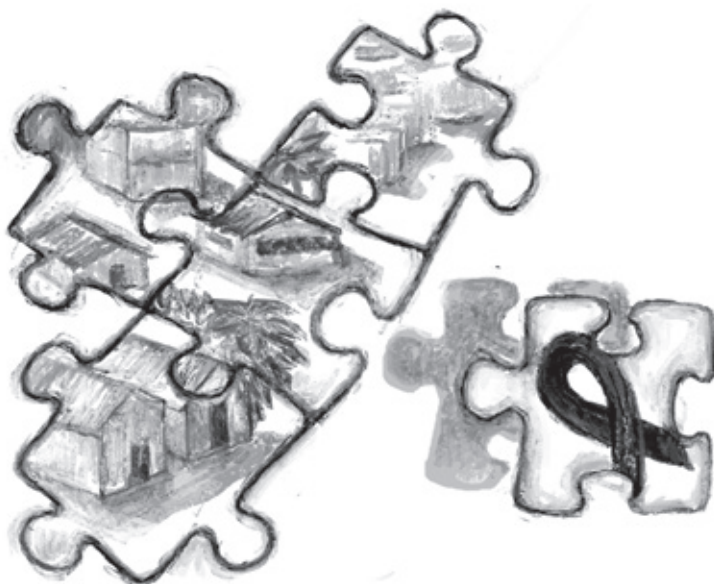
In addition to cooperating with the disabled people's organisations and older people's associations we also collaborated with self-help groups, mostly groups of mothers with malnourished children in Phu Yen and the clubs of HIV+ people in Quang Tri province.

Malnutrition among children under 5 years old was a serious problem in marginalised ethnic minorities in Dong Xuan upland district, Phu Yen province. One of the important initiatives was to set up self-help groups of mothers with malnourished children under 5 so that they could share and learn from each other through the deviance-based approach (see <http://www.positivedeviance.org/>). We closely collaborated with these self-help groups.

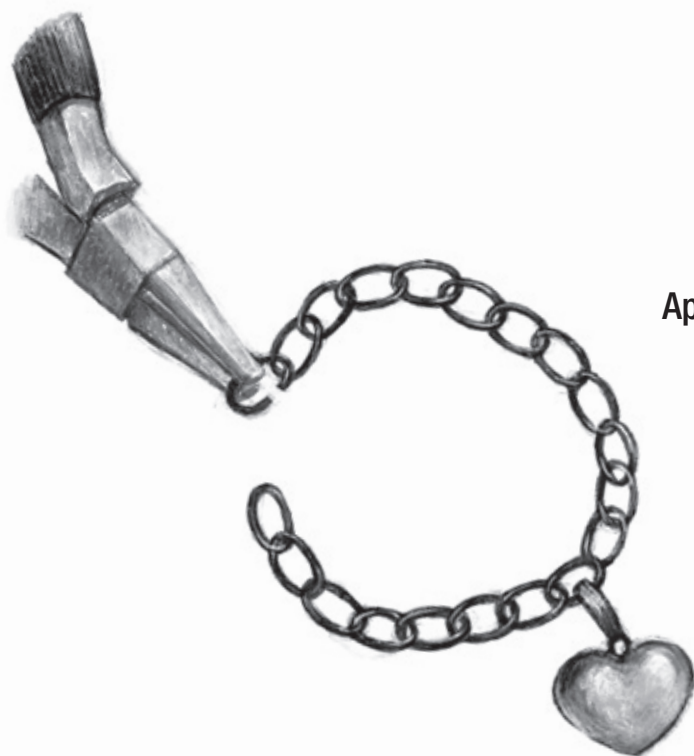
Initially, we faced many difficulties in working with them due to language barriers and traditional customs. Through exchange meetings amongst themselves and other group activities, the mothers gradually became open and shared their thoughts and ideas.

Tang, who used to have two malnourished children, said to us; *“My children were scrawny. I tried to feed them and even supplemented pills for them, but nothing had changed. Thanks to the village health workers’ advice, I let them drink soya milk and made some changes to the daily diets. Now they are not malnourished anymore. Thank you so much!”*

Tang now has opened a shop to sell soya milk and fresh food in her village.



“With all of these things happening there was one thing we did not forget – we applied the Action Learning Cycle to our work.”



Applying the Action Learning Cycle

With all of these things happening there was one thing we did not forget – we applied the Action Learning Cycle to our work. At the end of each activity, we sat down with each other, mostly with village health workers, but sometimes also with CBOs representatives, to reflect on the activity and draw lessons learnt. We always asked ourselves what we liked most from the activity, what could be done even better, what we should do it differently if we did it again, what lessons we learned, and how we would apply them in the next planning and action.



Giving feedback and reflections in a positive way like this created a safe atmosphere for everyone to speak up openly and honestly, instead of criticising each other if something went wrong, which often happened to us in the past. We encouraged our management board members to use learning diaries to record reflections and learnings from activities at each district. Then our quarterly meetings at the provincial Village Health Workers' Association's office became a safe place for us to share information about activities and lessons learnt and to use outcome journals to look back on our "plans of change". Lessons from previous activities helped us do it better with the next ones.

Some reflections and learnings

One of our initial assumptions was that the process of cooperation with the CBOs would lead to positive change in the reputations and social status of both our organisations and the CBOs. In this we were correct, but even more than we had imagined. The local government, organisations and community people recognised our work and contributions. In many places, the district people's committees and health centres provided financial support to help us organise many more activities. Some INGOs, knowing our innovative methods of communication, invited us to provide trainings to duplicate those methods in their project areas. In Quang Tri, the Provincial Health Service, the highest unit in the health sector in the province requested health centres at the lower levels to invite us to join in their monthly meetings to share information and collaborate in specific activities.

"In many places, the district people's committees and health centres provided financial support to help us organise many more activities."

Ultimately, our organisational members became more conscious of the values and meanings of village health workers' work in empowering and promoting social inclusion of the marginalised groups through the cooperation with the CBOs. With that change in consciousness, they became more active and committed and wanted to devote more to the organisation. Phuong's personal story is an example to illustrate this.

Here are some key lessons we have drawn:

- The theatre-based approach and other creative methods of communication, such as photo-voice, participatory video, folk singing and puppet shows, are powerful tools to work with the community in general and with specific marginalised groups in particular. The story-based approach is often applied with these methods, stimulating people to share stories they know. Stories and dramas are more powerful than lectures because if the story is well-told then the audience feels as if they are part of the drama, as if they are experiencing it themselves at all levels (head, heart and feet). And so they can learn better from “their own experience” of the story. Lectures by experts can often have the opposite unconscious effect, confirming for people their ignorance and dependence on clever outsiders, when the opposite is true.
- Co-learning enables local NGOs and CBOs to promote dialogues, thus deepening mutual understanding and opening opportunities for cooperation. If local NGOs and CBOs don’t learn together but just try to work together, cooperation becomes only a matter of responsibility towards the marginalised groups. The organisations can hardly see and enjoy changes in actions, relationships and behaviours of stakeholders amongst themselves. There will be no space for reflection and learning to both improve and multiply our efforts more broadly. The value of cooperation, thus, is considerably degraded. Learning together builds common language for working together, and being honest about what you have learned from failure helps to build trust, the most important ingredient of cooperation.



*“We all go to the big sea,
with the same purpose,
to contribute to making
change for marginalised
or excluded groups by
empowering them and
promoting their enjoyment
of social inclusion.”*

- It is important for local NGOs and CBOs to have learning facilitators who are well trained in assessment and monitoring methods (like OA and OM) and are capable of helping people to deeply reflect and learn in their organisations. This role of the learning facilitators promotes ownership and empowerment of the local NGOs and CBOs through helping them to be more conscious and learn more effectively.
- Local NGOs and CBOs should apply the Action Learning Cycle to their organisational lives. Continuous reflections enable organisations to look back on what happened, to have deeper analyses, and from there to generate useful learnings that can improve future plans and actions. People seldom develop perfect plans and so they need a way to honestly reflect, learn and re-plan their way into the future. The Action Learning Cycle provides a good and disciplined process to do this more effectively. Learning diaries and outcome journals are good tools to support organisational internal learning and inter-organisational learning.

Metaphorically, we compare our organisations and the CBOs as the boats sailing together offshore from different rivers. We have different starting points, different missions and visions, and different capacities, but we also have something in common. We all go to the big sea, with the same purpose, to contribute to making change for marginalised or excluded groups by empowering them and promoting their enjoyment of social inclusion. Each of us can do something ourselves. But if we unite and learn from each other, we can do it much better. Then we can celebrate and say “we have done it together”!



A Magic Bus to an inclusive life

An “Action Learning Journey” to social inclusion of people with disability in Central Vietnam

— by Le Huu Bang of the Disabled People’s Organisation (DPO) with Ho Sy Quang of MCNV

“We are proud of the community’s compliments: “The DPO is rich”, they say. Our organisation is rich in sentiment, trust, creativity and strong will. “Rich in sentiment” means all members of the DPO show their commitment and trust towards each other as brothers and sisters. We share a common vision, we share our knowledge and we act together. We are also rich in good reputation and faithful relationships thanks to the DPO taking concrete social responsibility and making meaningful contributions to community development. The people of the community, development organisations and companies have trusted us and worked hand-in-hand with us to make social inclusion of people with disabilities real.”

– Bang of the Disabled People’s Organisation (DPO) in Vinh Linh district

The most meaningful process happened when the DPO encouraged disabled people to share their dreams, to develop personal plans, and to help them to make those dreams and plans come true. As an organisation we grew our capabilities to support the holistic development of individuals, families and groups of people with disabilities. We are particularly happy they have been actively integrating themselves in the community’s life and making their own contribution too!

One of our special practices, which has helped our organisation to develop is Action Learning: “Acting - Reflection - Learning – and Improved Acting”. We always try to listen, observe, learn, be creative, adapt and renew. When we listen to members we are eager to see their ideas and support their solutions. Together, we get better everyday, one learning at a time!

But it was not always like this. After a self-evaluation in November 2010, all of us sighed. Only a few members were satisfied with the organisation. Did they expect too much from the DPO? Many people had signed up as members, but they seldom participated in activities. Did they claim membership to just receive help? When we asked other people in the community, only some of them knew about our DPO. Why? When working and asking the local Authorities and public sector organisations for their support, they ignored and disappointed us. Why didn’t they take our DPO seriously and treat us equally? We felt pain and self-pity.

It was a time for a change!

Fortunately, we had a chance to work and learn from MCNV’s staff who had offered their support to strengthen our work in a number of ways. They introduced us to the “Five Capabilities Model” and the idea of a “learning organisation” to help our DPO to develop itself, to build a good reputation and to better respond to the needs of members. Using “action learning” practice into DPO’s management cycle was key to our growing success.



“We are particularly happy they have been actively integrating themselves in the community’s life, and making their own contribution too!”

The Five Capabilities of an Organisation: (5Cs Model)

“To get to today’s happiness, our DPO has engaged in much critical thinking, reflecting deeply and learning our way forward, continually. Sometimes we “failed”, but these became opportunities to reflect and learn.”

1. **The Capability to Act and Commit:** Do we have the capability to surround ourselves with focussed and committed members and are we clear why we are on earth and on what is our vision and mission?
2. **The Capability to Deliver on Development Objectives:** Do we have the required expertise and skills to deliver?
3. **The Capability to Relate:** Do we have a good number of relationships with the relevant persons and organisations? What about the quality of those relationships: are they meaningful or would we like them to be different?
4. **The Capability to Adapt and Self-renew:** Are we grasping emerging opportunities and do we respond to changing needs, circumstances and insights that we have?
5. **The Capability to Achieve Coherence:** Can we keep focus even though the environment is demanding and diverse?

What did we plan and what was our thinking behind our plans and methods?



To get to today’s happiness, our DPO has engaged in much critical thinking, reflecting deeply and learning our way forward, continually. Sometimes we “failed”, but these became opportunities to reflect and learn. Every time, we tried our best to do a bit better and even failures were transformed into successes!

When developing the “plan of change” in 2011, we had to ask questions and make assumptions based on the 5Cs model. The first two “Cs” about “Capability to commit and act” and “Capability to delivery on development objectives” were our main focus. Why were members and their families not satisfied? What made them unsatisfied? How could the DPO get the members involved in its meetings and events? What were their real needs? How could the DPO listen more deeply to the real needs of people with disabilities and then respond?

To get more members involved in the DPO’s activities, we planned to organise more suitable and diverse activities for them. The activities could be a singing “karaoke”, telling funny stories, composing poems, sharing experiences in income generation activities and dealing with daily difficulties, education for children with disabilities, football tournaments, sport events, puppet shows and showing movies. Through these activities, people with disabilities would learn from each other, develop their dreams and plan for their future. Then, once they were more active, we would get the members to participate in decision-making for important issues of the organisation such as strategic planning, annual plans and selection of members who could get loans for the DPO for income generation activities.

But we needed funding. We had low self-esteem for this, a victim mentality and reputation in the community where people with disabilities expected only to receive help rather than give it. This took us to the next of the 5Cs - the “capacity to relate”, to develop more connections with others, a reputation and some respect. If we wanted support, we had to earn it. So we wondered “What could we do to raise funds and to better contribute to the people of the community?”

We started asking better questions.

“But we needed funding. We had low self-esteem for this, a victim mentality and reputation in the community where people with disabilities expected only to receive help rather than give it.”

“We started asking better questions.”

What did we do that made a difference?

In 2011, we began to implement our plans. A “capability to commit and act” was our first priority among the Five Capabilities. We organised a number of events and meetings to strengthen leadership of the management board, and to build trust.

The important question we asked ourselves was “How do we inspire others to act?”. We dreamed together of our futures and shared our hopes. We loved the many innovative ways to change, grow and improve that MCNV introduced to us. We got more enthusiastic and found energy to commit and act. These are the things we did:

1. Changing our meetings

We realised that meetings were boring and so we planned to make them more varied and interesting. We sang in the meetings, played games, told funny stories, composed poems, played football, performed puppet shows, enjoyed movies, shared experiences in solving problems and helped each other develop personal plans in income generation activities.

These efforts attracted more members to join. However, some severely-disabled and isolated people who were orphans and lived alone had no-one to take them to the meetings. How could the DPO help them? We went to visit them to ask them what they desired and what ideas they had. We were pleased to see their interested faces when they talked, joked and sang for each other.

This seemed to help, but only for a while. We became worried again. We couldn't organise meetings at their houses very often and when people went home and their house became empty, they would feel worse. We asked ourselves how could the DPO help these people with disabilities living alone have more opportunities to meet and talk to others? Sharing our concerns with each other, we had more ideas. We learnt from daily community activities to do regular activities based on people's interests such as rotating DVDs, equipping them with Karaoke sets, or buying chess to attract more people to come and play with the people with disabilities and sing together.

The DPOs also helped some of those people with disabilities get jobs which would enable them to socialise with others. We also provided Tablets to some people with disabilities to enable them to connect to others via Facebook or other online platforms.

2. Connecting with the community

Some of us observed that other community groups were having regular activities. Why couldn't people with disabilities take part in those groups? We initiated some activities and invited other groups in the community to join in. After a while, we offered to establish some clubs such as football, table tennis, badminton, volleyball, hip-hop and singing clubs for both people with disabilities and enabled people.

However, we met some difficulties, resistance and barriers. Some community people did not want people with disabilities to join in their clubs, especially the football club. “Playing football with people with disabilities is so boring, they are too weak. It makes my team lose.” It took us some weeks to find an agreement with all football clubs that each club have an equal number of people with disabilities. Now, when we organise a football tournament, we ask each team to have at least one player who with a disability. By integrating and including people with disabilities in the activities of other associations, people learned to get on well with each other. It enabled people with disabilities to participate more regularly. Everybody was learning something.

“The important question we asked ourselves was ‘How do we inspire others to act?’”

“By integrating and including people with disabilities in the activities of other associations, people learned to get on well with each other. It enabled people with disabilities to participate more regularly. Everybody was learning something.”



3. Building good relationships

Building a good reputation and relationship with the local authorities, public sectors, companies and development organisations was the second key concern amongst the five capabilities of our DPO. At the beginning, when we contacted them under the name of the DPO, we did not receive attention. We realised that our DPO had little reputation. How could we build this? Is there another way of approaching them?

