

# » For children worldwide



AG 9:

Transition into (Self) employment;  
Vocational Qualification for People with Disabilities

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## Definitions / Context

Allow me to start my presentation with some reflections concerning the context in which we look at our topic: The transition of persons with disabilities from school education to employment or any kind of income generation. From what we have learned so far I concluded that what we try to achieve is an **Inclusive Society**, i.e. a society which is able to:

- accommodate difference in its whole existing diversity,
- create equal rights for all and
- fulfill different needs without any discrimination.

I also concluded that **Inclusive Development** is a **process** of ensuring that all marginalized/ excluded groups are included in the development process. Hence, we are still on the way to an inclusive society.

We still have to realize that the rights of people with disabilities are violated **in many ways especially when it comes to the chances of children and youth to find their way into the “world of work”**.

In the child rights approach, which Kindernothilfe promotes as a general strategy for project development we talk about the three “P’s” (**P**rovision, **P**rotection and **P**articipation), which have to be considered. With regard to the rights of people with disabilities in general and children and youth in particular we observe under these aspects that :

- **Provision:** needs are not adequately met in terms of education, health, nutrition, shelter, food, water, clothing, play needs etc.
- **Protection:** failed in terms of abuse and violence – physical / sexual, economic exploitation, child labor, insecure living conditions due to war, disaster, etc.
- **Participation:** no participation in decision-making processes in regard to issues that affect their lives. They have few opportunities to meet together and hardly participate in development issues.

Some of the following facts support these statements:

- Still 90% of children with disabilities in developing countries do not attend school, says UNESCO.
- The global literacy rate for adults with disabilities is as low as 3% . For women with disabilities it is only 1%. (UNDP study from 1998)
- In developing countries, 80% to 90% of persons with disabilities in working-age are unemployed, whereas in industrialized countries the figure is between 50% and 70%. *‘Disabled still face hurdles in job market’, The Washington Times, 5 December 2005*
- People with disabilities in general face difficulties in entering the open labor market, but, seen from a gender perspective, men with disabilities **are almost twice as likely** to have jobs than women with disabilities. When women with disabilities have a job, they often experience unequal hiring standards, unequal access to training, unequal access to credit and unequal payment for equal work (IFP/Skills Working Paper No. 14. International Labour Organization 2003).
- Thousands of persons with disabilities have been successful as small business owners, according to the U.S. Department of Labor. The 1990 national census revealed that persons with disabilities have a higher rate of self-employment and small business experience (12.2%) than persons without disabilities (7.8%). The reason that the rate for people with disabilities which are self employed is higher than those without disabilities which roots in the fact that self-employment in the informal economy is often the only economic sector they have access to. The income opportunities for them are, however, not very good and often insecure.

## Vocational Training

Globalisation brought a big change to income and employment opportunities in many countries of the south. Industrialisation has not taken place as expected and the employment opportunities in the formal sector became very rare. Under this aspect Kindernothilfe changed its approach to vocational training as the following policy statement points out:

“For Kindernothilfe, Vocational Training refers to all training activities intended to enable their participants to become self-sufficient on a sustainable basis”.

### Conclusion:

Vocational training in the sense of training for sustainable income is seen as one of the most important elements to sustain a development process. However, it is the intended **development process** which determines the appropriateness of the training intervention and defines both the content and the methodology applied.” (Kindernothilfe Policy Statement on Vocational Training from 2001)

This means all kinds of training and qualification measures which lead to a sustainable income are seen as Vocational training.

## About Kindernothilfe

Allow me in the following to give a short introduction to our organisation. **Kindernothilfe e.V.** is an NGO and was founded in 1959 in order to help children in need in India.

It is today one of the biggest Christian-based child-rights organisations in Europe and supports at present more than 568.000 girls and boys in 1.017 projects in 28 countries in Africa, Asia, Latin America and Eastern Europe.

Special attention is put on "**children at risk**", i.e. children and youth who - besides material poverty - are exposed to further discrimination:



These include especially street children, working children, child soldiers, children affected by HIV/ Aids, sexually abused and exploited children, and **children with disabilities**.

About 7.000 children with disabilities are supported in more than 90 projects at the moment. From a more institutional approach which was common in the early days the majority of the projects are today following the “Community Based Rehabilitation” approach.

