

DDP is 21

Working with disabled people and their organisations in developing countries

Mozambique, India, Bangladesh, Nepal, Angola, Cape Verde, Ethiopia, Burundi

- Strengthening partner organisations
- Disabled people's rights
- Mental health self help groups
- Deaf children's right to education
- Disabled children and girls' education
- Disabled people's livelihoods



We are 21 this year. DDP began as the Jaipur Limb Campaign in 1992 to provide rehabilitation services to amputees in poor countries and join the campaign to ban landmines. By 2005 our work had expanded to address the many different needs of disabled people and our partner organisations, and so we changed our name to Disability and Development Partners to reflect our new scope.



ddp
Disability and
Development Partners

UK Registered Charity No 1046001

DDP is 21

We take this opportunity on the 21st anniversary of our journey's beginning to acknowledge the immense contributions made by our partner organisations in Africa and the Indian subcontinent, and to thank all our wonderful donors and supporters.

DDP is about partnership building and sustainability. Listening to partners' needs and strengthening their capacity has been and remains central to our work – that's how project achievements endure. We have chosen to work with fledgling groups with a vision and passion and the courage to take up the challenges in disability and development. We started with small project partnerships and over the years they have grown in breadth and range, tackling the major issues that matter to disabled people – poverty, their marginalisation in civil society, health, education and livelihoods. We have learnt a great deal from our partners and beneficiaries, evolving as an organisation that now encompasses the new substantive areas of deafness and mental health. We are proud to be a catalyst for growth and change with our partners and the people they work with.

Replacement limb for COJ client, Manjacaze, Mozambique (below); foot fabrication at Mobility India's Jaipur Foot Production Unit, Bangalore (right); promotion and awareness of rehabilitation services, the ELO project area, Chamrajnagar (bottom right)



Rehabilitation, Technology and Training

We started as the Jaipur Limb Campaign (JLC), aiming to get the low-cost Jaipur Foot and Limb technology to as many people as possible in post-conflict and low-income countries. Our aims were to build the skills needed to make this a reality, and to use technology that was affordable and appropriate to local needs. To tackle the inadequacies of rehabilitation services in rural areas, not only in numerical terms but also crucially in terms of quality, we realised that a major component of the deficit was poorly trained technicians. Our response to this saw the emergence of an approach which has been a consistent thread from those early days to the present: south to south cooperation, wherein knowledge and skills are transferred from one organisation in the global South to another. Below, we describe the three core elements of DDP's (or JLC's as we were then) operations, which we recognised then as now are woven together in a pattern which makes the whole ensuing rehabilitation service package greater than the sum of the three parts.

Providing rehabilitation services and building centres

Our first partnerships in the field of rehabilitation started in India in 1993 with the Rehabilitation and Limb Fitting Centre at the Santokbha Durlabji Hospital in Jaipur run by Dr P K Sethi, the inventor of the Jaipur Foot, and other rehabilitation centres such as the Gandhigram Trust's artificial limb centre in Tamil Nadu. In 1996 we initiated a partnership with the newly-formed Mobility India (MI), based in Bangalore, by supporting their aim of improving rehabilitation services – especially in rural areas where such services are lacking. Through MI and their local grassroots partners, we spread the Jaipur Foot technology to many areas of north east and southern India.



Soikat Ghosh of Mobility India upgrading skills of Handicap National's rehabilitation technicians at their Addis Ababa workshop

We then took up the challenge of making MI's millennium dream of building an accessible Rehabilitation, Research and Training Centre (MIRRTC) to house residential training programmes and state-of-the-art workshops come true. 12 years on, their goal of enabling people from rural areas in India and from low-income countries to gain formal qualifications in prosthetics, orthotics and rehabilitation therapy has been recognised by the Government of India and attracted support from the International Committee of the Red Cross and the International Society for Prosthetics and Orthotics. Together with MI we also trained technicians and improved workshop facilities at the Rehabilitation Aids Workshop by Women with Disabilities (RAWWD) in Bangalore, a mobility aids and appliances workshop run by disabled women providing women-friendly and affordable services to individuals, sometimes through the local orthopaedic hospital

Beyond India we worked in Mozambique, with the Mozambican Red Cross Society to set up the Centro Ortopédico Jaipur in Gaza province; with the Bangladesh Rural Advancement Committee (BRAC) in Bangladesh, setting up their first limb and brace centre in Dhaka; and in Ethiopia we supported the establishment of Handicap National's rehabilitation workshop in Addis Ababa. More recently we started working with the Kiran Society in Uttar Pradesh, one of the very poorest states in India, to take rehabilitation services out to the remote villages where they are most needed. Children's needs are assessed and their rehabilitation needs are followed up by Kiran's technical team. We also undertook similar work in 93 villages in Prakasam district of Andhra Pradesh state with the Brethren Institute for Rural Development. Rehabilitation continues to be an integral part of many DDP projects, especially those benefiting disabled children, as we recognise not only its intrinsic value but also how it is a necessary pre-condition to enable disabled people's participation in community development.