“We began by mapping the supporters known by all the DPO’s members.”

We thought about this and found a shorter way to initiate our relationship. We began by mapping the supporters known by all the DPO’s members. Through personal contact we made closer relationships with them. Later, we got them involved in our DPO’s events on some special occasions such as stakeholder meetings or festivals of people with disabilities.

When they became closer to the people of the DPO, and gradually came to love the DPO as an organisation, we asked them to introduce us to the VIPs of the local authorities, public sectors and companies, through informal meetings, such as going out for coffee or parties. After that, the DPO fostered its relationship by formal visits such as giving flowers or greeting cards for occasions like conferences or New Year festivals. We made use of our personal resources to build these relationships. Fortunately, we received the support from family for our time and also some finances.

The Story of Mr. Vinh in Vinh Thach commune:



DPO is a magic bus for my family to catch up the community. I joined the DPO with the hope that I would get food for my family. At the beginning I registered my daughter as the only disabled person in the family. She couldn't move on her legs. I was afraid of telling the community about my wife's mental disease.

The DPO's board visited my house, then they found my wife hiding in the corner. I was too ashamed. Now, I should thank to the DPO for that.

I will never forget that moment the DPO's board listened to my hard life. I shared with them my dream. The DPO's board helped me to have a plan for my family.

The DPO contacted a doctor and village health volunteers to get medication for my wife and rehabilitation for my daughter. The DPO gave us a water supply system. With that, my wife could do gardening every day, and she took fruit from the garden to sell in the market. Through medication, working, socialising with other community people, she got very much better and felt useful. I didn't have to collect water, so that I have some time for resting.

My daughter gradually improved her physical strength, and then started working on her legs with a

walking frame. After two-years of rehabilitation at home, she could walk and learn to ride a tricycle, provided by the DPO. She began to dream of going to school. The DPO told me that the Government had a policy on education for children with disabilities. However, the schoolteachers and parents of other children did not want my daughter to learn with others. Thanks to the DPO, I had a meeting with DPO's board, local authority, Board of school, teachers and parents of other children to negotiate for my daughter to attend the school. That was a significant change in her life. My family got power from the DPO's great power.

Another significant change of my life was that I have a big asset from raising cows. Before joining the DPO, I did simple farming but I hardly grew enough food for my family. Then, the DPO gave us two cows. My wife could help me to feed the cows. Some years later, I felt more confident, and decided to get a loan from the DPO to extend this business. I sold some cows to build our house. We are so proud of our rich asset. We now try our best to support our daughter to actualise her dream, and support other people with disabilities.

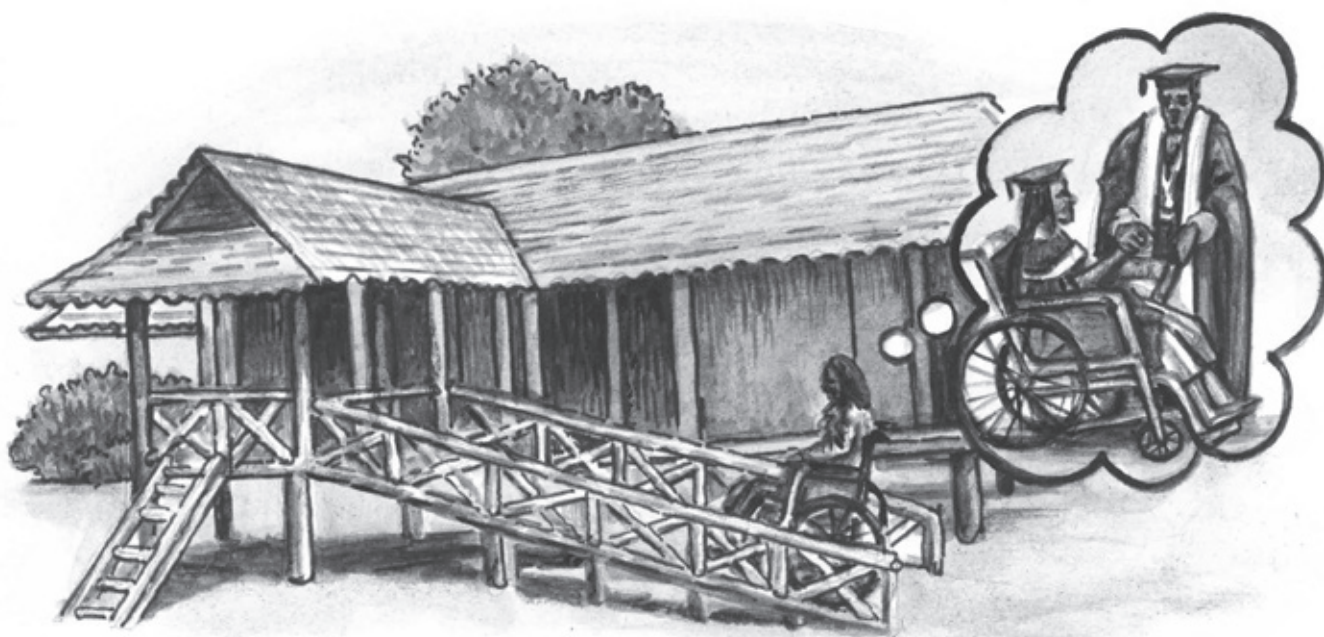
4. Personal development plans

Supporting the personal development plans of disabled people is the main mission of the DPO. In the beginning, we focused on physical rehabilitation, enabling them to move around the community with wheelchairs, walk with crutches, or ride with tricycles. After a long time with rehabilitation work, many people with disabilities physically improved and were ready to start developing further dreams, building goals and plans for their lives.

They wanted to go to school, to participate in community activities, sport and entertainment activities, and to get jobs and their own income. The personal development plans became more holistic and comprehensive, with clear objectives in the physical, social, educational, vocational and economic development of the disabled people and their families. These plans also included adapting the house, kitchen, toilet, water supply system, and surrounding environment to enable them to better function at home and in the community.

The demands of the disabled people were many, while the resources of the organisation were few. But we always looked for and found holistic ways to help each person. With our good reputation, we got more and more support and resources from development organisations, companies, community groups, local authorities and public sectors to help disabled people to actualise their dreams.

“With our good reputation, we got more and more support and resources from development organisations, companies, community groups, local authorities and public sectors to help disabled people to actualise their dreams.”



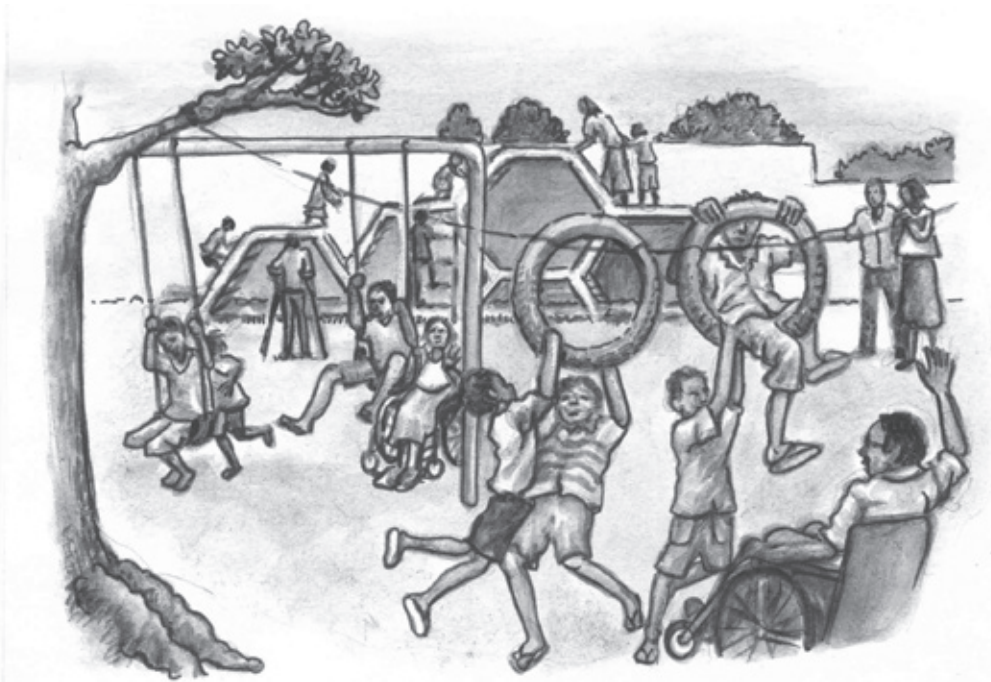
5. Fundraising

In the beginning, we planned to hold a fundraising event every two years. Reflecting and learning from our practice, we changed plans to raise funds more professionally. The DPO learned how to write project proposals, hold stakeholder meetings and to make videos and photo albums to call for more regular support. When holding events, we invited some famous singers to join with us. Now we have many supportive organisations, companies and individual donors bringing resources and building the reputation of the DPO.

6. A social responsibility programme – contributing to the community

Building a good reputation was key for our empowerment and a richer social capital of the DPO. We now feel that we have an equal position with other community organisations. This is mostly thanks to the DPO taking meaningful social responsibilities that contributed to wider community development.

This happened in the middle of 2014 when MCNV shared with us an idea of us taking “social responsibility”. Some in the DPO’s management board had doubts about this idea. “The DPO has not met enough of the demands of people with disabilities, so how can we now contribute to community?” But despite these doubts we started with some social projects that would not cost much money, such as cleaning the community or making a playground for children. When we saw on the Internet that many playgrounds were made of recycled tyres, we were so happy. We were eager to make a design and build one. Several days later, we collected old tyres and together made the playground. We all were so pleased to see many children playing there, and heard many people admire the DPO.



7. Diversify the interest of self-help groups

The DPO includes many different disability groups, each group with its own interests, demands and capacities. Recognising this, the DPO helped them to create self-help groups and to bridge those groups to services. For the past two years, the DPO has had experiences with self-help groups of families having people with mental health problems.

We built the capacity of the group leaders to inspire their members. The groups created and changed the method and content of meetings according to interests, for example; joining entertainment or sport activities, sharing businesses, getting loans and solving someone’s problems. In this way the diverse capacities of the groups of disabled people and their families were unlocked, and they were able to meet their diverse needs.

8. Application of IT

Initially, we did not think much about the use of information technology (IT). Then, in 2013, when participating in exchange meetings with other DPOs, we learnt that the DPOs in mountainous area had used tablets and smartphones to contact to each other and learn from outside. We tried this. In the first days, we spent almost 12 hours of a day working on tablets. We connected with each other via Facebook and shared some good livelihood models of people with disabilities. Once we got visitors, we just opened tablets to share with them all images of the DPO, videos of good income generation models, and articles about our DPO. Those moments were so meaningful and made us proud.

Reflecting on what has changed

For now, we are proud that our DPO has a recognised and powerful role in the community. Many people know about our DPO and talk positively about us. We have developed trusting relationships with communities and authorities. The DPO has a good reputation for many meaningful contributions to community development through our social responsibility programme, where people with disabilities do not just receive support but actively give support and contribute to the well-being of the community.

This programme has been a special feature that other community organisations have not done yet in our location. By focusing on building good relationships and making positive contributions, we got many community people, organisations, and companies to trust us and to support people with disabilities.

An encouraging change was that the local authorities, public sectors and mass organisations have begun to treat us equally and respectfully. We are now invited to participate in meetings and decision-making for the plans of the community, especially plans and policies related to people with disabilities. The DPO has developed its network, and participated in many forums at provincial and national levels. With this status, the DPO has also built relationship the with private sector. The companies have given jobs, or financial support for disabled people, and for the DPO to organise “inclusive” community events.

People with disabilities are not just being included but they are actively including themselves in life!

“We are now invited to participate in meetings and decision-making for the plans of the community, especially plans and policies related to people with disabilities.”

“People with disabilities are not just being included but they are actively including themselves in life!”



Some important learnings

- A dynamic, well organised, learning DPO is an essential vehicle for people with disabilities who are left behind, to be included in the mainstream of development. Adding Action Learning into a management cycle and having capacity to learn forward enables sustainable development of an organisation.
- Using a model of Five Capabilities in a creative way with “a plan of change” is a good practice. Developing its Five Capabilities, enables a DPO to better focus on the needs of the target groups.
- Holistic development of disabled people through their personal development plans is a powerful approach, enabling them to meet each other, build confidence and share about their dreams for life. It encourages them to feel that they are worthwhile, overcoming the self-stigma that “I am useless”, a major blockage of the will to live. Next, a DPO can help them to make their own personal development plans, and search for support to make their dreams come true.
- DPOs with a low profile in the community could have difficulties in building relationships with Government, other organisations and donors. One effective way to build relationship for the DPO is to start with personal relationships. A DPO can map and build on an existing relationship between DPO’s members and important people who could make a contribution to a DPO’s development or could bridge a DPO to other powerful people.
- Contributing to community development surprises the community, creatively challenging their assumptions about disabled people and leading to a mental shift in attitudes: “Wow, disabled people are not just victims who take resources but they can contribute.”
- A DPO can better achieve its development objective through strengthening its peer-groups or self-help groups within the DPO. Disabled people who have the same needs and interests, can work together with support of the DPO. Being together in a self -help group, can help people with disabilities to listen more deeply to each other, help each other overcome self-stigma, build confidence and solve problems.
- Using information technology like; smartphones, tablets with rich of photos, videos and stories, to share with someone who does not have opportunities to take part in the DPO’s activities, can immediately help to include them. At the same time a DPO can apply IT for better communication with development organisations, donors and authorities. Disabled people who use IT would be empowered and admired by other community people.



Rekindling the fire

Ethnic minorities organising to take collective action

— by Le minh Vu

“Roar...Roar...Roar!”

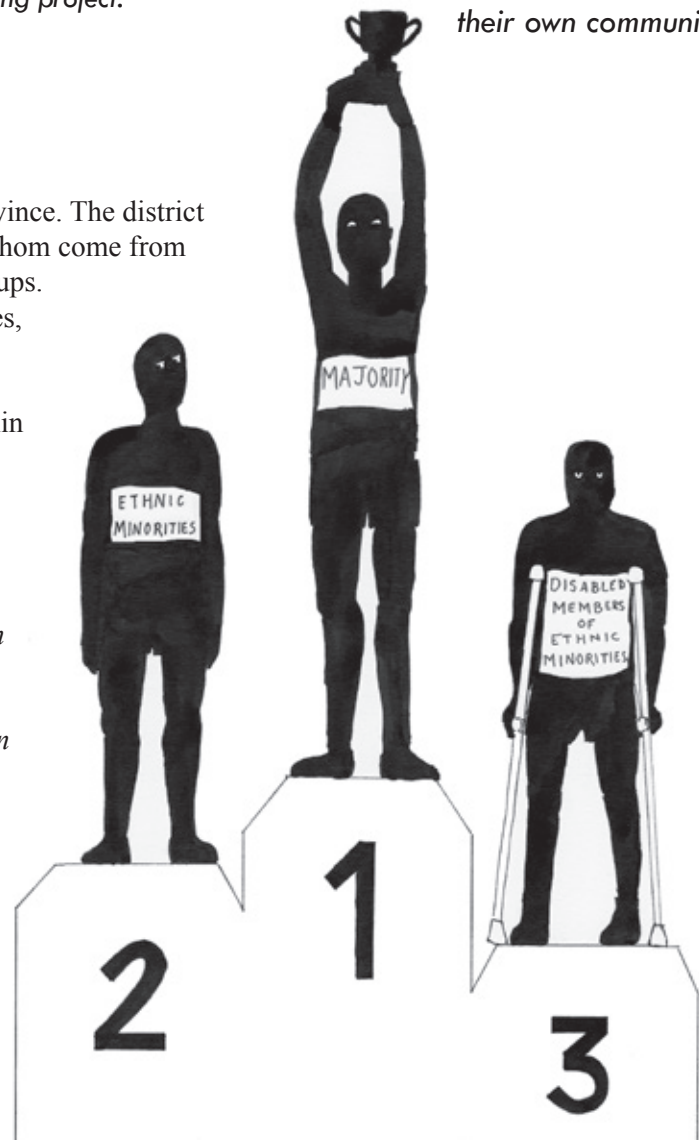
The sounds of dozens of trucks thrilled me. I was coughing heavily from the dust as I watched them loading cassava on their way to a processing factory in Huong Hoa district. It was the season for the local people to harvest and import cassava, one of their main income sources. By chance, I met Am Thao, the chairman of the Disabled People’s Organisation (DPO) of A Xing commune. “Hey, where are you going?”, he shouted. “I had a good crop this year,” he said with enthusiasm. “Come to my house after lunch, huh? We’ll have a meeting with new members. They want to join the cassava planting project.”