Kindernothilfe is not implementing projects itself, but supports local project carriers in the implementation. These carriers are responsible for the planning and implementation of the project interventions. Kindernothilfe’s support covers besides the financial support, capacity building and qualification of the partners. Kindernothilfe is also participating actively in the conceptual dialogue with them.

## Project Examples

Based on two examples of projects supported by Kindernothilfe we would like to show how the process of Inclusive Development for people with disabilities can be supported and empowerment of people can lead to a maximum of independence and self supportiveness. The examples use a completely different approach to achieve that. What can be noted, however, is that the CBR approach is the base or entry point in both cases.

## Example 1: Supporting people with disabilities through the „Self Help Approach”

The first project was developed and is implemented by our Partner St Joseph Development Trust (SJDT) an NGO working in the state of Tamil Nadu in southern India.



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To learn more about SJDT on can visit their web site.

Before coming to the example it is necessary to briefly introduce the Self Help Approach its self:

## The Self Help Approach

### a people's movement for the well-being of their children

The self help approach is a successful instrument for combating poverty in a sustainable way. It empowers the very poor, the majority being women, socially, economically and politically empowering them to live a life of dignity with their children in the community.

The work in and with the groups sets off a number of amazing processes. These are amazing because they are carried out by the very poor themselves because, in contrast to other development aid approaches, the group members receive no material help. After all, they do not want to live on alms. Instead, as a result of capacity building and the mutual support the members receive in the group, the very poor are empowered to take control of their own lives. Everything the women learn in the groups has a direct positive effect on their children. They go to school, are nourished better, are healthier and they live in peaceful environs. It was particularly the great benefits for the children of self-help group members that persuaded Kindernothilfe to support this approach. Since 2002 Kindernothilfe has supported self help groups in Rwanda, Uganda, Kenya, Ethiopia, South Africa Burundi, Zambia and Swaziland. In the meantime there are 7.683 groups with 153.451 members and 459.827 children (October 2008). The strength of the self-help approach is in the number of members and the number of groups. A high number of groups and large numbers of people give impulses for political changes which allow the structural causes of poverty to be tackled. Thus, long-term development becomes possible.

Usually Self Help Groups (SHGs) are women's groups. The approach means mobilizing groups with no agenda except by

- bringing them together
- helping them to understand their rights
- realizing their potential for development and collective action
- thus opening the minds of the group members to realize their full potential

### Self Help Groups have the potential to:

- explore approaches to participation
- fight causes of poverty like:
  - Social differentiation
  - Social exclusion
  - Political marginalisation
  - No access to social, economic and political resources, specially for women, children and minorities
  - Imbalances of power, injustice and inequity structures

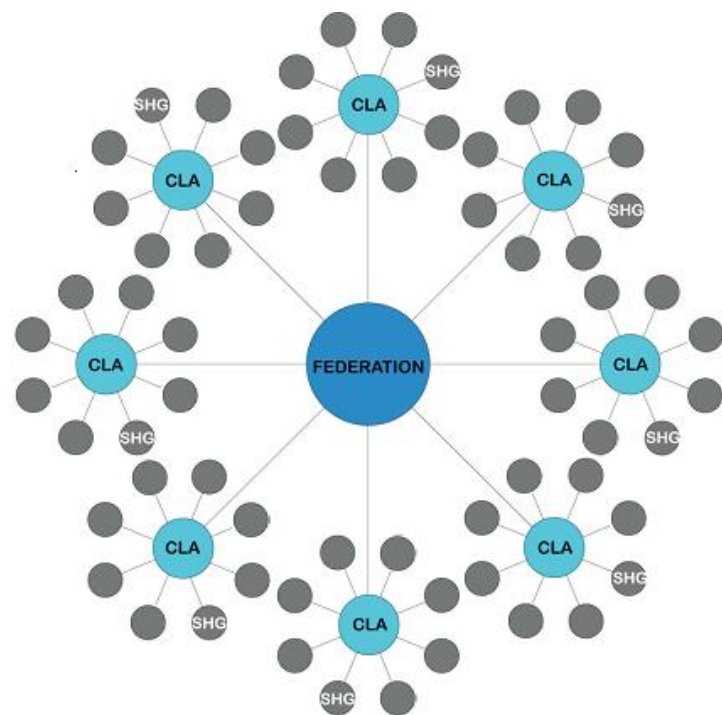
**This applies to people without and with disabilities in the same way !**