Training technicians

From 1995 onwards, when we began setting up rehabilitation centres and supporting existing ones, we became aware of the need to address the quality of the services provided as well as the nature of the technology, which prompted us to begin a technician training programme. Since we first helped to establish MIRRTC in 2001, we are proud to have sponsored over 50 trainees from DDP partners in India, Nepal, Bangladesh, Angola, Mozambique and Ethiopia, 16 of them disabled and more than 30 women. For the first time these rehabilitation workers undertook formal training in prosthetics, orthotics and rehabilitation therapy, gaining qualifications to help improve services back at the centres in their local areas,



Tigist, Handicap National's rehabilitation therapist, supervises gait training for a first-time user of light weight plastic callipers

or finding jobs in MI's workshop and expanding services in Bangalore and their satellite centre in Kolkata, West Bengal.

Technician training has been an integral part of DDP's major inclusive education and livelihoods projects such as *Makkala Bhavishya* (Children's Future) in the Bangalore slums and *Education and Livelihood Opportunities* (ELO) in rural Karnataka, both in partnership with MI. In each a rehabilitation team was trained and put in place which assessed and developed individual rehabilitation plans for all disabled children so that they and their parents were better equipped to negotiate what the future held for them. MI's contribution has been invaluable in improving skills and technical ability in many programmes in which rehabilitation has been both an end in itself and an essential mechanism of enablement. In this way, the DDP rationale was crystallising: rather than regarding rehabilitation service provision and other elements of life (such as access to education) as mutually exclusive, we accept that they belong together as part of a process in which one enables the other.



DDP trainees from Nepal, Ethiopia and Angola at MIRRTC, 2004 intake

DDP has achieved international impact through our direct contribution to the revised World Health Organisation (WHO) Community Based Rehabilitation (CBR) Guidelines published in 2010, and through building the capacity of our partners on the ground, notably MI, to share their expertise and skills in south to south exchanges and technology transfers – that is, in contexts which may differ geographically and culturally, but which share the characteristics of poverty and rehabilitation service scarcity.

Technology development and transfer

We believe that in the area of rehabilitation services, aids and mobility appliances, south to south technology transfer is the most practical and sustainable approach. This has been made possible by our long partnership with MI and the ability of their technicians to provide hands-on training to overseas partners in Mozambique and Ethiopia, and of grassroots workshops within India.



BRAC Limb and Brace Centre, Dhaka, Bangladesh

We started by disseminating the Jaipur Foot technology within and outside India. By improving production techniques, raw materials and quality control, this low-cost foot was made more durable. The Jaipur Foot production unit we set up at MIRRTC also provides jobs for a team of disabled women producing high-quality feet. The technology has been adapted to be used with modular limb infrastructures and is included in MIRRTC's course curriculum for prosthetics.

A major element of rehabilitation services is the provision of callipers for people who contracted polio, to support their limbs for greater mobility. Metal calliper technology is still widely used in many poor countries including India, so we worked with MI to mass-produce plastic calliper components and all the necessary fixtures in 10 standard sizes. These components can be assembled

Rehabilitation, Technology and Training



The young people (seated) await their turn to be fitted with light weight plastic callipers, Handicap National, Addis Ababa

and custom-fitted in basic workshop settings and for any size of person in a quarter of the time taken for metal ones and at lower cost. The resulting callipers are more user-friendly as they are lightweight for better mobility, and work with any kind of footwear. Mass-produced components we trialled in India and Ethiopia are now marketed to rehabilitation workshops throughout the Indian sub-continent and in Africa.