“... people with disabilities from ethnic minority groups are even more marginalised, lagging not only behind the mainstream of the society, but even in their own communities.”

Background

Huong Hoa is a remote district of Quang Tri province. The district has a total population of nearly 80,000, half of whom come from the Pacoh and Bru-Van Kieu ethnic minority groups. They subsist mostly through agricultural activities, practising shifting cultivation, working hard, but never earning enough for daily expenses. They have little access to land, capital and credit. Within this context, people with disabilities from ethnic minority groups are even more marginalised, lagging not only behind the mainstream of the society, but even in their own communities.

“Four years ago, it seemed that our organisation was almost ‘dead’, as many members did not participate in the organisation’s activities. Many of them thought that by becoming a member of an organisation they would receive certain benefits and privileges, and if they did not get something, they would not participate,” said Ho Thi Quy. “The relationships within the organisation were too loose. At most of the meetings we held, only a few people came and when they were there they were quiet. We felt so disappointed. Each member seemed like a ‘wet log of wood’ and it felt like collecting them together to make a fire would be a challenging task.”



“As a person with a disability and Chairman of the Disabled People’s Organisation for nearly ten years, I am clearly aware of why our members were not that active,” Am Thao added. “It’s because they were not confident and did not know how to express themselves.”

– Am Thao, the chairman of the Disabled People’s Organisation (DPO) of A Xing commune

“When they did go out, they would be called blind man, lunatic woman, or other hurtful words ...”

Self-stigma, social stigma and discrimination were huge barriers that prevented them from seeing themselves as worthy citizens. They lived isolated in the world, rarely communicating with other people or venturing out of their houses to join in social events. When they did go out, they would be called blind man, lunatic woman, or other hurtful words. They felt ashamed of themselves.

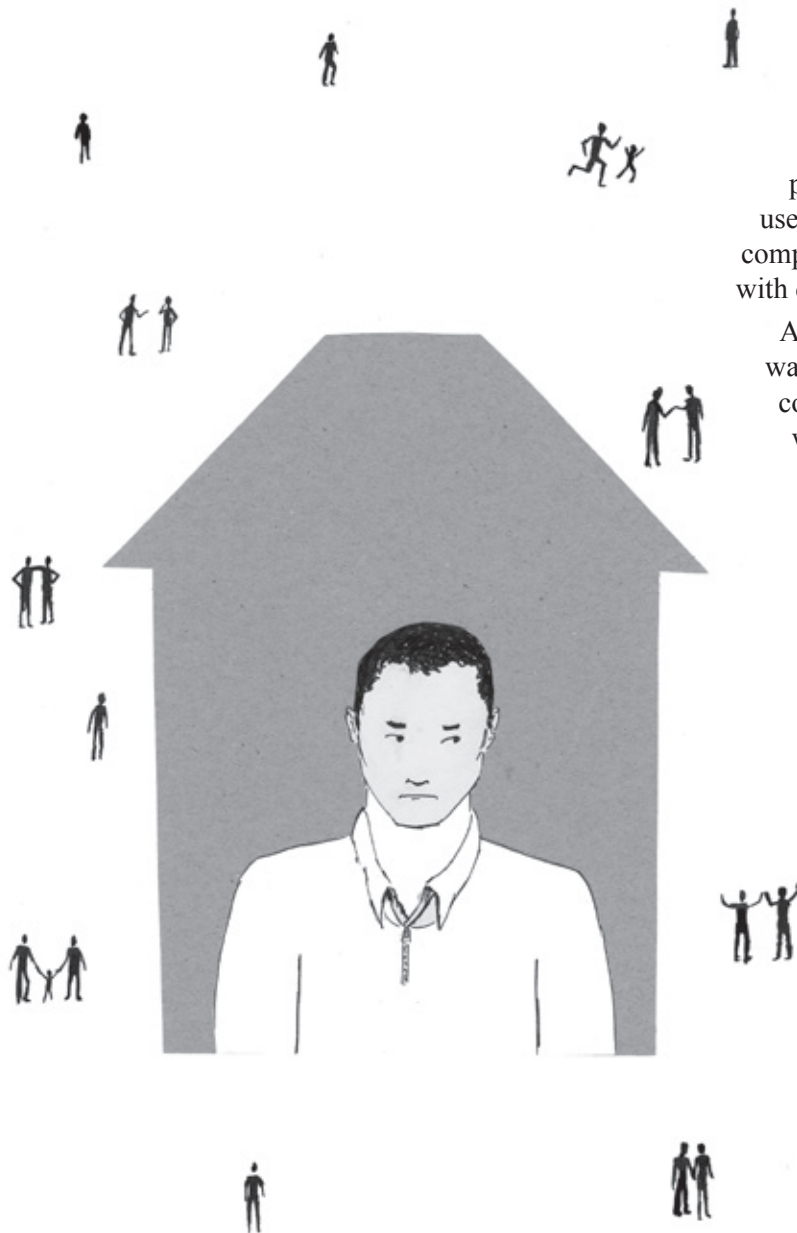
People with disabilities were seldom included in workshops or trainings on how to participate in income generating activities. “Like everyone else, money or income was a priority,” Am Thao said. “They thought their life would be better secured with it. So it became the first thing they thought of each time they wanted to do something, and in their minds having no money would block all initiatives.”

Most of them were dependent on their family and lived mainly on tiny amounts of social allowance granted by the government. To make matters worse, they did not even have land for cultivation. For most people, local government would allocate lands to them if they could show their ability to work and have legal papers such as an identity card, land use certificate, etc. This seemed to completely rule out ethnic minority people with disabilities.

Access to microfinance schemes was also limited. Few banks offered collateral-free policies and micro loans were inaccessible to disabled people as they were assessed as *disabled, unable to do business and unable to pay back the loans.*

But this all changed when MCNV, an international non-governmental organisation in Quang Tri province, decided to roll out a comprehensive programme to support people with disabilities and their organisations in early 2011.

“... They felt ashamed of themselves.”





“After talks with staff of the local government we saw that they would allocate plots to people, including people with disabilities, if they were mature, capable and had sufficient legal papers,” said Ho Van Kham, a core member of A Xing Disabled Peoples’ Organisation (DPO). “We met and discussed this as a great opportunity to help overcome our challenges.”

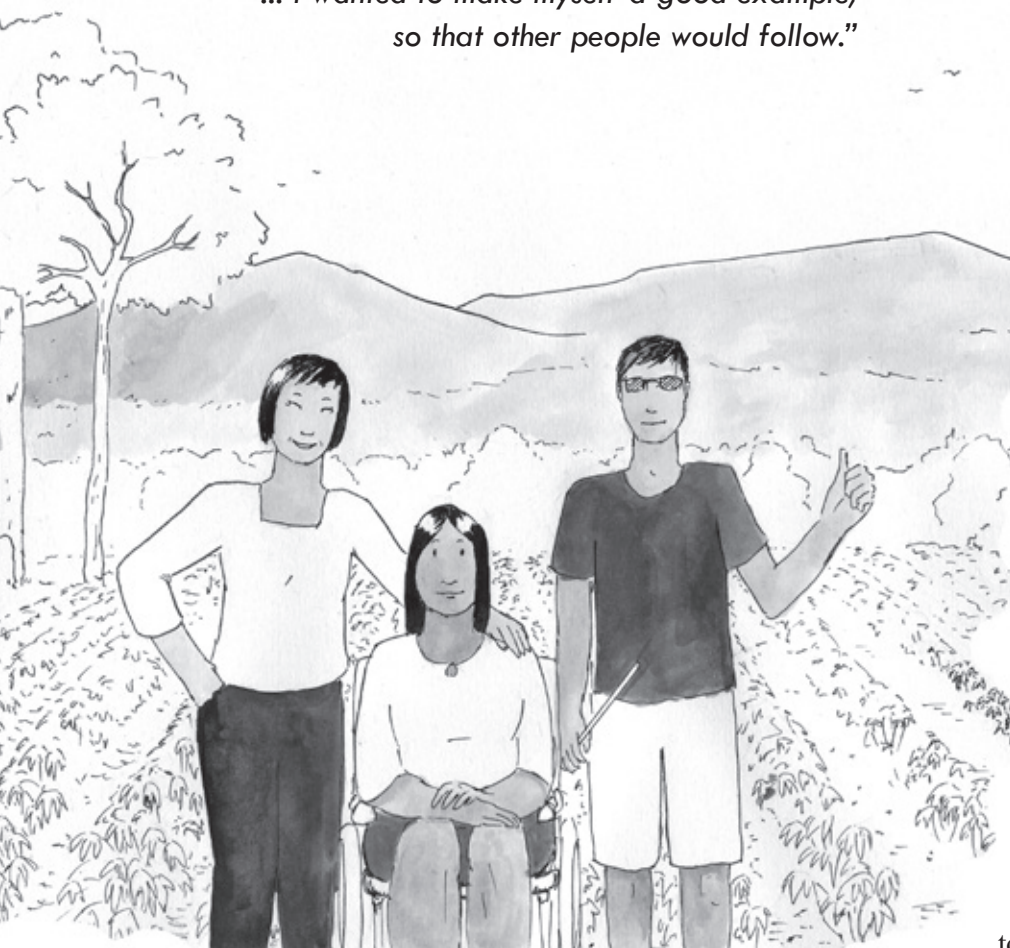
At last, in late 2011, the A Xing DPO received financial support from MCNV, under the TEA programme, to initiate their plan. They submitted an entry to a project proposal writing contest held by MCNV and won a ‘prize’ of VND 40 million.

“Before receiving the fund, I felt nervous because I did not know how to write a good proposal.” Am Thao confessed. “Language was also a challenge to me as I belong to an ethnic minority group, with our own language. Then I contacted chairpersons of peer organisations in the area to learn from their experiences and asked the staff of the local authority to help with the write-up.” The chairman of Cam Hieu DPO in Cam Lo district told us: “It was midnight and I was sleeping. Then my phone rang. I got so angry. Speaking on the line was Am Thao. But then he asked me about how we had implemented our broom-making group project and hearing how well-meaning and dedicated he was, I shared with him what I knew, without hesitation.”

The management board of the DPO planned to provide loans to ten members, to begin with. They asked heads of the DPO units at village level to organise meetings to select the capable members in the most difficult situations to take loans to generate income. Each village would discuss and select one or two members to participate in the project.

“After talks with staff of the local government we saw that they would allocate plots to people, including people with disabilities ...”

“... I wanted to make myself a good example, so that other people would follow.”



But in some villages just a few people came. Ho Van Than, head of DPO unit in A Cha village had to organise three consecutive meetings because the members did not participate or were not confident to take the loan. “Even in the last meeting,” Than smiled in bitterness, “I invited prestigious village heads to encourage the members, but these people at the meeting did not fulfil their task as they confessed afterwards that ‘if people are not able to pay back, the project will take their buffaloes and cows’.”

Convinced that one could generate income, Than expressed his will to take a loan although he was not nominated to do so. In principle, as stated in the organisation’s charter, core members of the management board could not take loans when poorer members needed them more. “But no one dared to take out a loan,” Than shared. “So I had to be the first one to take it because I wanted to make myself a good example, so that other

people would follow. And I also needed to improve my life.”

Things did not go as smoothly as Than expected. “Knowing that I registered to take a loan, my wife argued fiercely with me as she thought we would not be able to do anything to earn a living and pay the loan back. However, the next morning I went in silence to the chairman to receive an amount of VND 3.7 million in cash. My wife did not know that until I showed her the money. She sighed and said nothing. A few days later she understood more clearly and she started to support me in doing clearance work.”

Similar conflicts occurred in other villages. “Relationships among family members seemed to be breaking,” said Thuy Huong, a regular member of A Xing DPO. “Those taking out loans were seen to be playing with fire, risking more debt for the family.”

But the projects continued.

The management board provided regular support and supervision for the project. They played a bridging role in contacting contractors to do excavating work, training in cassava planting, mobilising resources and lobbying the local authority to allocate land for cultivation to the members. “It’s not an easy task to ask for land,” Am Thao said. “Fortunately we have good relations with the Chairman [of the local government] and other staff of mass organisations, and they have that policy. At first, they did not believe that our members could earn income from cassava planting. But we shared successful stories of our members who had done good business, and we showed a good plan. Finally, they agreed to give land to us.”

“... we shared successful stories of our members who had done good business, and we showed a good plan. Finally, they agreed to give land to us.”

Once plots of land were allocated, the DPO swung into action. “The board went around to villages to ask for labour exchange from local people to help the members plant and harvest cassava.” Ho Thi Quy – a female member of the board recalled. “That was the reason why one member could work on a large plot of cultivated land. This method was very good as people with disabilities could not work like normal people and they did not have enough money to cover those costs.”

By doing this, the board helped build up love and trust among the DPO members, and this practice of *đổi công* (labour exchange) has become part of their culture.

This increase in activity also led to the development of the A Xing DPO as an organisation, turning the project activities into part of the routine working agenda of their organisation. The number of members participating in plenary meetings increased significantly. Members were updated on the project, and made more aware of the benefits it could bring.

Apart from gaining knowledge and techniques of cassava planting, they also had chances to join other activities such as “football for all”, music performance, hip-hop dancing contests, shadow dramas and puppet shows. Local culture and knowledge was made full use of, creating a sense of pride amongst members. By participating in these activities, they built up their confidence and self-esteem, and more importantly they raised their voices in public. They were no longer invisible.

The DPO encouraged the members to take part in planning meetings, using participatory methods. They worked together to identify problems and causes, developing solutions and proposing them to relevant parties for support. For example, shortages of safe water, the lack of legal papers to access basic services, little to no activities for entertainment.

The lack of legal papers such as identity cards, land use certificates and residential books had been a thorny issue for indigenous people in general and people with disabilities in particular. “The issue has existed for long.” Thuy Huong said. “While the local government staff did not fulfil their task, indigenous people often made the situation worse.” Ethnic people tended not to keep legal papers in safe places and they used personal information inconsistently, so that the government staff could not issue required papers.



“Local culture and knowledge was made full use of, creating a sense of pride amongst members.”

“The training equipped them with knowledge, skills and attitudes to be better able to include themselves in mainstream economic activities.”

The management board and their members worked long and hard at this issue, to come up with a solution with the local authorities. “It was a very long and hard process,” Am Thao shared. “We met many people: staff, leaders, supporters who needed to be part of the solution, but we had to contact them many times to set up appointments. We organised dialogues and events to communicate the issue. It worked. Many disabled people and others in the community received identity cards and new residential books. These are the most important papers in our lives.”

In cooperation with MCNV, the management board helped broaden the accessibility of the DPO members to information by delivering free tablets and smartphones, and establishing free Wi-Fi spots. This helped connect the people with disabilities with the outside world, and open up new horizons.

In addition, the DPO organised other trainings to the members, especially for women, such as business planning, household financial management, savings etc. The training equipped them with knowledge, skills and attitudes to be better able to include themselves in mainstream economic activities.