### Self Help Groups are organized in

Cluster Level Associations (CLA)

and

Federations



### People with disabilities can participate in the SHG Approach as

- Members of Self Help Groups; inclusion within the group
- Form their own Self Help group; i.e. inclusion is realized on cluster level

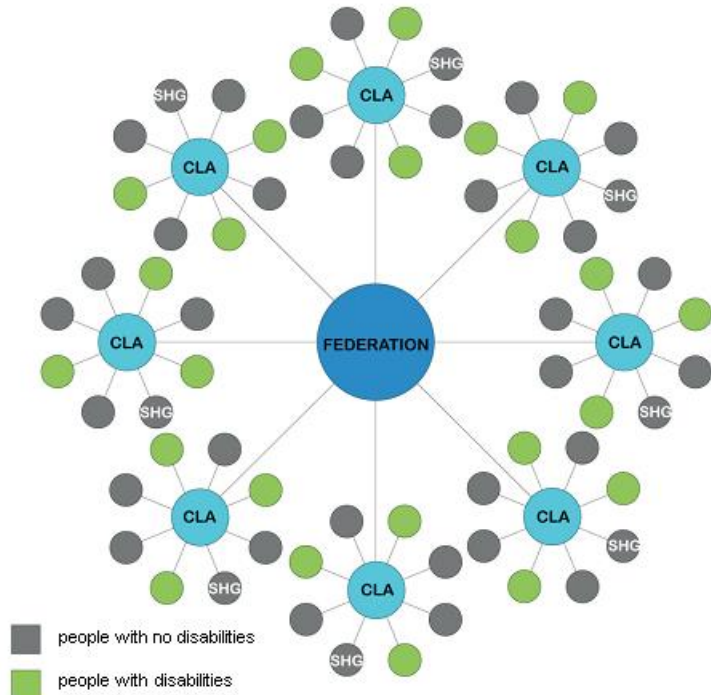
St. Joseph's Development Trust (SJDT) uses the second approach as it was found that homogeneous SHGs are usually more effective as all the members face similar problems.

People with disabilities form their own groups.

Representatives are appointed to CLA.

CLA's representatives are appointed to Federation.

Hence people with disabilities meet on their own only at SHG. Inclusion is realized starting with the CLA level.



The case study about Miss. Jayanthy shows how the SHG Approach can help a person which became blind at the age of 15 years can be brought back into live.

Name : Miss **Jayanthy**  
Sex : Female  
Age : 20 years  
Type of Disability : Blind  
Name of the Village : Agaram, Chidambaram.  
Type of Intervention : Economic Activity



### Family History:

Miss Jayanthy has parents, two elder sisters, one younger brother and sister. Two of her elder sisters got married and one elder sister who became blind committed suicide due to her visual impairment. The family is traditionally involved in clay pottery. Her parents mainly involve in making clay pots and sell in the market. The main income for the family is derived from pottery.

### Medical History:

Jayanthy became blind at the age of fifteen. While she was studying class ten the eye sight was slowly deteriorating. She was taken to different eye hospitals for treatment. She was treated in Government hospital Pondicherry but no improvement then she was treated in Aravind eye hospital Madurai. After thorough investigation the Doctors informed the parents that she can not get her eye sight because the nerves leading to the eyes have been affected and there won't be any effect of giving treatment. After she had lost the sight she did not continue her studies, remained at home.

**Personal History:**

Jeyanthy is a beautiful girl and she had lot of friends in the school. She used to relate well with her neighbours during her normal time. Once she lost the sight she could not go any where and remained at home. But her parents show love and affection and look after her well. She feels lonely and isolated after becoming blind. She constantly thinks about her elder sister who became blind and committed suicide. She says that there is no meaning in living in the world. She does not like others to be supported and wants to stand on her legs.