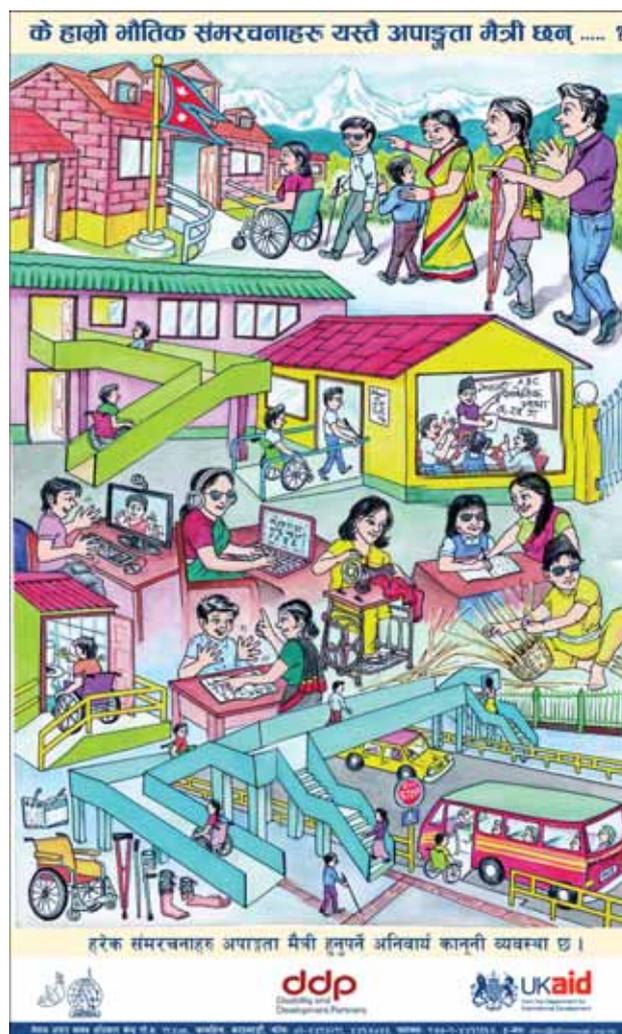
Kiran Society's community based rehabilitation team meets a boy with learning disability during an outreach programme. They will help his family to find the best ways to give him the proper support he needs. (above); A grandfather learns how to help his grandchild who was born with mild cerebral palsy (left)



Throughout our work we have become aware how disabled people both individually and as a community are socially and economically marginalised and suffer greater levels of poverty as a result. In our experience education, health, livelihoods, culture and food security are just as important as disabled people knowing and getting their rights as equal citizens, although we also recognise that these can be two sides of the same coin. Disabled people know and we have learned that the inherent dignity and the inalienable rights of all members of the human family so well articulated in the 1948 Universal Declaration are all too often not considered applicable to disabled people. This has led to the gradual acknowledgement of disabled people's rights in wealthier countries and then in low-income countries, a movement which culminated in 2006 in the United Nations' adoption of the Convention on the Rights of Persons with Disabilities (UNCRPD). While this supra-national instrument carries weight in and has implications for the domestic legislation of signatory countries, we have found time and time again that the existence of notional rights is no guarantee that they will be upheld. For this reason, DDP has invested in programmes and components of programmes dedicated to elevating disabled people's knowledge of their rights and equipping them with strategies to pursue and secure them. Knowing that nobody is better placed to campaign for their rights than disabled people themselves, and responding to the difficulties DPOs in low-income countries experience in finding funds to campaign and achieve their aims, we have and will continue to argue that disability rights are human rights.

Disability and Human Rights

In 2001, for the first time we started working directly with a disabled people's organisation (DPO), Associação dos Deficientes Moçambicanos (ADEMO) – the national association of disabled people in Mozambique. We helped to strengthen them organisationally, working with them to put in place democratic governance structures and a new leadership, which subsequently led to major projects together on livelihoods, and HIV & AIDS and disability. There are four other Lusophone (Portuguese



A DPAC project poster campaign for physical accessibility, Nepal

speaking) countries in Africa, and we conducted a study on the situation of disabled people in Angola and subsequently in Cape Verde, Guinea Bissau and Sao Tome e Principe. We enabled representatives of all five African Lusophone countries to meet in Mozambique to strengthen their fledgling federation of disabled people in Lusophone countries, Federação de Associações dos Deficientes de Língua Portuguesa (FDLP).