Significant changes

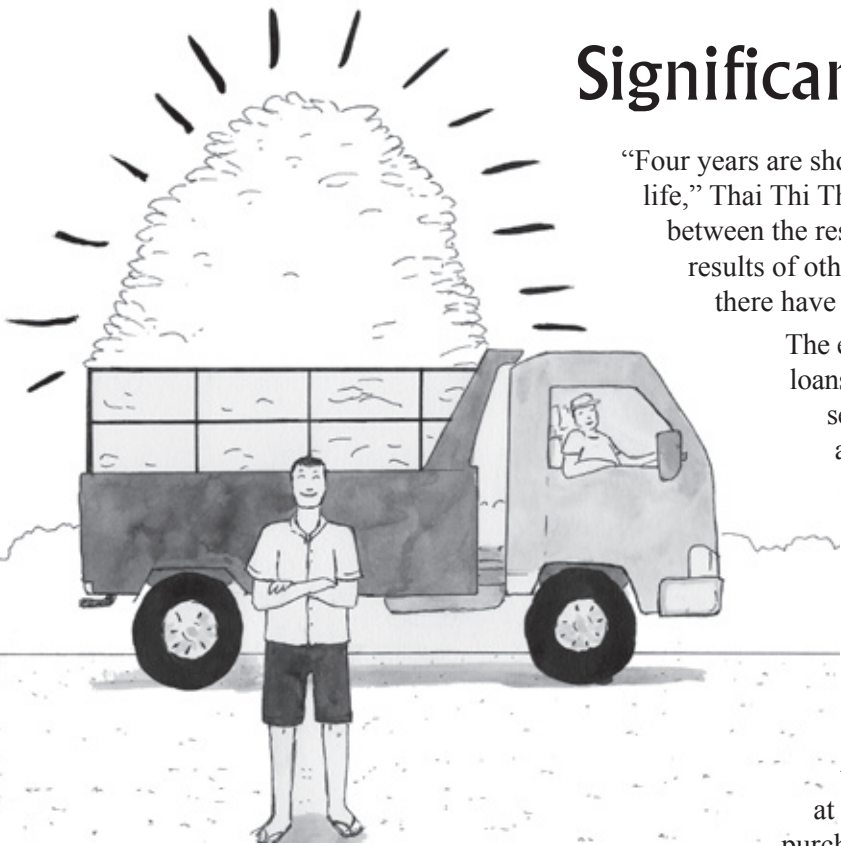
“Four years are short, but enough for us to see changes in our life,” Thai Thi Thuy Huong said. “It is difficult to distinguish between the results of the cassava planting project and the results of other activities, but we the board cannot deny that there have been major changes to us since the year 2011.”

The economic conditions of those who took micro loans were improved. All loan-takers of the first and second lending cycle paid back both the interest and the principal debt. Each of them earned an average profit of around VND 25 to 30 million per year. A few people got VND 60-70 million.

“I could not sleep two nights before harvesting cassava,” Than said. “I did not know how much I would earn from selling cassava. I nervously counted each load truck and in 2012, I finally sold three truckloads of cassava and received big money. That was the first time in my life I had such an amount at hand.” Like Than, other people saved money, purchased TVs and home appliances, bought more food and invested more in their children’s schooling and clothing.

Inspired by these examples of income generation, more and more members of the DPO started to ask for the loans. In addition, DPO members were more confident to access lending services from other microfinance institutes in the area. “Now when you go around,” said Ho Van Muong – a newly-elected core member of A Xing DPO, “you might hear ‘Hey, how much did you borrow from Agribank?’ or ‘For what purpose did you take the loan from the VBSP?’ and so on.” With newly issued legal papers, members accessed lands, giving them collateral to access loans.

“I feel more secure and convinced that I can be able to feed myself.” It meant that the image of people with disabilities was improved in their own eyes and the eyes of the community.



DPO members became more confident to expose themselves in public and participate actively in the organisation's activities. "I cannot count how many people came out, but I can take some examples." Ho Van Than said. "Let's talk about Ms. Quy. Previously she was very timid, dared not to communicate with others and did not attend any meetings of the DPO. But now she is totally different." "Yes, it is true," Ho Thi Luy added. "We could see clearly that she changed a lot after she had participated in the project. She got much income from the first loan cycle. She also participated in other activities of the DPO. Then she gradually became proactive and strong. Recently she was elected to be a core member of the organisation."

"DPO members became more confident to expose themselves in public and participate actively in the organisation's activities."



People with disabilities are now seen differently in the eyes of the community. The reputation of the DPO has improved as well as they have undertaken social responsibility projects. Local people in the communes of A Xing, A Tuc and Xy have found new playgrounds for children made by the DPOs. Swings and climbing nets were made from old tyres, rope and materials available. "We did that because we had identified the need of our children for playing in a safe and cheerful way. They had nothing to play with and they even played with their friends in the mud and dirt. We did this for them but also because we wanted people to see us and know what our organisation is."

"... They invited us to join meetings of local social-economic planning. They even attended our meetings."

This initiative was highly appreciated by local people and many of them took part in making playgrounds with the DPOs. "Two swings are in front of my house and my children loved playing with those. I think it's a very good idea and Mr. Ho Van Phoi did a great job!"

There has been more interaction and communication between the members and the management board. "The members trust in the organisation's mission and they attend meetings more regularly," Ho Van Than said. Am Thao added "More people know about us and the local authority recently agreed to support us with 2 million dongs each year. They invited us to join meetings of local social-economic planning. They even attended our meetings."

The capacity of the management board had been enhanced through the implementation of the cassava planting project. "As you know, MCNV provided quite a lot of training and coaching sessions on project management and so on," Am Thao shared. "We learnt a lot from the project. We learnt step-by-step. We learnt together. We learnt from what we had been doing. For example, we became better at planning, mobilising resources to fulfil our tasks and establishing monitoring and evaluation systems."



“Disabled people, like all marginalised people, carry around a self-stigma and lack of confidence that needs extra attention to break through.”

The cassava planting project is still being implemented, creating jobs for more members. Other peer organisations came to meet up with the A Xing DPO to learn from their income generation activities. Ho Van Phoi, Chairman of A Tuc DPO shared enthusiastically: “It is an amazing achievement that targets not only the economic conditions of the members but also promotes the organisation and its development. We are now preparing to implement the same project based on the lessons learnt from the DPO of A Xing.”

Reflections and lessons

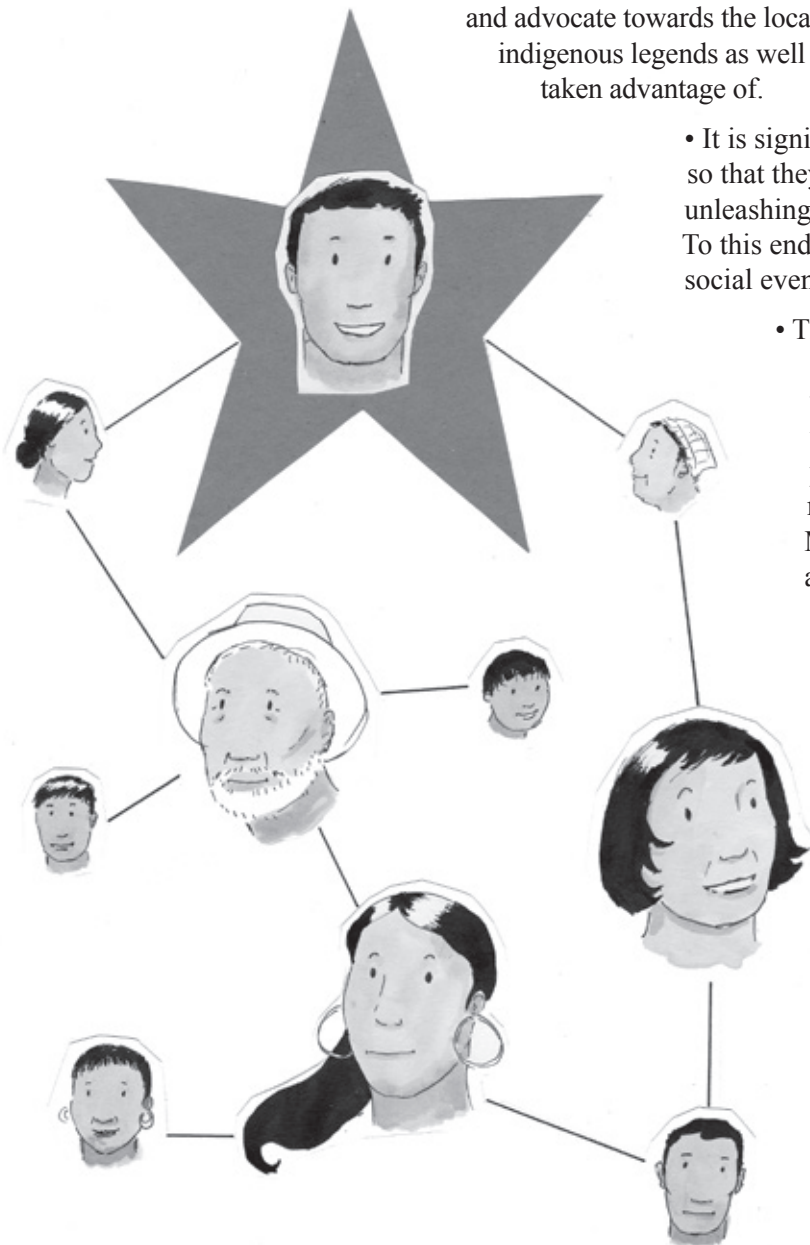
MCNV and the members of A Xing DPO had a reflection meeting in 2015 about the project. During the meeting, both sides discussed and shared the following lessons learnt that would be helpful in the future.

- It is of great significance to make full use of culture to motivate people and advocate towards the local government. In the story, folksongs, indigenous legends as well as conventional arts such as hip-hop were taken advantage of.

- It is significant to empower the individual members so that they feel a sense of confidence and pride, thus unleashing their potential and expressing their ‘Self’. To this end, life-skills development activities and social events proved to be helpful.

- The process of organisational development can be done more effectively by starting with a concrete “entry point”, an activity to benefit the members, like the cassava planting project which responds to the real needs of the people with disabilities. Members were inspired to work in groups and the project activities integrated into the working agenda. Capacity-building is connected to the projects. In this way the organisation develops its capacity through its work, not as a separate activity.

- Disabled people, like all marginalised people, carry around a self-stigma and lack of confidence that needs extra attention to break through. It is significant to identify and support positive role models in the community, who can inspire others and help them to find the courage they need to face their fears. People, like Than, played an important role when many members felt afraid to take loans from the project. These positive role models must be encouraged to take risks and initiative.



Not going back into that room to be locked up

Contributing to structural changes in the mental health system of Vietnam

— by Akke Schuurmans, MCNV

“Thi is now 54 years old. She sits next to her mother on the bamboo bed in the small room of the rice farmers’ house in a lowland district in Quang Tri province. Thi has had schizophrenia since 1989 and received treatment briefly in a provincial mental health hospital in another province. She returned home and stopped using her drugs. ‘I got very confused at the age of 44. I don’t know what happened. But I don’t want to go back to that room.’ She points to the room where her father kept her tied up and locked in for ten years, because of her aggressive behaviour to the family. Her daily care left her mother very little time for other activities. The situation at home was tense. Her parents were ashamed and reluctant to receive guests¹.”

“She points to the room where her father kept her tied up and locked in for ten years, because of her aggressive behaviour to the family.”



This story is about a family who participated in the mental health pilot project in Quang Tri province. It is just one of many poignant stories of human suffering hidden behind the figures that reveal the gaps in Vietnam’s mental health system.

Background of the Mental Health Programme in Vietnam

Mental health problems have been a neglected consequence of poverty and inequity in Vietnam. The influence of poverty, alcohol abuse (Giang et al, 2008; Tran et al. 2012), social adversity and hardship (Niemi et al, 2013) on dementia, depression and other mental health problems in Vietnam, and their higher prevalence in women (Krantz et al 2005), emphasises that the current approach to mental health there, focused on individual pathology and targeting only three disorders², fails to address the magnitude of the problem and its important social causes.

MCNV promotes a community-based multi-disciplinary approach to address problems in mental health and poverty, and started a pilot mental health (MH) programme. This programme was started after exploratory research and in close collaboration with GIP, which has extensive Mental Health experience in other countries but not in Vietnam. ^{3,4,5,6}

“... inadequate human resources and the focus on only three disorders mean that few people receive the services they need.”

The programme started in Quang Tri province in 2012, within the DGIS-financed Transition in the East Alliance (TEA) programme⁷. MCNV and GIP expect this pilot to pave the way for structural changes in the policy and practice of mental health in Vietnam, because the features are present that led to successful lobby and advocacy in the past.

The mental health programme has been instrumental in lobbying and advocating for policy changes in mental health during the past three years. The TEA programme is a first phase and will be followed up by MCNV and GIP after the TEA programme ends. This case study illustrates how MCNV and GIP collaborate on lobby and advocacy to influence policy and what has been achieved so far.

Mental health context of Vietnam

Mental health care consists of two types of services: community-based and hospital-based (Vuong, et. Al., 2011). In theory a community-based system is implemented in 64% of communes and all provinces. However, inadequate human resources and the focus on only three disorders mean that few people receive the services they need. Data is lacking to show that the community programme is not meeting the needs in the communities. Hospital services are provided by two national level mental health hospitals, 31 provincial mental health hospitals, 23 psychiatric departments in other general provincial hospitals, 2 day-care hospital/clinics, and only a child/adolescent inpatient clinic (Vuong, 2011).

The recently established National Taskforce on Community Mental Health System Development is currently developing a National Mental Health Strategy for 2014-2020 and a vision to 2030⁸

Important gaps in Vietnam on mental health care are:

- Lack of data.
- Limited Community-based Mental Health Programme – it should cover more disorders and reach more people.
- Serious lack of human resources. The greatest challenge for Vietnamese mental healthcare is attracting health workers. The proportion of psychiatrists is below those of China and Thailand because too few are trained. Training of psychiatric nurses is also limited; curricula lack mental health topics and learning materials⁹.
- Lack of evidence-based models for community care. Few NGOs work in community-based care; piloted models are not replicated or promoted by Government.
- No strategy or programming for children with mental health challenges.
- Lack of consistent and coherent policies, regulations, and decisions to implement mental health components of National Health Target Programme;¹⁰
- Most mental health patients have one diagnosis and prescription for their whole life. There is no feedback from out-patients to psychiatrists on effects of medicines and treatments. Only a psychiatrist at provincial level is allowed to diagnose; patients return home and often drop out of sight/care.

Overall lobby and advocacy approach in MCNV practice

MCNV has contributed to structural changes in health policies and health governance in Vietnam. For example, MCNV guided the establishment and political acceptance of the National Tuberculosis Control Programme and the development of Community-based Rehabilitation policy and programming. Reviewing successful contributions towards policy changes in the past, the following steps are distinguished in the MCNV approach to lobby and advocacy for policy change:

“Organise study tours for both influential higher-level decision-makers and local partners to learn from experience in other countries.”

- 1. Identify problems and solutions:** work with stakeholders on the ground, including potential beneficiaries, to understand and describe the problem and identify potential solutions, making use of knowledge from external contacts, internet and other sources.
- 2. Implement and monitor pilot programmes with an empowerment component:** empower target groups and communities through civil society development, building confidence and capacity for lobby and advocacy. Encourage empowered civil society to collect evidence and community voices (through Participatory Rural Appraisal, life-stories, photo/video) for campaigns, awareness-raising, lobby events, communication and dialogues. Involve end users, local authorities and local service providers in pilot projects testing potential solutions. Involve all stakeholders in the pilot in learning processes, including training to build capacity for new skills, study visits, conferences, monitoring, and exchange workshops.
- 3. Seek engagement with decision makers at higher levels and involve them in learning:** identify sympathisers with the cause at provincial, regional and national levels, invite them to visit the project and learn from partners in the field. Organise study tours for both influential higher-level decision-makers and local partners to learn from experience in other countries.
- 4. Develop a knowledge base:** monitor, evaluate and carry out research on interventions to identify lessons learned. Use participatory methods so that local partners and beneficiaries also learn; publish results in reports, journals, student theses, online forums, etc. Organise meetings, conferences and workshops where decision-makers and project implementers exchange experience and views.
- 5. Involve media:** involve local and national media - press, television, short films - to demonstrate successful strategies to both decision-makers and communities.
- 6. Attend policy influencing meetings at higher levels:** join provincial, national, international meetings, working groups, task forces and committees to contribute to new policy formulation and programme design.
- 7. Monitor implementation of policy in practice:** contribute feedback to policy-makers through the above steps to improve policy formulation and improve implementation.

Description of the Mental Health programme in Vietnam

The way the Mental Health programme has been implemented is described according to the main lines of the ‘seven-step approach’ described above.

1) Identify problems and solutions:

To identify the problems on the ground, inhabitants of the communes in which the mental health programme is operational were screened for mental health problems. The screening not only provided community level stakeholders with useful information to steer action planning, but also provided evidence that mental health policies are not reaching people in the way intended or desired.



“Before, I was afraid of people with mental health problems and avoided them. But now I learnt that if I approach them kindly and respectfully, they are fine; I can talk with them about small things like the weather, their daily activities, and so on.”