**Economi History:**

The parents involve in making clay pots and there is no demand for clay pots in the modern world. People seldom buy clay pots. So they do not get good income. Manufacturing clay pots is a laborious task and it takes two weeks to reach the finishing stage. As the clay pots are breakable there will be lot of damage. So in general the job is not very remunerative and does not fetch good profit.

**Intervention of SJDT:**

Mrs.Parwathy, CBR field staff was identifying disabled persons in Agaram village. She heard through a teacher about her and met her at home. The field staff spoke about CBR programme to her and suggested to become a member in the self help group. But Jeyanthy was not willing because she is blind. She was counselled and motivated to become a member in the self help group.

After some time she decided to become a member. She joined in a self help group called 'Lasalle narashimmamoorthy'.

**After the Intervention:**

After becoming a member she has overcome the psychological problems. She attends the group meetings every month with the help of her brother. She has attended trainings organised by the institution and learned about disability, group leadership, concept of disability. She takes active participation in the group meetings. The field staff helped her to obtain ID and welfare cards from Government. She received micro credit from SJDT Rs.6000/- and invested in pottery making. She helps her parents in the trade.

**Impact:**

She plays active role in the group. She is very optimistic about her future. She is saving money in the group and obtained microcredit from SJDT and getting some income from pottery. Her parents are very happy about becoming a member in the self help group and has developed saving habits. She relates with her neighbours and attends cultural programmes in the village.

## Example 2: Inclusive Education Project (IEP)

The second project was developed and is implemented by our partner “Simone of Cyrene Children’s Rehabilitation and Development Foundation Foundation Inc.” (CYCRDFI) in the Province of Albay, Bicol Region, Philippines.



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Kindernothilfe cooperates with CYCRDFI since 1981 as the following **historical milestones** show:

- 1981 - Project for children with physical disabilities initiated by the Daraga Pastoral Council, and Kindernothilfe.
- 1985 - registered with SEC
- 1987 - Community-Based Rehabilitation (CBR) piloted in Daraga
- 1991 - change of name to Simon Of Cyrene Children's Rehabilitation and Development Foundation, Inc.
- 1993 - CBR expanded to Camarines Sur
- 1997 - expanded CBR partnership with Local Government Units
- 1998 - constructed the Children and Youth Empowerment Resource Centre (funded by Kindernothilfe and European Commission)
- 2000 - Social Marketing of CBR, co-financed grant of CBM and AusAid, expansion of various special projects (until 2004)
- 2004 - constructed the Galilee Centre
- 2005 - Social Investment expansion of CBR in partnership with Local Government Units and People's Organization

The history show in an impressive way how a program constantly develops if it is implanted in a dialogue with its participant, the community at whole, the local government and all other relevant local sake holders. Today CYCRDFI offers the following program & services which are interlinked in various ways.

- Community-Based Rehabilitation Program (CBR-P)
- Early Intervention Project (EIP)
- Inclusive Education Project (IEP)
- People Empowerment Project (PEP)
- Eye & Ear Care Project
- Physical Rehabilitation
- Galilee Centre
- Relief & Rehabilitation

The program which intends to help young people into the world of work is the Inclusive Education Project (IEP). It has the **specific objective**

“Children and Youth with disabilities (7-17 years old) can access basic education, develop Christian values and wholesome personality through their participation in the various activities in the family, school and community.”