Our work with Liga de Apoio a Integração dos Deficientes (LARDEF – the league to support the reintegration of disabled people) in Angola developed into a substantial programme of work over seven years from 2001 to strengthen their ability to advocate for disabled people's rights and to deliver direct benefits to some 5,000 of the many war-disabled and displaced people and their families, mostly in Luanda, Benguela, Huambo and Moxico provinces.

When civil war ended and democracy haltingly began in Nepal, this gave us the opportunity to work

Disability and Human Rights



Disability rights poster campaign as part of the AVANTE programme with LARDEF, Angola (above); Disabled women's group, Avante programme, LARDEF, Angola (right)



with the Disabled Human Rights Centre (DHRC – Nepal). We developed and supported a project (*Disabled People's Advocacy for Change – DPAC*) to promote the UNCRPD for all disabled people in the country and to include its provisions in the country's new constitution. DPAC is currently in its 5th year of spreading the message of rights nationally via radio, print, TV, street theatre and through grassroots DPOs in all districts of Nepal, making legislative gains, especially in the areas of educa-



DPO representatives of Africa's 5 Lusophone countries meet in Mozambique in 2005

that young disabled people know their rights and are better equipped to secure them to get mainstream opportunities in education, training and livelihoods.

As with other DDP strategic priorities, the idea that rights do not exist and cannot be sought in a vacuum is central to the general model of development interventions that has evolved over the last 21 years. When rights are firmly anchored in real areas of life and being able to secure them means being able to secure improved life chances, the links between the elements of DDP's strategy are made plain, and nowhere is this more true than in the right to education.

tion and social support for disabled people.

Most recently we have been working with Associação dos Jovens Deficientes de Moçambique (AJODEMO) – the Mozambican association of disabled young people – to deliver UNCRPD training to disabled youth groups so

Getting feedback from disabled people, their contribution to new constitution drafting, Charikot, Nepal



The promotion of universal primary education as a Millennium Development Goal second only to poverty alleviation acknowledges that education can be the gateway out of poverty and into social inclusion. While significant strides have been made towards achieving this goal, the fact remains that access to education, enrolment, retention and attainment in it, and enjoyment of it are disproportionately far less for disabled children than for their non-disabled counterparts. For DDP, 'inclusive education' means improving the quality of education provision for all children while promoting equality of opportunity in it for disabled and otherwise marginalised children. Because having no education, or one of poor quality is known to have profound adverse effects on life chances, our work in education has increasingly deepened and broadened so that the needs of children marginalised for reasons such as poverty, caste, ethnic group, or gender are also met. Meeting these needs requires an imaginative approach that is grounded in the reality of local society and culture, and encompasses elements such as teacher training, accessible schools, and teaching and learning materials that are suitable for the needs of all children, whether "special" or not.

Education

Education is, therefore, a major part of DDP's and partners' work in India, Ethiopia, Nepal and Burundi. We began with a simple question – why are disabled children not going to school? Our first inclusive education project, *Makkala Bhavishya* (Children's Future) which started in the slums of Bangalore in 2000, got over 1,000 out-of-school children, including all disabled children, into school by addressing negative attitudes and meeting children's special and physical needs, and by creating the conditions for parents to earn a living through self help groups (SHGs) and so to be better able to support their children's continuing needs.

We then took this experience to 76 villages of Chamrajnagar district in Karnataka with the five-year *Education and Livelihood Opportunities (ELO)* project in 2006 where a dedicated staff team provided rehabilitation services and primary education for children with special needs, often through supplementary education, which benefitted over 2,500 children and their families, and reduced poverty among some 3,000 disabled adults and



Children who have missed out on school attend alternative basic education, Tulla sub city (top)
Speech therapy for Vishnu at the Mudlamole community education centre, Chamrajnagar (above)

parents of disabled children. *ELO's* legacy lives on in the SHGs formed by disabled children's parents, and the federation they have formed, known as *Chiguru* ('bud' from the Kannada language). We are pleased to say that the supplementary classes continue thanks to community financing using *ELO's* educational resources in those very communities which have taken as their business the education of all children. (We have summarised the *ELO* story – its successes and what we learnt – in a synopsis.)

In southern Ethiopia, the *Education and Livelihoods for Women and Girls (ELGW)* programme with local partner Handicap National (HN) targets girls and all disabled children under 18 years who are in school, or have dropped out, or who never enrolled, and 600 mothers who head households who have never been to school. Currently in its 3rd year (of five) *ELGW* covers 12 kebeles of Tulla sub-city of Hawassa city.