Up to now, 12,032 people in six communes have been screened using the SRQ tool (a screening tool developed by WHO, previously validated in Vietnam). In those communes, 100 people had been diagnosed and under treatment in the National Mental Health Programme. During the last two years, trained Village Health Workers (VHW) identified 541 people who needed further investigation and assessment. Psychiatrists from Danang Hospital assessed the 228 people (of the 541) who responded to the call to attend the health centre. Of these, 85 needed medication and/or psychotherapy. Collaboration among the staff of the different health services and hospitals was essential in this screening and treatment project.

To identify solutions, GIP shared possible approaches based on its experience with community-based health programmes. The VHWA, psychiatrists and village stakeholders, including families of patients, discussed how to apply the ideas of GIP in Quang Tri. Design workshops facilitated by GIP and MCNV created a context-specific approach, combining local knowledge with the technical expertise of local psychiatrists and GIP experts.

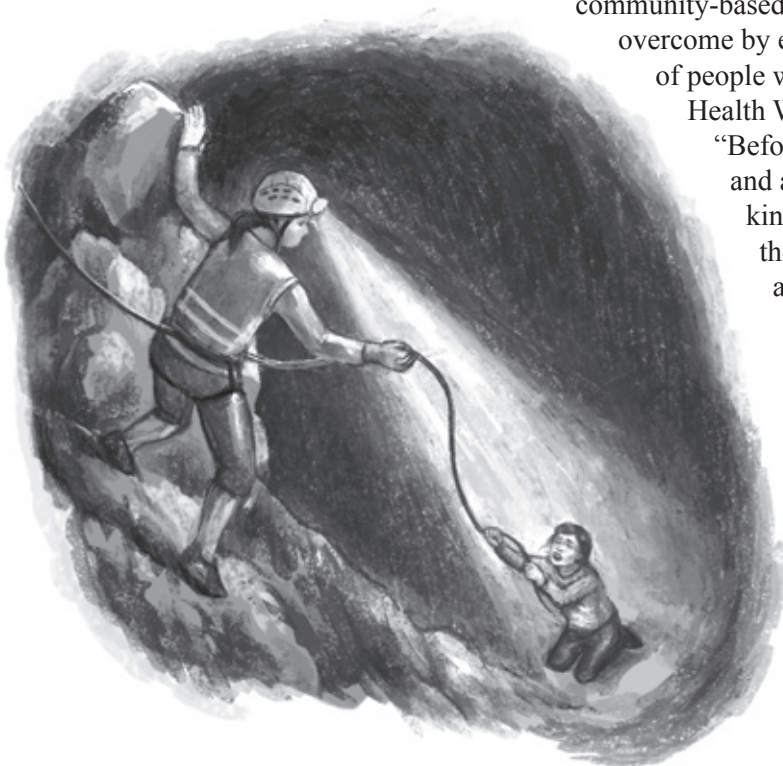
The approach that was developed consists of three phases. First, with the help of the SRQ tool, VHW identify households having a member with a mental health challenge. Second, identified families are invited to join self-help groups in their commune, and to participate in eight meetings. Third, the self-help groups meet regularly, facilitated by a VHW. A manual was developed to guide the implementation of the model process; VHWs were trained on its application. The participants were familiarised with action learning, and selected facilitators from the Village Health Workers Association and Disabled People Organisation, who facilitate learning sessions and keep learning diaries.

2) Implement and monitor pilot programmes with an empowerment component:

The Village Health Worker Association of Quang Tri (VHWA) and Disabled People’s Organisations (DPOs) were the entry point to develop a pilot on community-based mental health care. Stigma and reluctance were overcome by explanations from experts and meetings with families of people with mental health challenges. One of the Village Health Workers said, during an interview in July, 2014,

“Before, I was afraid of people with mental health problems and avoided them. But now I learnt that if I approach them kindly and respectfully, they are fine; I can talk with them about small things like the weather, their daily activities, and so on.”

To give VHWA and DPOs the legitimacy to act in the community and to equip them with the skills and knowledge to discuss mental health, assistance from other stakeholders was required. GIP consultants and the MCNV team facilitated the VHWs and DPOs to discuss mental health with relevant stakeholders at village level: the self-help groups, the Women’s Union and the People’s Committee (local government). Once the relevant actors at village level were prepared to participate in developing the model, psychiatrists at provincial level with the mandate to diagnose and treat patients joined the meetings.



In a series of workshops, all stakeholders together worked with local experts, GIP mental health experts and MCNV staff to implement and to monitor the implementation of a Community-based Mental Health pilot project.

Providing members of CSO with Tablets contributed to their empowerment. The tablets enabled villagers to film daily life, and to share photos and videos with others within and outside their communities. They now use Facebook to exchange with others who have smartphones, even to plan joint events. Families who are successful in income generation post stories/photos/films of their experiences on <http://sinkhe.vn>

During the same period, a needs assessment on mental health training in the Secondary Medical School of Quang Tri resulted in an increase in the number of hours on mental health and the integration of mental health into other subjects such as reproductive health (including, for example, post-partum depression as a new topic).

“Innovative methods such as drama performances, puppet shows and folk songs helped to reduce stigma and open the door to discussion of mental health.”

3) Seek engagement with decision-makers at higher levels and involve them in learning:

In 2013, implementation started in three communes in Quang Tri. Once families and patients were identified, DPOs and VHWAs organised a mental health self-help group. In parallel, VHWAs raised community awareness about mental health through communication campaigns. Innovative methods such as drama performances, puppet shows and folk songs helped to reduce stigma and open the door to discussion of mental health. Involving medical personnel and local authorities in the events, for example, by asking them to give a speech, made them feel part of the campaign.

After each session, the learning facilitators evaluated the meeting with the participants and noted results in a learning journal which was reviewed regularly to decide on how to improve the approach.

This ‘action learning’ produced changes:

- Monthly meetings became bi-weekly, so families could keep track of all the new information.
- Psychiatrists, initially too dominant in meetings, learned to listen and give feedback. They became more responsive to the needs of the patients and their families.
- VHWAs learnt that ‘role model’ success stories motivated families and invited recovered patients to tell their stories.
- Involvement of Disabled People Organisations and Older People Associations was helpful; they provide social and financial support to (families of) people with mental health challenges. Board members of these CBOs and the Women’s Union were invited to meetings.



Thi's story is continued to show how the new approach affected one family.

"In September 2012, the MCNV/GIP mental health project started. Thi's father said: "During the first two sessions I kept silent; I didn't believe that anybody could help us. I felt ashamed to tell about our situation. Then I asked the provincial psychiatrist to visit my home after the second session. He told us to start again with medicines. In the third meeting, I heard from other villagers that patients in their families changed; that gave me a little hope. They shared their experience in caring for and communicating with people with a mental health challenge. After the third session, I gathered the courage to visit the commune health centre, taking my daughter's file so I could ask for the prescribed medicines. My daughter's situation and behaviour began to improve, bit by bit. She started asking reasonable questions and talked with us about things that made sense. I untied her; she was not aggressive but very relieved. She now helps my wife with household chores and visits the neighbours. She is cheerful. My wife now has time to do the shopping and to relax. It's as if we have a new daughter and a new family, as if my daughter and the whole family are re-born."

"My daughter's situation and behaviour began to improve, bit by bit. She started asking reasonable questions and talked with us about things that made sense. I untied her ..."

The community-based model was tested in close collaboration with many local stakeholders: The Director of the Danang Psychiatric Hospital, teachers in the Quang Tri Secondary Medical School, staff of the Quang Tri Provincial Hospital Department of Psychiatry, Provincial Centre for Social Diseases, district and commune health centres, Village Health Workers Associations, Disabled People's Organisations and Old People's Associations.

There has been an increasing engagement with influential people at higher levels. MCNV staff both in Hanoi and in Quang Tri maintain contact with members of the National Task Force working on the strategic plan 2016-2020, such as Dr. Trung, Director of Danang Regional Mental Health Hospital. During an interview in July 2014, he recounted that he had learned much from the GIP/MCNV programme, especially the importance of involving civil society groups and families in community-based mental health care. During a meeting organised by GIP in Tbilisi, Georgia on

mental health, Dr. Trung, invited by the TEA programme,

was pleased to learn from the expert speakers and other participants about the great potential of involving families and communities more in treatment of mental health patients.

Dr. Trung invited MCNV to join the National Task Force meetings. The GIP/MCNV approach can be shared more widely through such influential persons. The MCNV TEA Country Coordinator in Quang Tri was recently invited to join a meeting between personnel of the Danang Mental Health Hospital and mental health experts from Taiwan. He presented the experience with organising families in groups for community-based care, a new and interesting concept for both Vietnamese and Taiwanese participants. The presentation made a strong impression on both Vietnamese and Taiwanese experts who stated that they plan to introduce the approach in their programmes.



4) Develop a knowledge base:

The screening of more than 12,000 inhabitants of six communes provided good evidence that the actual situation on the ground concerning community based mental health is utterly inadequate. The information from the pilot sites provided a good basis both for action and to demonstrate the need for improving the current mental health programme at community level. The many stakeholders now involved in the pilot not only know the current situation leaves a lot to be desired but also feel they can help to improve it as they are intensively involved in the pilot implementation and action-learning.

As a needs assessment to improve training has been carried out on mental health in the Secondary Medical School of Quang Tri and as the mental health curriculum improved both in the number of hours dedicated to mental health, and integration of mental health into topics such as reproductive health a basis has been laid for further knowledge improvement in mental health in Vietnamese schools and universities.

MCNV and GIP keep careful track of the documentation on the pilot with the ultimate aim on writing a peer reviewed article on the needs for health reform in Vietnam.

“The many stakeholders now involved in the pilot not only know the current situation leaves a lot to be desired but also feel they can help to improve it as they are intensively involved in the pilot implementation and action-learning.”

5) Involve media:

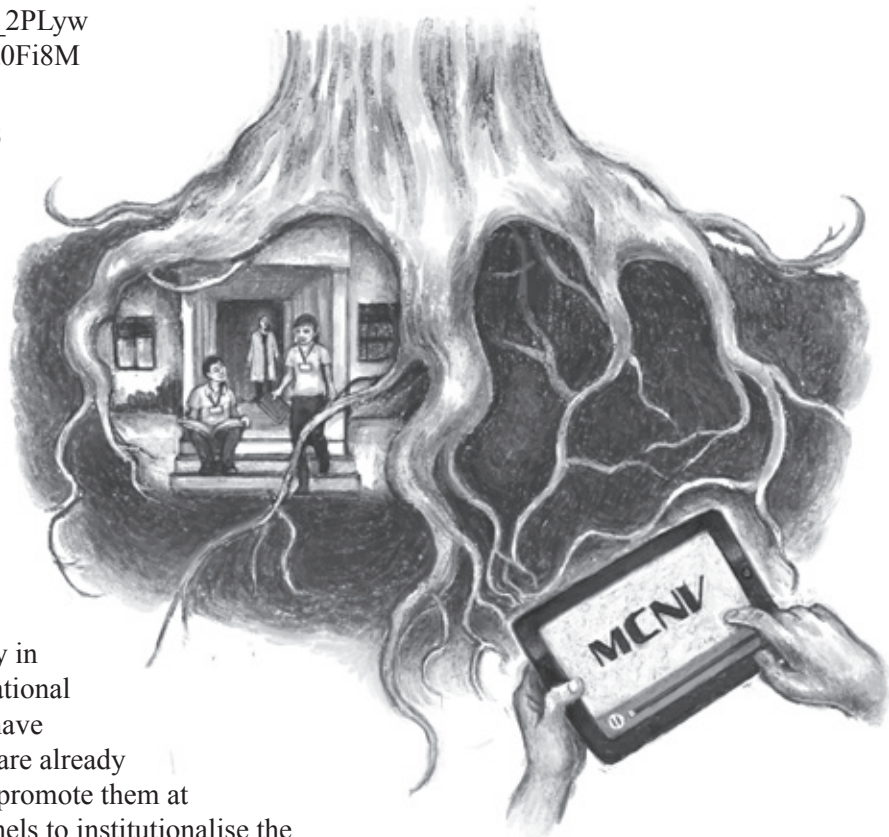
Local media were involved in campaigns and awareness-raising activities and shared those activities via local TV and newspapers. Media experts also trained CSO members on making and sharing films; so far seven were made. MCNV made two short films on mental health, providing them to local broadcasters and posting them on Youtube:

https://www.youtube.com/watch?v=UuRCB_2PLyw

<https://www.youtube.com/watch?v=uxIWmu0Fi8M>

6) Attend policy influencing meetings at higher levels:

From 2012 onwards, relationships with other relevant actors of different disciplines at different levels have steadily developed. The persons and organisations currently involved in the preparation, implementation and testing of the pilots are part of a ‘think tank’ that develops and tests new ways of working. The stakeholders gained first-hand experience of the backdrop of the lack of policies and regulations as they met families suffering from inadequate services. This made them good ambassadors for lobbying and advocacy in wider circles, from district to provincial to national and even international levels. The solutions have not yet been formalised but the stakeholders are already working with them. The challenge is now to promote them at higher administrative levels and access channels to institutionalise the solutions. Participation of MCNV in the National Task Force will strengthen acceptance of this approach.



7) Monitor implementation of policy in practice:

The programme started by monitoring the current implementation of community based mental health in practice through research on mental health problems encountered by inhabitants of six communes. This has made it possible for the programme to give feedback to health personnel at different levels and to the administration at community level (such as People's Committee, Women's Union) about how the policies were working in practice. This feedback has convinced a number of influential stakeholders that existing practices and policies need to be improved. Improvements have been made already in pilot communities now, but possibilities for integrating them into existing health policies still need to be further discussed.

“Not only have attitudes towards mental health at community level changed, but also at district and provincial level.”

Conclusion

The gaps in the existing mental health system are many. In the experience of MCNV it is good to follow a process approach, to start with identifying and naming some of the most urgent and concrete problems together with some of the end users on the ground. The Village Health Workers Associations have made the subject of mental health more socially acceptable by organising events in which they acted out problems faced with mental health patients, drug abuse and domestic violence.

The development of a community based mental health care model by MCNV and GIP has brought the possibility of involving families and civil society in community based models into the policy dialogue now taking place in Vietnam at many levels. Starting a pilot and obtaining experience in this field have given MCNV, GIP, sympathetic stakeholders and partners a legitimate position in policy dialogue on mental health. Not only have attitudes towards mental health at community level changed, but also at district and provincial level. A good foundation has been laid for successful further lobby and advocacy for policy changes in this field.

It is for people like Thi that GIP, MCNV and their partners will not stop lobbying and advocating for better policies and practices until people with mental health issues in Vietnam are treated with the expertise, dignity and respect they deserve.



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End Notes

- 1 Interview with a family in Vinh Linh, July 2014
- 2 These are: schizophrenia, epilepsy and depression. Since epilepsy is treated and managed within the mental health system, it is regarded by policy makers as a mental disorder, although in ICD-10 it is classified as a disease of the nervous system (D.A. Vuong et al, 2011: pp 66).
- 3 Perceptions of Mental Health and Help-seeking Behavior in an Urban Community in Vietnam: an Explorative Study L vd Ham, P Wright, Thang VV, Vuong DKD, JEW Broerse, *Community Mental Health Journal*, 2011, DOI 10.1007/s10597-011-9393-x
- 4 Perceptions of and attitudes to mental illness and mental health patients in Hue City, D. Sienkiewicz, Master thesis, Vrije Universiteit Amsterdam, 2008
- 5 Mental Health Care Utilisation in Rural Vietnam, R. Peters, Master thesis, Vrije Universiteit Amsterdam, 2008

- 6 Portrayal of mental illness in mass media in Vietnam, Nguyen Quy Thanh et al., MCNV report, 2008
- 7 The Transition in the East (TEA) programme aims to reduce the gap between marginalised and non-marginalised groups in society in five countries: Georgia, Laos, Tajikistan, Sri Lanka and Vietnam. It is implemented by three Dutch NGOs working in partnership: GIP Hilversum, MCNV as leading partner and WorldGranny; it runs from 2011-2015.
- 8 In Vietnam, a strategy or national plan is often approved later than the period of that plan. The mental health strategy 2014-2020 and vision to 2030 will probably be approved in 2015.
- 9 The first three gaps are presented in article by Vuong, 2011.
- 10 Gaps 4, 5 and 6 are from an interview in 2014 with Dr. Trung, Director, Danang Provincial Mental Hospital.
- 11 The role of MCNV in the evolution of these programmes is described and analysed in two articles in a recent PhD thesis (Essink, D.R., Vrije Universiteit Amsterdam, 2012).