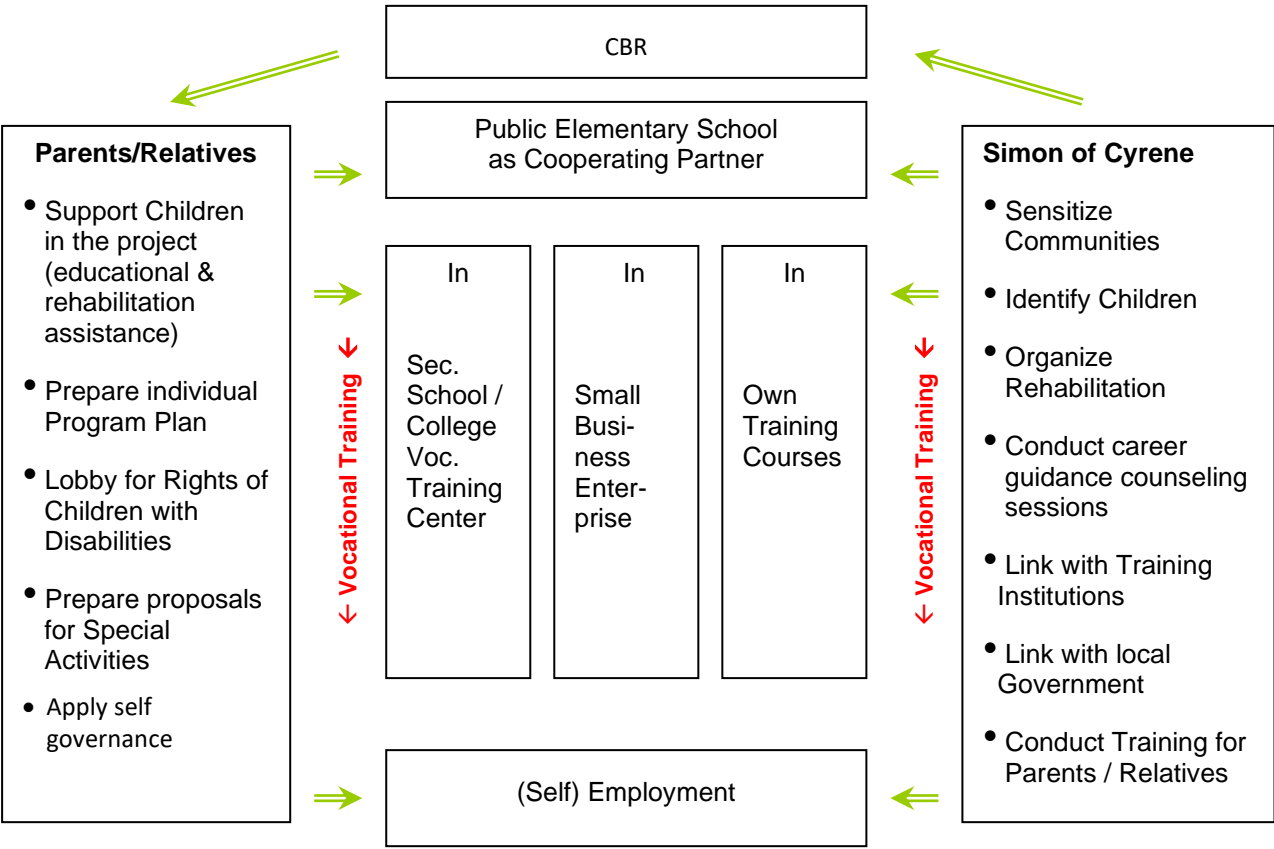
The activities to reach this objective are:

- Identification and assessment partner and project sites
- Promotion of inclusive education at all levels
- Link with formal and non-formal educational institutions
- Initiate income-generating trainings and projects

At present about 80 Children in 3 Communities are reach with the programme directly an additional 30 Children through outreach programme.



The IEP Program Flow and the interactions between the main actors are shown in the following chart:



The Inclusive Education Programme intervention ideally starts on community level through the CBR program. This is important as the CBR program lays the base to prepare the children to attend the mainstream education (pre-primary and primary school) together with other children as early as possible. This early intervention prepares also the parents and/or other family members to support their children during schooling and encourages them to lobby for the rights of children with disabilities in their community. Supporting their children in school could e.g. mean that they have to interpret the teacher in sign language in case the child is hearing-impaired. Other supportive measures like physical rehabilitation will be organised by the project. All interventions needed are laid down in an individual program or rehabilitation plan for the child which the parents prepare together with the centre.

For the primary education Simone of Cyrene entered into a cooperation with the Daraga North Primary School. This guarantees that the school is not left alone with the challenge of teaching children with disabilities together with other children.

As a preparation for vocational training Simone of Cyrene has equipped one of the classrooms of the school with facilities for work experience lessons like cooking, wood working or tailoring. The lessons are held together for all children and are a good instrument to create a spirit of helping each other.

Before the graduation from primary school Simone of Cyrene conducts carrier guidance counselling sessions with the children and their parents to see what kind of vocational training is appropriate for the child.