As in *ELO* we have taken a "whole community" approach to ensure access to and retention and achievement in school, and to raise awareness of and begin to tackle harmful traditional practices that impede girls' education. The original programme in Hawassa has now expanded to include a partnership with the largest teacher training



Shivapura village government school made accessible, ELO project, Chamrajnagar

college in the region; a project to promote and increase opportunities for secondary education in Tulla sub-city especially for girls and disabled pupils, seeking also to minimise drop-outs; inclusive vocational training for disabled youths in Hawassa; and building and equipping Tulla's first resource centre for women and girls.

South to south transfer and exchange of knowledge and skills also features in DDP's education programmes, for example through the inclusive education expertise and knowledge management skills the South Indian consultancy Seva In Action (SIA) brought to *ELO*, and which also led to a DDP-enabled study *Understanding Inclusive Practices in Schools: examples of schools from India*. Most recently DDP has enabled SIA to share their knowledge and skills with ELGW in Ethiopia.

In Tamil Nadu in southern India we have partnered the Social Development and Education Trust (SDET) to improve and expand their computer training centre for 50 disabled and poor youths in Virudhunagar district by buying PCs and funding training costs.

With the Kiran Society we supported the rebuilding and refurbishment of a hostel for disabled schoolboys who, having completed their primary education at the

Kiran Centre, are accommodated in the Varanasi city hostel so that they can attend secondary school and university. We have also helped complete an on-site hostel which accommodates young students (some disabled) while they train at Kiran as special education assistants.

Throughout the work DDP does in education, we are aware that it does not exist in isolation, and that is why we always seek to identify and cater for the variables which affect children's opportunities in education. One such that recurs frequently is family poverty, which restricts children's educational opportunity as they may be needed to work to contribute to family income, or because parents are unable to meet the costs of going to school.



The bridging class at Ephphatha School, to pupils make the transition to 'hearing' secondary schools, Bujumbura

The reciprocal link between poverty and disability is proven: disabled people are more likely to be poor, and poor people are more likely to be disabled. If poverty is the root cause of the problems DDP programmes seek to mitigate, then it is also the consequence of such problems: beginning with a lack of education, through scarce opportunities for skills training and unequal access to mainstream development, poverty among disabled people in low-income countries with little or no social security provision is endemic, and the subject of many of our projects.

Livelihoods

In Angola a series of projects with local partner, LARDEF, aimed to benefit individual disabled people – veterans of the long war as well as returning refugees. These started with the *Dignidade* transport collectives in Viana and Benguela using Indian auto-rickshaws to raise income and provide accessible transport, and a brick-

making project in Luanda owned by LARDEF.

In Benguela and Moxico provinces the *Tchilema* and *Twendi* projects campaigned to include disabled people in mainstream development and directed funds to families with disabled members to start their own businesses. The *Avante* programme expanded individual income generation alongside advocacy for disability inclusion and reached 771 people directly through these means.

In India, SHGs have been the most successful and sustained platforms for lifting people out of poverty and creating the conditions for parents to be able to support and value their disabled children. The 10 SHGs of the *Makkala Bhavishya* project and the 90 in *ELO* together with the 140 disabled people's SHGs set up by DDP's partner, the Timbuktu Collective as part of their *MILITHA* programme in Andhra Pradesh, have benefited thousands of families and continue to do so.

In Sofala and Maputo provinces of Mozambique, some 1,000 disabled people were provided with training and materials to set up enterprises, and, in Ethiopia, 600 women who have never been to school and who have school-going children are receiving training and seed money to run small enterprises.

Finally, in Cape Verde, Associação Cabo -Verdiana

Members of the self help groups' federation – Chiguru – Chamrajnagar, India (below)





Disabled people meet in Huambo to assess skills for setting up small enterprises as part of the Twendi and Tchilema projects in Angola (above)

de Deficientes (ACD – the national association of disabled people) expanded their candle-making enterprise with our help. This helped to attract major investment to expand the business further, and provided secure jobs for disabled women making candles for the tourist and gift markets as well as for everyday use.