Advocating for a new policy of support centres

for the development of inclusive education for children with disabilities in Vietnam

— by Pham Dung, MCNV

Happiness and sorrow

A story told by a couple whose autistic daughter received support in Phu Yen

“Definitely I’ll never forget the first time she called me “mother”. The happiness when I heard her say “mother” was not less than the happiness when I first saw her after delivery. Other kids go to primary school at six years, while my child just started to speak her first words.” – Lan, a young mother in Phu Yen, shares her story. She married seven years ago, only 20 years old. One year later, she had a daughter, a lovely baby. But she and her husband were so sad because they soon realised that their daughter was too quiet. They never saw her smile. The child walked slowly, not talking, rarely responding to the parents, was not toilet-trained. They didn’t dare to take her to kindergarten, and their relatives advised them to keep the child at home, they said that teachers could not help disabled children. Many times Lan took her daughter to play with other kids but their name-calling, “the dumb”, “the deaf”, and their pushing made Lan so sad. One year ago, Ms. Nhung – a teacher at the village kindergarten - came to visit Lan and asked her to bring her daughter to kindergarten. Nhung tried to convince Lan: *“Just bring your daughter; I and other teachers will help her. I can’t promise anything, but I will try to help your daughter. I and other teachers have been trained in inclusive education*



“their relatives advised them to keep the child at home, they said that teachers could not help disabled children.”

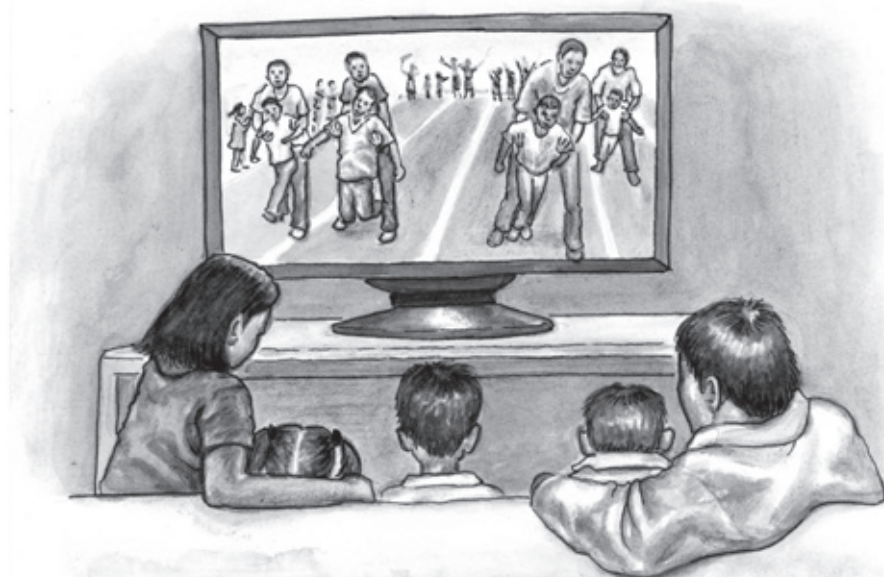
for children with special needs like your daughter. Teachers from the Support Centre will come to help us and your child too. Now our kindergarten can receive children with disabilities”. Lan followed the teacher’s advice. She sent her daughter to a kindergarten where the teachers had received training from the Support Centre. Once or twice a month, a teacher from the Support Centre visits Ms. Nhung’s kindergarten to coach the local teachers and support them to work with Lan’s daughter. Ms. Nhung visits Lan and advises what to do with her child at home. Although the girl still speaks little, she can say some words, can call her *mother* and *father*, and name animals (chickens, dogs, and cats) or colours (red, green, yellow and black).

Every child has a right to education. Disabled children need and deserve educational opportunities as much as others do. Without adequate educational services and opportunities, children with disabilities (CWD) are more likely to grow up to be economically and socially dependent on their families and communities and vulnerable to long-term poverty. It is, however, still a challenge to ensure educational rights for disabled children, especially in countries with limited resources, such as Vietnam. Having started its work with disabled children in a community-based rehabilitation programme in 1999, MCNV soon realised the importance of creating more educational possibilities for disabled children. Since 2004 therefore, MCNV has worked with stakeholders at national and provincial levels to develop a more inclusive system for education that supports disabled children, especially in rural areas. This case study documents MCNV's experience in promoting inclusive education in Vietnam through advocacy and lobbying for a model of Support Centres for Inclusive Education and opens with brief description of the context of disability and education for CWD in Vietnam. The following sections provide information about the evolution from 'special education' to 'inclusive education' and about MCNV's contribution to that process of change, with descriptions of the method, the approach to advocacy and lobbying, and of the achievements and lessons learned.

MCNV's approach to advocacy and lobby

1. **Identify problems and solutions:** work with stakeholders on the ground, including potential beneficiaries, to understand and describe the problem and identify potential solutions.
2. **Implement and monitor a pilot programme or model with participation of stakeholders:** involve end users, local authorities and local service providers in pilot projects to test potential solutions. Involve all stakeholders in the learning process: training on new skills, exchange visits among project sites, round table conferences, monitoring and review workshops, and study visits to instructive projects.
3. **Engagement with and involvement of decision-makers:** seek engagement with decision-makers at higher levels. Find sympathisers at provincial, regional and national levels, invite them to visit project sites and learn from partners in the field. Organise national and international study tours for both influential higher level decision-makers and local partners to learn from experience in other countries.
4. **Develop and disseminate a knowledge base:** monitor, evaluate and research interventions to identify lessons learned, what works and what does not work. Use participatory methods so that local partners and beneficiaries also learn. Publish results in reports, student theses, and online forums. Organise meetings, conferences and workshops where decision-makers and project implementers exchange experience, views and future plans.

“Every child has a right to education. Disabled children need and deserve educational opportunities as much as others do.”



5. **Involve media:** involve local and national media - press, television, film - to demonstrate successful strategies to both decision-makers and communities and other implementers.
6. **Attend policy-influencing meetings at higher levels:** join provincial, national, international meetings, working groups, task forces and committees to contribute to new policy formulation and programme design.
7. **Monitor implementation of policy in practice:** contribute feedback on lessons learned during implementation to policy-makers, to improve policy formulation and revision and to strengthen implementation.

These steps will be illustrated in a detailed description of how MCNV advocated to promote the concept of the Support Centre for Development of Inclusive Education.

“Clearly, more effort is needed to prevent childhood disabilities, but for those children born with a disability, more effort is needed to provide early and better care and to protect their rights.”

Background on disability and education for children with disability in Vietnam

The 2009 Population and Housing Census recorded 6.1 million people aged 5 and older (7.8% of the population) living with different types and severities of disabilities¹². The estimated number of children with disabilities is 1.2 million (UNICEF, 2009)³. The causes of disabilities among children are reported as: 1) congenital: 55.1%, 2) disease: 29.1%, 3) accidents and injuries: 3.6%, and 4) others: 5.9%, resulting from malnutrition, inadequate prenatal and postnatal care, lack of medical treatment and rehabilitation, and over-prescription of some drugs⁴. Clearly, more effort is needed to prevent childhood disabilities, but for those children born with a disability, more effort is needed to provide early and better care and to protect their rights.

Vietnam signed the UN Conventions on the Rights of the Child and on the Rights of Persons with Disabilities in 2010. The Constitution of the Socialist Republic of Vietnam 1992, revised in 2013, states “The State and society shall create the necessary conditions for handicapped children to enjoy appropriate education and vocational training.”⁵

Following that, many specific legislative documents and action plans by different Ministries have been issued. At national level, education is guaranteed by the Universalisation of Primary Education Act (2002), the Education Law (2005), the National Education for All Action Plan (2003 – 2015), the Education Development Strategic Plan 2011-2020, and the Law on Persons with Disabilities (National Assembly, 2010). All of these officially guarantee education for all children, including CWD. However, the challenge is implementation, partly because of limitations in resources but also because Vietnam had no official approach to provide education to CWD.



“In Vietnam, the concept and practice of inclusive education have steadily gained importance.”

Special education: a traditional approach

As elsewhere in Southeast Asia, Vietnam built a network of ‘special schools’ mandated and prepared to provide services for a group of children with only one type of disability, for example, hearing impairment. Children in that province with other types of disabilities such as visual impairment, Down’s syndrome or intellectual disabilities, are excluded. These special schools offer primary education for children 7 to 17 years, as a boarding school, then the children return to their families. Educating pupils in the school, separated from their families and peers for several years, reduces social inclusion. Special schools have been too focused on their special children, and unaware of the needs of the families or the community.

Inclusive Education: recent development in Vietnam’s educational policy

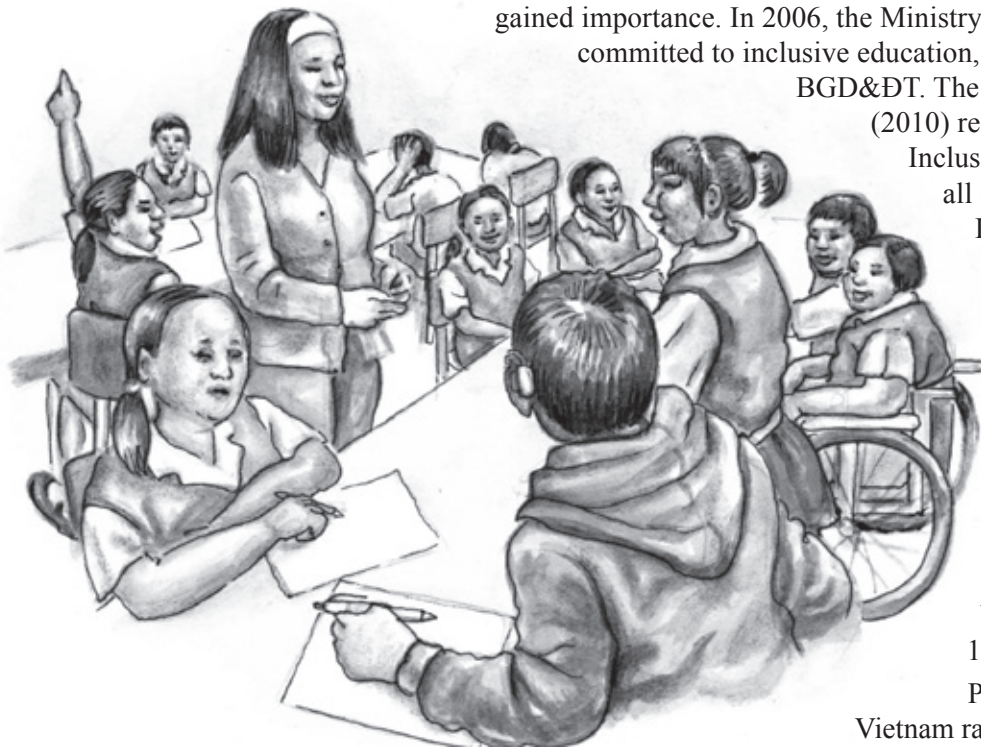
A more appropriate approach is ‘inclusive education’. The UNESCO Salamanca Framework for Action (UNESCO, 1994) explains the principle of the inclusive school: all children should learn together, wherever possible, regardless of any difficulties or differences. Inclusive schools recognise and respond to the diverse needs of students, accommodating different styles and rates of learning and ensuring the best available quality education to all, through appropriate curricula, organisational arrangements, teaching strategies, and partnerships with communities. They provide a continuum of support and services to match the continuum of special needs encountered in every school⁶.

In Vietnam, the concept and practice of inclusive education have steadily gained importance. In 2006, the Ministry of Education and Training (MoET) committed to inclusive education, issuing Decision No. 23/QĐ-BGD&ĐT. The Law on Persons with Disabilities (2010) reconfirmed this commitment.

Inclusive education is now approved for all 64 provinces and cities nationwide.

Increasing CWD enrolment helps meet the Education for All and the Millennium Development Goals globally, and the Education Development Strategic Plan nationally, and is therefore politically important. However, despite many efforts, educational inclusion is still limited in both quality and coverage. Close to 37% of adults with disabilities in Vietnam are illiterate, compared to 10% for the population.

Primary school enrolment rates in Vietnam rank above the global average, with 95% of children enrolled⁷, resulting in a child literacy rate of 99%⁸, but literacy among CWD is only 40%⁹. In the school year 2009-2010, the drop-out rate among children without disabilities was 0.5% (MoET¹⁰), while for CWD it was 32.9%¹¹. Limited budgets, inadequate human resources, inaccessible schools, rigid curricula, and an ineffective policy system are the main obstacles to inclusive education.



Support Centres for the Development of Inclusive Education of Children with Disabilities: MCNV's significant contribution to policy change based on good practice

To enable the implementation of inclusive education, sufficient qualified support needs to be available to teachers and schools, to families and to children. A key strategy to provide that support is through provincial 'resource centres' (now called "Support Centres for the Development of Inclusive Education for CWD"). These centres function very differently from the special schools. Support Centres provide three features that were not available in the special schools system. The first is a service for early detection and early intervention, to identify and help children with disabilities up to 6 years old, which was not touched at all in the special schools. The second is reducing the time to board at the centres from 7-10 years to 1-2 years; the boarding period in the Support Centre prepares the child to return to the home community to attend a mainstream school. Third is the link between the Support Centre and the communities; the Centre provides counselling and support for parents, teachers and other people dealing with disability. The idea was initiated ten years ago in discussions between MoET and MCNV, where MCNV provided both a strong voice and practical support to the actions needed to make it become a reality.

Now the model of Support Centres is officially approved, after significant contributions from MCNV. The main strategy of advocacy and lobbying to make this change was to demonstrate how model Support Centres in provinces can work, collecting and sharing evidence of good practices. MCNV also collaborated with MoET to use the lessons from the provinces to lobby for policy formulation. The process of advocacy and lobby to promote the model of Support Centres will be described based on the above-mentioned MCNV seven-step approach.

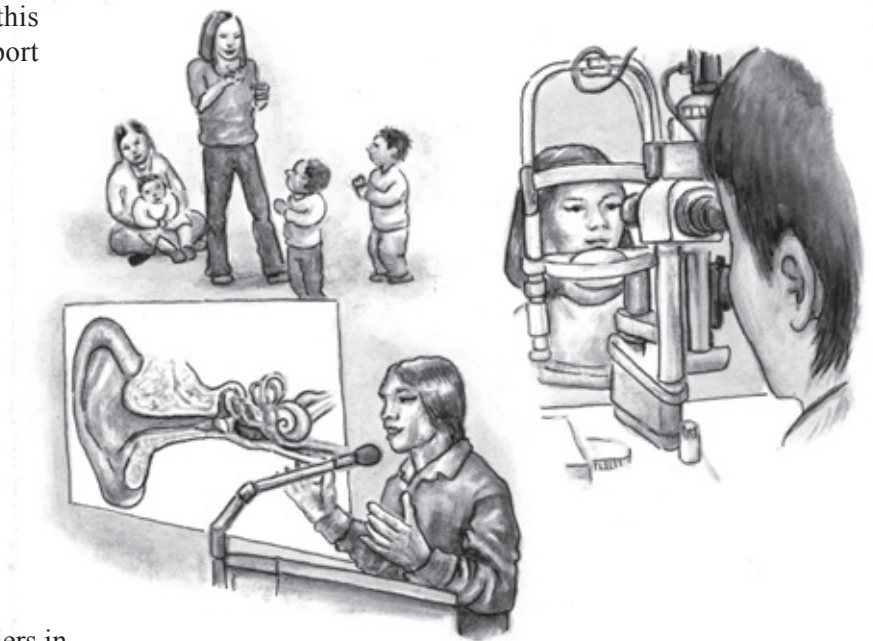
1) Identify problems and solutions

To start the program, MCNV first supported MoET to organise a consultative workshop to analyse the situation of inclusive education in Vietnam. National and international experts discussed the main barriers in the quality and coverage of inclusive education, especially in rural areas. Two main factors identified were:

- (i) teachers were not trained to have sufficient knowledge and skills to work with CWD, and
- (ii) CWD too often start attending school too late, making it very difficult for them to learn.