For the training itself the project can use either existing vocational training institution (trade training or even diploma courses), local craftsmen (apprenticeship or on the job training) or training courses organised by the program. Like before parents or family members have to secure that the children are supported during the training.

After training it is also possible to give a start up assistance to the graduates to help them starting by themselves.

Another important aspect of the program is the close cooperation with the local government units. This cooperation not only secures the access to local funds but also to get support of local authorities for the integration of children with disabilities into the community live.

With the Inclusive Development Programme it is possible to realise an individual and tailor made support for each child according to his/here abilities.

The case of SUNDY BORILLA from Tabaco, Albay, Philippines shows, how this individual support can look like:

In an interview with the staff of the centre he told the following story taken from his live:

I WAS BORN on May 17, 1987, the first born of three children. My mother says that I was a bouncing baby boy at birth. It never crossed her mind that her lovable infant would be a child with special needs later on.



But when I was three years old, my mother sensed that something was unusual with me. She couldn't explain why I was sleepy most of the time, yet easily gets upset, becomes irritable and throws tantrums without rhyme or reason. She wondered why my development was slow, unlike other toddlers my age. For one, I couldn't learn simple toilet habits. I needed total care when it comes to personal hygiene. I couldn't even wipe my nose clean by myself. As I grew older, my mother started to worry about my being "different."

I had difficulty communicating with words. When I reached school age, writing was just as hard for me to learn. My mother said my intellectual functioning was poor. But, then, I could perform simple chores whenever shown how and given time to learn them.

In 1997, the City Government of Tabaco and Simon of Cyrene came to our barangay. They introduced a program called Community-based Rehabilitation. They did a survey, and identified me as a child with mental impairment. Only then did my mother realize why I was "different." I was then 10 years old.

My mother and I attended Simon's orientation for persons with disabilities. After that, I participated in the CBR program.

Through CBR, my mother began to understand my disability and how to deal with it. She attended seminars to learn more about my condition and how to take proper care of me. She also sought professional advice and services for me, so that I may grow up adequately adjusted.

I received medical and educational assistance under the CBR program. I enrolled at the Special Education Center of Tabaco South Central Elementary School. I also joined summer camps and field trips.

In school, I encountered a lot of difficulties. Although my classmates also had difficulties like me, they obviously disliked me, because they would not let me join them most of the time. Outside the school premises, at the end of classes, other boys would bully me and even hurt me physically. I experienced a lot of discrimination, but I didn't give up. I was enthusiastic to learn more in school. My family's encouragement strengthened my resolve and carried me through.

My mother became an advocate of the rights of children with disabilities like me. Together with other parents, she helped promote our rights to education, equal opportunity and full participation in community life.

I graduated from the elementary school and went to high school. I attended the special education class at the San Lorenzo National High School. The Simon of Cyrene continued to help send me to

school. By this time, I already know how cook rice and simple viands and go to the market by myself. I have also learned how to use a computer and make candles.

However, on my second year in high school, I got bored with my daily routine. I was 17 years old then and raring to earn my own money. Unknowingly, I became ill-tempered again. I couldn't sleep at night and became irritable. My tantrums got worse to the point that I become unreasonably violent. My parents sought the help of a psychiatrist at the Holy Face Centre for Mental Health who diagnosed me to be suffering from schizophrenia.

Again, I underwent regular check-up and medication, which entailed a lot of expenses. My parents have only meager income, so they could barely afford the cost of my medication. With perseverance, my parents were able to maintain my medication, until my condition got better and I could go back to my regular routine.



Instead of going back to school, I roamed around the town on my bike which, eventually, gave me the idea for my source of income. I asked my parents to buy me a pedicab. Although they could hardly afford one, they agreed when I assured them that I would pay the monthly instalment by myself. That's how I became a pedicab driver.



I am 21 years old now and happy with the way things are happening to me. I have an occupation that I like and I earn my own money for my basic needs, including my medication. I regularly give an amount to my parents as my contribution to our daily consumption. I have also opened a *sari-sari* store from my pedicab earnings.

The Simon of Cyrene has played a vital role in this change in my life. I do not experience any discrimination from the community, anymore. Instead, they encourage me to join their activities. Some people think that persons with disability are useless. In

my case, I have proven that I am capable of standing on my own. I am productive and self-reliant.