Women's self help group in a village in Mirzapur district supported by the Kiran Society, Uttar Pradesh, India (right); MILITHA team which worked in 140 villages in Chennethapalli, Roddam and Ramagiri mandals of Andhra Pradesh stat (below); Beneficiaries of the Livelihoods for Disabled People project in Mozambique (below right)



DDP is 21

All DDP project development begins with research and gathering background information. This is because we have always prided ourselves on our interventions being evidence-led, and founded on robust and reliable data. We work with partners and potential programme participants in communities, listening to and responding to their needs, learning about and analysing problems and the socio-economic-cultural contexts in which they exist. In some cases, the issues are huge and we are required to look beyond our partners' local knowledge and experience, and the (often inaccurate) official statistics, to analyse the situation and the needs more closely.

Research

Between 2004 and 2006, we conducted research in the five African Lusophone countries which led to the formation of the FDLP (mentioned above in 'Disability and Human Rights').

In 2008 we undertook research in Mozambique on HIV & AIDS and disability, chiefly to study the level of awareness about HIV & AIDS among disabled people and the level to which they are included in HIV & AIDS policies and service provision. The research found conclusive evidence of the neglect and exclusion of disabled people throughout HIV & AIDS work in Mozambique and extremely low levels of awareness about HIV & AIDS among disabled people themselves. This research led directly to the *Integração* programme (see below).

Deaf people are one of the most marginalised groups in any context and deaf children even more so. We researched and published *'Deaf Children in Burundi – their education and communications needs'* in 2011. The Burundi National Deaf Association, teachers from the only two schools in the country to provide education for deaf children, deaf children's parents, and all children in the two schools were interviewed for the study and contributed to the findings and recommendations. One result of the research was that parents of deaf children formed and registered their own association.



Teachers discuss communications needs and best teaching practice for deaf children at a research workshop in Bujumbura, Burundi (top); Deaf children's research – workshop registration, Bujumbura (middle); LARDEF's Ivo de Jesus meeting disabled people in Guinea Bissau as part of DDP's Lusophone Africa research (bottom)

When we have talked about our strategic priorities and thematic areas, these are not things we have pre-determined ourselves. More often than not, we enter new areas of work either as a result of discussions with partner organisations about problems they wish to prioritise, or from what we have learned from finished or continuing programmes. In this way, DDP's themes and priorities have evolved in response to what our partners tell us and what we learn, and the three examples below reflect that evolution.

HIV & AIDS and Disability in Mozambique

The four-year *Integração* project implemented in Sofala and Maputo provinces devised new ways of including disabled people in HIV & AIDS work by raising awareness, training, and a campaign to include disability in the Mozambique government's national AIDS policy.

Integração addressed the different communication needs of people with different disabilities, for example training sign language interpreters for HIV & AIDS testing centres, a scheme which has now been taken up by the Ministry of Health in other parts of Mozambique.

Disabled people were trained together with representatives of mainstream HIV & AIDS organisations to ensure inclusion. Our lead partner, ADEMO, took up the lobbying and campaigning challenges of this project, and worked with Miracles in Mozambique (MIM), a youth



HIV & AIDS awareness street theatre organised by MIM and their 'activistas' in Buzi, Sofala province

organisation with a keen focus on disability, to disseminate the messages.

Two surveys of over 5,000 people undertaken mid-way and at the programme end showed that levels of awareness of the ways in which HIV is transmitted and the difference between HIV and AIDS had risen significantly: from 30% to all but 100% in the former case and from 16% to 84% in the latter. This information enables disabled people to adopt HIV prevention strategies and uphold their rights to AIDS mitigation programmes.

Community round table to provide HIV & AIDS information in Dondo, Sofala province (below)





Pupils at the Ephphatha school for deaf in Bujumbura (above); Chabel and Koudra – sign language interpreters in Burundi (below)

Projects with Deaf and hard of hearing people

Deaf people have long been included among the beneficiaries of our work but it was through the research project in Burundi that DDP began to work directly with deaf people and their concerns. Our report on deaf children's education and communications needs led to a partnership with Ecole Ephphatha pour les Sourds (EES) – the Ephphatha School for deaf children, one of the only two schools for deaf children in the country. As there is no government support for schools for deaf children, and there are no secondary schools accommodating deaf pupils, we helped EES to set up a bridging class for primary pupils to enable them to make the transition to 'hearing' secondary schools. We built an extra classroom and a new dormitory block at EES, and paid teachers' salaries. The parents' association formed as a result of the research project has started campaigning with the government for their children's education.