One key question was how to support capacity development for local teachers to ensure the coverage and quality of inclusive education. International experts introduced a model of a "resource centre" with examples of success in Africa, which was adapted to a model suitable for the Vietnamese context.

"The main strategy of advocacy and lobbying to make this change was to demonstrate how model Support Centres in provinces can work, collecting and sharing evidence of good practices."



2) Implement and monitor a pilot programme or model

“Learning from previous experience, MCNV supported learning through exposure visits, workshops, meetings, and training courses for the target groups of teachers, education managers, and provincial leaders.”

MCNV provided financial and technical support to three Support Centres in the provinces of Dak Lak (Central Highlands), Cao Bang (Northern Mountains) and Phu Yen (Southern Coast). The first investments were in Dak Lak and Cao Bang, with two different strategies to establish Support Centres. Phu Yen Support Centre was established two years ago, based on lessons learned in Cao Bang and Dak Lak. When MCNV started with the partners in Dak Lak and Cao Bang, there were no guidelines, supporting documents, or examples in Vietnam. To facilitate progress and in the interest of sustainability, MCNV worked closely with the National Steering Committee on Education for Children with Disability, of MoET, to pilot the model.

In Dak Lak, MCNV worked with the Provincial Department of Education and Training of Dak Lak to change the existing ‘Hy Vong Special School’ into a Support Centre. This special school was established in 1998 to provide primary education for children with hearing impairment. They stayed up to 10 years, then left to enter the world. MCNV’s support focused on the gradual transition from a special school to a Support Centre, to show education policy makers at national and provincial levels that that change would benefit more children with more varied disabilities. Cao Bang province had no special school, so MCNV worked with the Provincial People’s Committee and Department of Education and Training to develop a new Support Centre, skipping the stage of special school.

For both Dak Lak and Cao Bang, systemic capacity development was directed at the levels of individual, organisation and institution/system. Teachers, school managers, and experts of national education institutes and the MoET all learned new knowledge and skills from training courses, workshops, meetings, awareness raising events, and exchange visits within Vietnam and to Thailand. International experts worked with local experts to develop a ‘Manual for the Development of a Support Centre in the Vietnamese Context’, which describes the structures and organisation, management models, functions and mandates of the Centre, as well as job descriptions for each staff position, and required finances.

A key aspect to demonstrating the advantages of the Support Centre model was for MCNV to provide sufficient technical support to provincial partners. Three MCNV staff with degrees and experience in disability and education satisfied that need, along with international consultants from the Netherlands, the UK, and India.

Since 2011, Phu Yen receives MCNV support to develop a Support Centre, although MCNV has worked with their Department of Education and Training since 2008. First the good practices from Dak Lak and Cao Bang on early intervention were applied. Early on, MCNV suggested changing the Niem Vui Special School there into a Support Centre. Learning from previous experience, MCNV supported learning through exposure visits, workshops, meetings, and training courses for the target groups of teachers, education managers, and provincial leaders. Teachers were prepared for the new

approach with a series of training courses for new knowledge and skills.



Other activities secured the necessary political support from the line departments and the local authorities. Leaders of the Phu Yen Department of Education and Training and especially of the People's Committee (political leaders) learned about the model in five workshops plus visits to Dak Lak and Cao Bang to see how Support Centres work. MCNV also invited key experts from national level to inform local leaders about the possibility of a Phu Yen Support Centre. Finally, on 01/01/2013, the People's Committee of Phu Yen province issued a Decision to transform Niem Vui Special School into the Provincial Support Centre for the Development of Inclusive Education. Like the Centres in Dak Lak and Cao Bang, the Phu Yen Support Centre is run completely on Government resources.

Achievements in project provinces

The Hy Vong Special School in Dak Lak changed officially into a Support Centre in 2007. The one in Cao Bang was also completed in 2007. In Phu Yen, the Support Centre opened in 2013. All three centres now offer all functions of Support Centres, as part of the national education system, with all running costs and human resources provided by government budgets. The results, for CWD, are shown in Figure 1.

Figure 1: CWD receiving Early Intervention (EI) and Inclusive Education (IE)

Year	Dak Lak		Cao Bang		Phu Yen	
	EI	Support IE	EI	Support IE	EI	Support IE
2008	14	138	28	0	0	0
2009	36	143	35	38	11	0
2010	48	245	28	40	15	5
2011	46	356	32	137	33	18
2012	48	461	26	155	37	29
2013	55	556	28	222	52	42
2014	62	652	23	239	57	55



“MCNV facilitated exchange visits and study tours for MoET and provincial Department of Education and Training, which encouraged policy-makers to realise the potential of the Support Centre model.”

3) Seek engagement with decision makers at higher levels and involve them in learning

MCNV not only involved decision-makers at provincial level in capacity-development activities, but also paid special attention to changing ideas of decision-makers at national level. MCNV facilitated exchange visits and study tours for MoET and provincial Department of Education and Training, which encouraged policy-makers to realise the potential of the Support Centre model. Mixed groups of researchers, policy-makers and practitioners learned about the experience in Thailand during two study visits. Key persons in the Department of Primary Education, MoET, in charge of education policy for CWD, attended international workshops on Inclusive Education and learned about success in other countries.

MCNV especially involved MoET staff in field visits, to see the model applied in the context of Vietnam. Three key experts from the Institution for Research on Education for CWD and two from MoET became advocates after joining the monitoring team for the pilots in three provinces.

4) Develop a knowledge base

To document evidence, MCNV worked with MoET on research to evaluate the results of changing a special school into a Support Centre, to look for changes in education for CWD and in the community. A team of national experts conducted the research and shared the results in a national consultation workshop. Bottlenecks and limitations were reported, but the evaluation concluded that the change was highly suitable and greatly needed in Vietnam: *“Despite many challenges, the establishment and development of Support Centres is a big step in the process of developing inclusive education for children with disabilities in Vietnam. The first step represents the wishes of implementing care and education in educational institutions/special schools for children with disabilities. It is time for legislation to guide construction and development of Support Centres for the Development of Inclusive Education for CWD to be issued and enacted.”* (MoET, 2007)

5) Involve media

The research results were disseminated at two national workshops, one for Northern and one for Southern provinces, attended by provincial education managers, MoET staff, university researchers, education and teacher training institutions. They were widely reported in national media, both press and television. The workshops made the Support Centres in Dak Lak and Cao Bang famous; since the workshops were held, they regularly receive guests from other provinces wishing to learn how it could be done.

6) Attend policy influencing meetings at higher levels

With this positive evaluation, MoET sent an official letter to all provinces to encourage all Departments of Education and Training to change special schools into Support Centres, or to build new ones. This was a “temporary” policy preceding an official policy for Support Centres, once the National Law on Disability could provide a legal framework. Once that was effective (in 2011), MoET began to develop an official Circular as a guideline on how to establish, organise and manage a Support Centre. MCNV provided technical support for MoET to develop the Circular and strongly convinced MoET to invite MCNV’s provincial partners to join in drafting it to contribute their experience.



One workshop in Dak Lak, with key persons from MoET and educational managers, developed a draft version of the Circular; it included a field visit to see how the Support Centre is organised and works with communities. In this period MCNV linked MoET and the provincial partners and provided enabling condition for exchange and consultation. MCNV also lobbied with the few other international organisations working in inclusive education to promote a similar approach in their programs, during national-level meetings of working groups, and they responded positively, creating additional support to MoET to implement the model.

These efforts contributed to the success of the process of advocacy and lobbying for inclusive education and Support Centres. MoET and other Ministries issued Circular No. 58/2012/TTLT-BGDĐT-BLĐT BXH, mandating Support Centres to provide refresher training in disability, education curricula, early intervention, counselling, and support for education for CWD. The network of Support Centres expands the availability of inclusive education.

“A key instrument is learning by the national level from the experience in the community. Involving Ministry level partners in research promotes ownership of results and use of evidence in policy formulation or adjustment.”

7) Monitor implementation of policy in practice

As the Circular was issued rather recently, monitoring of its implementation and impact is just beginning. However, at least two new Support Centres are being established. With an official policy, MCNV could complete the Support Centres in its project province and plan advocacy and lobby with other provinces. MCNV agreed to support MoET to review the impacts of the Circular in future.

Conclusions

MCNV works with local partners to develop an education system that supports all CWD. Most of MCNV’s work is capacity development, combined with lobby and advocacy for to change policy, for sustainability. The following main lessons on influencing policy have been learnt.

1. Children with disabilities face difficulties in exercising their rights and accessing services as legislated in laws and policy papers, if policies are not translated into practical activities implemented in communities.
2. The Support Centre for the Development of Inclusive Education for CWD was an innovative way to support CWD, especially in rural areas. A national policy framework was a critical step in development of the new inclusive school system.
3. Effective lobbying and advocacy must be based on good practice and real examples of a successful approach. A key instrument is learning by the national level from the experience in the community. Involving Ministry level partners in research promotes ownership of results and use of evidence in policy formulation or adjustment.
4. Bottom-up activities such as exposure visits, on-the-job communication, and good practical examples have proven to be an effective form of lobbying and advocacy.
5. lobbying and advocacy is time-consuming and must be explicitly included in programme plans.
6. It is important to pay attention to lobbying and advocacy at provincial and lower levels to have an effect on formulation and implementation of national level laws and programmes.



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Beyond Honey from Heaven...

How deep-seated dependency and passivity was transformed

— by Ron Marchand, MCNV, Vietnam office

“In the past the people in my village were passive and dependent (“trong chờ ý lại”). We thought that the government had a duty to support us because we were poor ethnic minorities. When support came, we happily accepted it as ‘honey from heaven’ but without any idea that we could use it to escape our natural state of poverty.

Then one day, the MCNV programme came to our village. It helped with many things; teaching us how to make plans, training us in techniques, and how to organise a village support group, which I joined. This was the first time we could learn new things and see models in other provinces during our learning exchanges. I started to wonder why people in other areas were doing so well, but not us. Back home I decided to tell our people about what I had seen and realised that whatever we wanted to try out, I should be the first to show the example. In the beginning nobody listened but gradually they followed, mobilising themselves to overcome their poverty, no longer remaining passive and dependent but taking steps to go forward!”

— Mrs Cao thị Tuyết Nhung

This case study on MCNV’s programme, to improve economic development among poor ethnic minority farmers in a mountainous area of Vietnam, is based on reflections and dialogue between two persons deeply engaged with this programme. It focuses on how and why the inhabitants of Ca Hon village initiated and then became successful in rearing white (European) pigs, an income generating activity that thus far had not been regarded as suitable for them. We examine what was important for the people in achieving their goals and how, through this, they included themselves in the economic development of the country.



The Raglai People of South-Central Vietnam

The *Raglai* are an ethnic minority group of about 130,000 people living in three south-central coastal provinces of Vietnam (Binh Thuan, Ninh Thuan and Khanh Hoa). After the end of the American War in 1975 the Raglai, like many other ethnic minorities, were re-settled in government-assigned villages in the valleys and lower lands. While this promised them better access to governmental services, especially education and health care, the transition also brought new hardships and challenges, such as; land that was unsuitable for their traditional 'swidden' agriculture systems and having to live under a State administration system and laws that were still alien to them. In addition, they had to live closer together, in direct competition with the majority Vietnamese and other ethnic groups who were better adapted to this situation.

The Raglai people have been somewhat resistant to the many modernising governmental poverty alleviation programmes, which often involved handouts such as rice distribution when they were hungry. This was customarily attributed (by government staff as well as Raglai people themselves) to their 'passivity and dependency' as well as a 'lack of self-confidence' and 'backward habits'.

The MCNV approach was able to break these attitudes and support positive changes by the Raglai themselves.

This case study zooms in on what happened in one of the 31 villages, called 'Ca Hon', to understand what really happened and draw some learnings of generic interest.

The situation before

In Ca Hon many households kept a few chickens and their traditional 'black pigs' around their houses, mainly for own consumption and sharing in the village during celebrations. Both kinds of animals frequently suffer from diseases and, in response, the MCNV programme in the past had mostly focused on improving disease management, through veterinary trainings and the introduction of vaccination.

Meanwhile, several Vietnamese (Kinh) farmers in surrounding communes were doing very well with the rearing of "white pigs" (originally imported from Europe). This livelihood possibility had always been regarded as less suitable for the local ethnic farmers, also by themselves, because it needed investment in good stables and required much more daily care than their traditional 'Black pigs'. Most of the farmers were engaged in a variety of livelihood activities, among which the cultivation of cassava and maize on their sloping lands, often far from their village homes, took priority, so they could not afford to spend much time on white pig rearing.

Then one day, early in 2013, Mrs. Cao thi Tuyet Nhung, head of the Ca Hon Village Support Group, was talking with one of MCNV's agronomists, Mr. Vo van Huynh, and suddenly exclaimed: "*Why can't our people rear white pigs?!*"



The situation after

Jump forward two years later and we see twenty-five families in Ca Hon rearing white pigs successfully, for at least two cycles per year. All have paid back their initial loans.

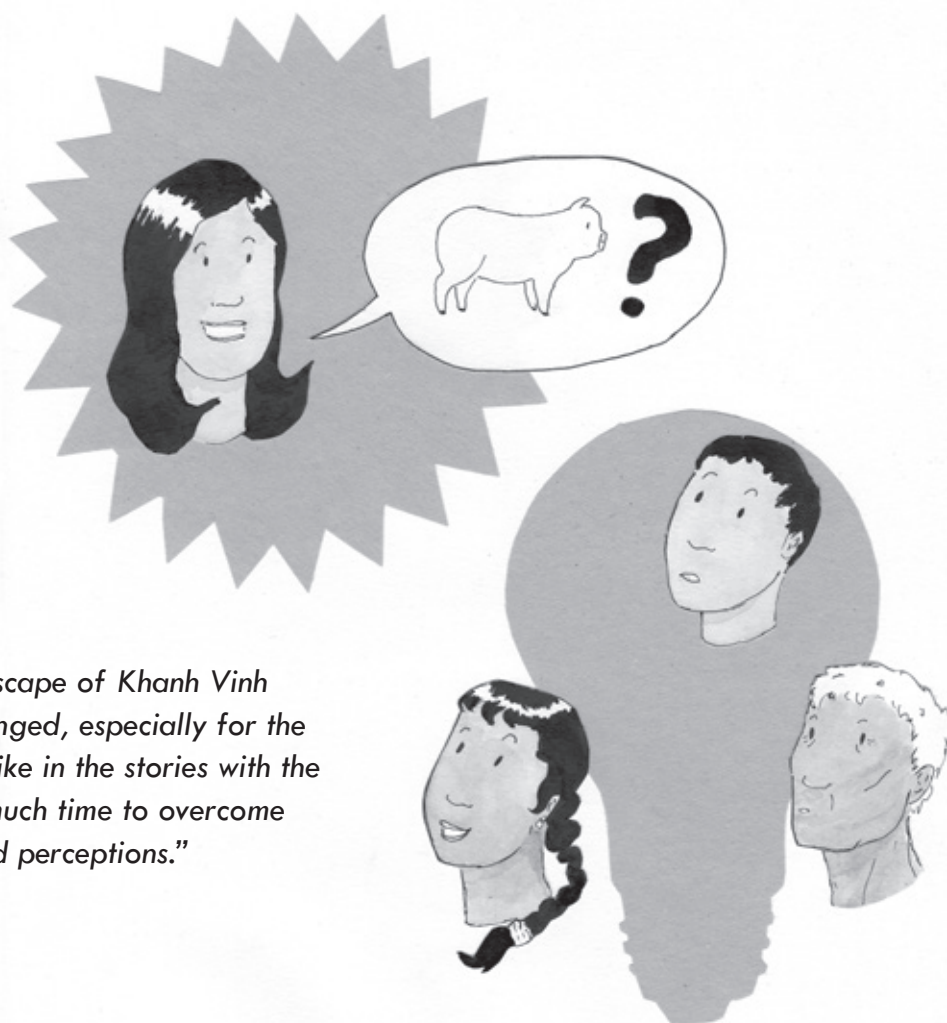
Mrs. Nhung says: *“Most of them had been stuck for many years doing this or that, without any progress in their household economy. Now see the success of Mrs. Cao thi Bong! She was always so poor and now she can easily take care of herself and her three children. And she can plan a long time in advance. For example, she keeps her Acacia trees growing, not selling them too soon, because she knows she will need that money much more in two year’s time, when her daughter graduates and has to find a job as a teacher. In the past people did not really imagine that it was possible to escape poverty by their own actions. Now they understand how they can, step-by-step, improve their situation by saving and taking care of their pigs every day. Also, they learned to maintain good contacts with different buyers outside the village, so that they can get the correct market price.”*

Their success is radiating outwards: the neighbouring village, Ba Dui, has asked the programme to help them start with white pig rearing too. After having seen the success in Ca Hon, they are sure that they can achieve the same.