We are grateful to Aurora Deaf Aid Africa (ADAA), a deaf Diaspora group in the UK, for introducing us to the plight of deaf people in Africa and in particular deaf children in Burundi. We have in turn supported ADAA to

build their organisation and involved them in our Burundi work. The research project has made us more deaf-aware, enabled us to learn about deaf culture, brought us into contact with many UK Deaf organisations such as DeafKidz International and Deaf Child Worldwide, and made us more open to deaf issues among our current partners.

To exemplify how DDP's work evolves from what we learn and what partners tell us, in *ELO* we found that the group for which it was most difficult to provide meaning-



Deaf and hard-of-hearing, Mental Health



KOSHISH staff and beneficiaries at the drop-in centre, Kathmandu

ful education was deaf children, and in *Integração* we found that it was deaf people who had least access to HIV prevention materials and AIDS mitigation. Taken collectively, this leads us to expect that we will be working more and closely with deaf people in the future.

Mental Health

This is a relatively new area of work for DDP and we are grateful to DHRC-Nepal and KOSHISH – a self help group of mentally ill people in Nepal – for making us aware of the situation of mentally ill people in Nepal. KOSHISH is a group of people affected by mental illness who came together to help themselves and others, in the face of very limited services and social support, and the great stigma faced by sufferers of mental illness.

We helped them to set up the first model drop-in day centre in Nepal for assessment and therapy sessions, with continuing medication for those who were using it. Through this project, KOSHISH became even more aware of the plight of mentally ill women who were made destitute by being ejected from family homes, and often ended up living on the streets. This led to the setting up of a transit home where they could be safe, receive help,

and in time be reintegrated into their families or the community.

We are proud to continue to collaborate with KOSHISH who are leading the way in spreading knowledge about the need for more and better services for people with mental illness and tackling the stigma that is attached to it.

KOSHISH and DHRC – Nepal staff discuss plans for mental health services, Kathmandu



Our Donors

Without our donors and supporters we would not have achieved what we have and for so long. We thank each and every one very much for their support and trust.

War on Want, Straits Times of Malaysia readers, CAFOD, Network for Social Change, The Funding Network, Paul Hamlyn Foundation, National Lottery Charities Board, Dakota Marketing, Comic Relief, Pinner Parish Church, Anglican Diocese in Europe, St James Church Hampton Hill, St Paul's Church Stafford, Licensed Victualler's Association/Ascot School, Fundación Heres, The Diana, Princess of Wales Memorial Fund, Heather Mills Health Trust, Rotary Clubs, Soroptomist International, Knowledge and Research/DFID, States of Jersey Overseas Aid Commission, Isle of Man Overseas Committee, States of Guernsey Overseas Aid Commission, Big Lottery Fund, Equality Works, The Ryklow Trust, Accenture Staff Charity Fund, Adopt a Minefield/No More Landmines Trust, Ajahma Charitable Trust, Joffe Charitable Trust, Ashworth Charitable Trust, Baring Foundation, Michael Morpurgo, Julian Pettifer and BBC Radio 4 Appeal listeners, Four Acres Trust, UK AID - DFID, Arcaid, Perfector Ltd, Medicor Foundation, Bisgood Charitable Trust, Cotton Trust, Popli Khalatbari Foundation, The Twinkle Trust, Trusthouse Charitable Foundation, Valentine Charitable Trust, Vitol Charitable Foundation, Logica CMG Staff Fund, Sumner Wilson Charitable Trust, Supraja Foundation, Hilden Charitable Fund, Charles Hayward Foundation, Swedish Handicap Institute Staff Association, North South Development Trust, Band Aid Charitable Trust, Evan Cornish Foundation, Ubitech Solutions, London Symphony Chorus - members, Turner Ensemble - members, Finzi Quartet, Flippinimage, Rokeby School, Stuart and Finola Andrews, John De Ritter, Lord and Lady Carnwath, W G Edwards - legacy, Mr Venkatappa and Dr Pramila Jagannath Ruby wedding gift, Christopher Cutting in memory of Mrs Jean Cutting, Sue Mortimer and family,



Women who have never been to school attend adult literacy and numeracy classes in Chefasine kebele, Tulla sub city – ELGW project, Ethiopia

Mehta Bharat, Barrie and Rosie Hills, Carrie Osborne in memory of Dr Geoffrey Osborne, Carolyn Halsey, James Crockett, Matthew Lawrence, Alison Cathles, Sandy Lennox and Bishops Stortford High School, and last but not least DDP's walkers and the many hundreds of their sponsors, and all our other supporters too numerous to list here.



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