In other villages there are similar success stories with other income generating activities, especially with fruit cultivation and gardening. The economic landscape of Khanh Vinh has now deeply changed, especially for the ethnic farmers, but like in the stories with the white pigs, it took much time to overcome ingrained habits and perceptions.

“Now see the success of Mrs. Cao thi Bong! She was always so poor and now she can easily take care of herself and her three children. And she can plan a long time in advance.”

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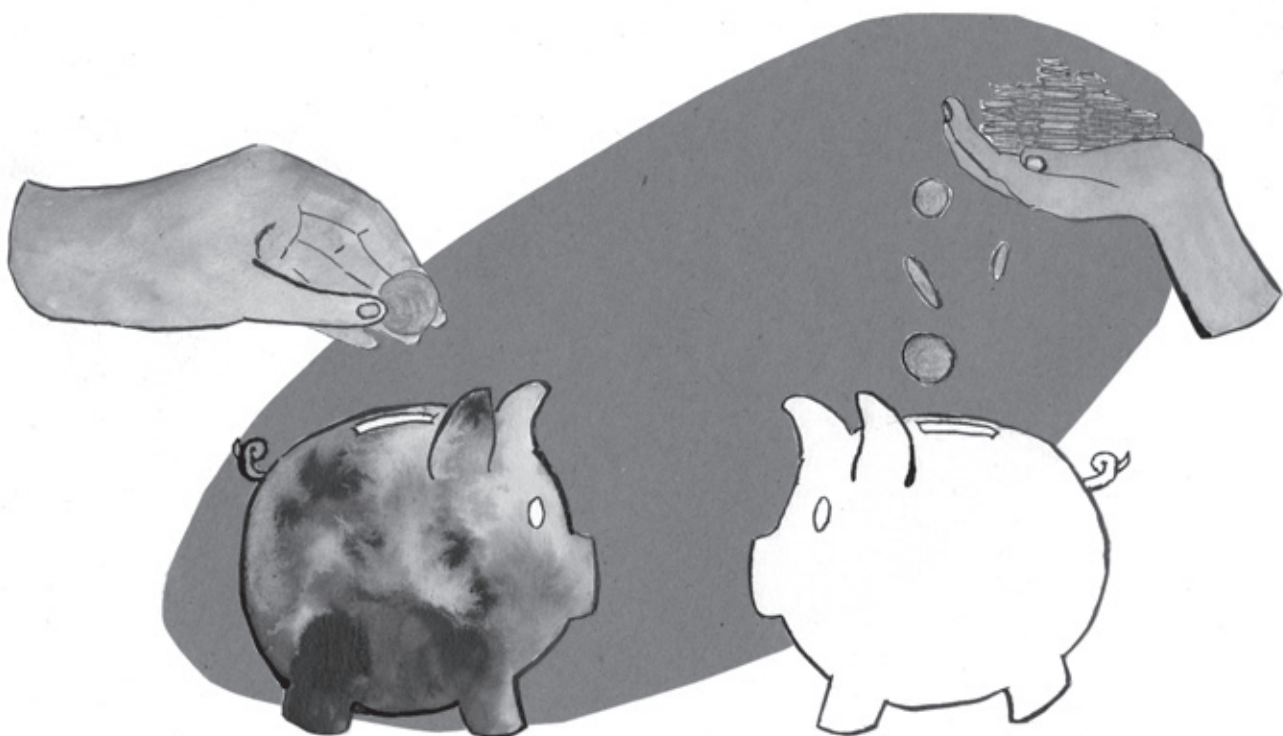
The MCNV approach

“MCNV’s Community Managed Health & Livelihood Development is rooted in the ‘Sustainable Livelihood Approach’ (SLA) which focuses on encouraging and facilitating villagers to analyse their own livelihood situation and then design ‘Village Development Plans’, which they themselves organise, implement, monitor and evaluate in yearly cycles.”

MCNV’s Community Managed Health & Livelihood Development is rooted in the ‘Sustainable Livelihood Approach’ (SLA) which focuses on encouraging and facilitating villagers to analyse their own livelihood situation and then design ‘Village Development Plans’, which they themselves organise, implement, monitor and evaluate in yearly cycles. The initial Participatory Rural Appraisals were, as a whole, analysed and interpreted by the district government partners and the project managers of MCNV to devise an overall programme strategy. It was concluded that the ethnic farmers lacked technical knowledge, capital and the self-confidence to explore new livelihoods. Providing this kind of local development environment was expected to gradually increase people’s confidence and knowledge, their ability to learn, their agency and active participation, thereby reducing ‘dependency and passivity’.

Villages were chosen as main ‘units’ in the programme. In each, a Village Support Group was created out of an elected Village Leader, the (already existing) Village Health Worker, a Village Extension Worker and a person trained in basic bookkeeping for administering the Village Development Fund. The programme also had a ‘local network’ of Commune Support groups and a District Support group. These groups composed of representatives of the health and agricultural services, the Red Cross Association, Women’s and Farmer’s Unions, all of which also have their own members/networks in the Communes. These people were involved in facilitating the PRA’s, monitoring, coaching and advising, together with MCNV staff, promoting and raising the skills of local government staff in participatory methods.

The secondary unit was *households*, but the programme stimulated households to cooperate together in “Common Interest Groups”, consisting of between 5 and 15 households that could apply for micro-loan support and specific training in their preferred income generating activities.



What happened in Ca Hon village?

Mrs. Nhung relates:

“We proposed that MCNV would give us training in White Pig rearing with the aim to get quicker returns of investment of four months per cycle. The training was both technical and how to operate the finances. Unlike with traditional Black pigs, white pigs need a pigsty, with enough water and special care for their hygiene, as there is a higher risk of disease outbreaks. Therefore, right after the training, which was followed by 25 households, people were still afraid to borrow money and try it out.

Then Mrs. Tham and I decided to try out white pig rearing for ourselves first. This was fortunately successful, and the second litter also gave the desired results. After that ten people enthusiastically signed up to the White Pig Interest group and got a loan of 7 million dvn each.

However, when we started with the Pig rearing group, we took more care than before to select people who had the right conditions (water, food, labour) and characteristics (hardworking; able to bear difficulties). To prove this, they had to first build the stable by themselves!”

The process was not always smooth. Programme staff noted that the peer pressure concept in paying back loans did not work. Even when pay-back defaults negatively affected others, loans were still not paid back.

Mrs. Nhung explains:

“Before, we just lived our lives in cycles, like a clock, every day the same. Sometimes we are lucky, and sometimes we are unlucky, like with the weather. We accepted our poverty, unable to do what others were doing. For us that was just the way it was.

Our old attitude and beliefs say that when someone is unlucky, that is just her fate, she has to accept it, not burden other people with that, because the others are also poor. The project’s support was like ‘honey from the heaven’ and those who got it first were lucky. You don’t blame people because they are luckier than yourself. There was also the idea that the project would be temporary, that we should be happy and make use of it while it lasted. After the project stopped the situation would return to the old conditions again. Not only we, but also government staff, thought like that.

It took quite some time for some to change, but then they saw local people like us becoming successful.

All of the first ten people paid back their loans so that the fund could be used by others to start up. Now we have 25 families rearing white pigs, and nobody in the village still rears black pigs. But the biggest change was that people, for the first time, understood that they could help themselves to overcome poverty; they are not passive and dependent anymore.”

Good leadership and a close-knit community was in itself not sufficient. The attitude of “passivity and dependence” has for long been a barrier to develop a sense of aspiration and what we could call ‘entrepreneurship’. As this phenomenon also occurs in the other ethnic communities in the area, it is important to analyse and understand its origins.

“It took quite some time for some to change, but most importantly I think was that they saw local people like us becoming successful.”

“The attitude of “passivity and dependence” has for long been a barrier to develop a sense of aspiration and what we could call ‘entrepreneurship’.”



Where did the ‘passive and dependent’ (“trong chờ ỷ lại”) attitude come from?

In 2007 the MCNV programme organised a mission by an anthropologist (Dr. Alessandra Chiricosta) who wrote in her report:

“Thought to be ashamed of their own traditions, ethnic minority people appear less confident in their capability and in the opportunity to raise ideas different from the “common sense” proposed by the majority. This so-called “passivity” is shown mainly in the relations with Kinh people, authorities, [and] foreigners... Therefore, concrete actions targeted at enhancing their self esteem as ethnic group could be, in long times, successful.”

The standard explanation is that people have become ‘passive and dependent’ “because the government always gives free hand-outs” and perhaps the way this support was given did not help them to substantially uplift their economic situation, rather it reinforced their dependency and sense of failure.

But, it is also possible that “passive and dependent” matched the cultural-psychological belief system they already possessed when living as subsistence farmers in the forests (‘Raglai’ means ‘Forest People’). A life dominated by nature, which gives and takes, where all have in principle equal chances and where sharing was limited to kinship groups. As told by the few elders who still can remember that time, the Raglai lived scattered throughout the forest in small family clusters, without a governance structure above the household or family group level. Their isolation and survival in endless cycles of cultivation would not be conducive to a sense of progress over time, let alone ‘development’, living as a part of nature, rather than striving to rise above it.

If so, this is not likely to have always been the case. Even allowing for the big disturbances during the 20th century Wars and having been re-settled in villages in the valleys afterwards, it is remarkable that the Raglai in Khanh Vinh seem to have lost much of the visible expressions of their cultural heritage. The older people do remember their festivals and ceremonies but these have not been performed for a while and younger generations have never witnessed them. Other Raglai communities, in Ninh Thuan province, have preserved more of their culture.



What lessons were learnt

General Lessons

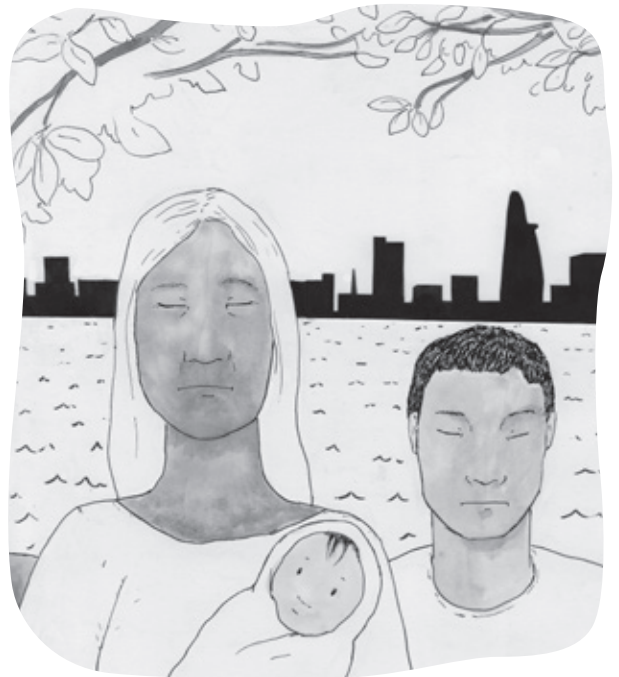
1. **Role models can be key to helping others re-examine their fears and doubts.** Nhung: *“We had to change our assumption that the first 10 people (households) trained would sign up to start right away. We had to give them more time and let it be tried out by some people first. Only after seeing the results in practice, others followed.”*

We may assume that people do not have the will to change their ways, but often the problem is that their will is blocked by fears and self-doubts, which, if lifted, enables them to become interested and active.

2. **Don't be naïve about social engineering. There will always be people 'left behind' to begin with, because of their attitude or lack of readiness.** The Village Support Group decided not to sign up just anyone who applied. If they lacked the right conditions for success, for example: lack of land/time/water; already too busy with cattle or other things; if they drank excessively or were otherwise known to find it hard to learn new skills, they were not accepted. The system by which the Village Support Group could decide which villagers could join this new activity, worked very well.

Eventually everyone in the village did join, but it was important that the conditions helped to cultivate agency and responsibility.

3. **Creating good relationships with 'outsiders' (veterinarians, traders) can break down cultural barriers and needs behaviour change.** The simple process of encouraging isolated and marginalised people to engage with the outside world through social or economic activities can assist in broadening and opening minds.



4. **A programme's 'span of control' and the predictability, as well as replicability of outcomes are always limited. Give credit where credit is due.** While the programme created some of the necessary opportunities, it was always the people's own decision, and thereby achievement, to adopt them. Some important factors, like the quality of local leadership and the presence of inspiring members in a community, are beyond the sphere of influence of a programme. However, a programme can create the conditions to let more of such people blossom. Yet, it remains difficult to see how the programme could have made certain changes happen sooner, more frequently or more surely. "The penny dropped" is a Dutch expression to describe the situation when one can talk and explain, preach and repeat for a long time without any effect until suddenly, at an unexpected moment, people see what you mean and start to change.
5. **It is almost impossible to change market structures, as was tried here for black pigs. The intervention has to adapt itself to the market, not the other way around.** A study in Mali supports this: A Dutch PhD student (Ellen Mangnus) recently studied the functioning of informal market chains in Mali, where Dutch development programmes had promoted/supported cooperations between farmers and traders' associations. These did not work, and broke down as soon as the project stopped its inputs. The co-ops did not fit in the reality of existing cooperation in market systems which were complex and based on historically grown networks of trust, kin and friendship. She found it difficult to give recommendations on how development programmes could make these trade systems/value chains more effective.

Our programme experienced the same when trying to improve market access for products of ethnic farmers. It was virtually impossible to compete with the complex networks of local traders, which always run harder than anything we could organise, had more inside information (which is naturally not easily shared: asymmetrical information = profit) and which can instantly react to changes in the market.

It has been proven very difficult for outsiders to influence indigenous preferences and market trading systems.

Lessons about working with ethnic minorities



- 1. The influence of certain beliefs/mental conceptions is often underestimated.** The “passive and dependent” attitude proved to be a much bigger barrier to the development of the ‘ability to aspire’ and the possibility of change among the target group than expected. To work through these barriers with ethnic minorities needs patience, the right scale and a step-by-step approach.
- 2. Among the beneficiaries, deep knowledge about the people’s awareness about the purpose of the programme and their capabilities is needed.** Ms Nhung compared this with: “*filling a vase with water without knowing how big the vase is, nor whether there are any holes in the bottom...*” Understanding people’s barriers and resourcefulness takes time and observation.
- 3. We must be careful not to impose savings and loan recipes or models that are not culturally appropriate.** Many models are based on the assumption that loan groups would internally exert enough peer pressure on members to pay back their loans and that other people, waiting to get a loan from the fund, would push existing loan-takers to pay back in time. Other approaches may need to be found to motivate repayment.
- 4. It is often underestimated how both the target groups and part of the local government staff perceive “NGO projects” as ‘charity’ – just providing some temporary relief, ‘Honey from Heaven’, rather than as a contribution to self-development.** As relationships are being built from the beginning, this needs to be explained, repeatedly, until it is well-understood, ensuring that expectations are equalised as soon as possible.
- 5. Passivity and self-exclusion are not a given cultural or ethnic trait but have historical roots.** Interesting here, and complicating, was the prejudice the programme officer (and author) found in himself. The prejudice was not about the minority, but about what the majority was saying about the minority, itself fed by prejudice. So ‘ethnic passivity’ did exist, but not as a given fact, as described by the majority prejudice, but as something that had developed because of historical reasons and which could therefore change.

“It is often underestimated how both the target groups and part of the local government staff perceive “NGO projects” as ‘charity’ – just providing some temporary relief, ‘Honey from Heaven’, rather than as a contribution to self-development.”





Take Care

Take care of the old
For they have come a long way

Take care of the young
For they have a long way to go

Take care of those in between
For they have the work to do

An African prayer



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