مؤسسة سعيد الخيرية

Saïd Foundation

SYRIA PROGRAMME – FIVE YEAR PLAN
2009-14

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1. BACKGROUND

In the first part of 2009 the Said Foundation commissioned the Syrian Consulting Bureau for Development and Investment (SCB) to undertake a feasibility study for the establishment of a centre for children with disabilities in Syria. The study found that such a centre would not be the best allocation of the Foundation's resources over the next 5 years and instead recommended a Capacity-Building Approach that was approved by the Foundation's trustees at a meeting of the Board on 18 May 2009.

This plan draws heavily on the recommendations of the SCB evaluation and although it can be treated as a stand alone guideline for the period September 2009 to August 2014 it is more valuable if read in conjunction with the SCB review of 14 May 2009.

a) Justification for a capacity building approach related to early childhood disability

The Syria Disability Programme (SDP) has gone through two distinct phases. The first phase (1997-2004) was largely an establishment and exploration phase, projects were varied, targeting all fields of disability and all categories of beneficiaries, geographically wide-spread and executed in partnership with different local, regional and international partners. It was not until 2001 that staff members were based in Syria, and support remained fairly broad.

Based on the SDP's Evaluation Report and the Projects Committee minutes of a meeting (November 2003) in its second phase the SDP tried be more focused and work more in depth. The SDP therefore put together its first Five Year Programme 2004-2009 which focused on early childhood instead of working on several different and diverse projects. The programme's main activity became the training of local technicians, staff, volunteers and parents with the SDP taking on an increasingly implementing role. Whilst it was acknowledged that this element of the programme made great achievements in providing quality training to large numbers (over 800) of disability personnel the Foundation fell short against its objectives in awareness raising, advocacy and coordination. It was also felt that too high a proportion of trainees were of limited educational or professional background and this hampered both the effectiveness and sustainability of the training provided, very few of them had the capacity or the qualifications to pass training on to others thus increasing rather than decreasing the programme's (and Syria's) dependence on foreign expertise.

Based on the SP's experience, community feedback and the evaluation report made by Dr. Mona Haj Hussein in late 2008 the programme shifted its emphasis in 2008/09 and began the Training of Trainers (ToT) with a view to developing national training capacity. The initial success of this approach combined with the recommendations of the evaluation submitted by the SCB in 2009 encouraged the Said Foundation to spend the next five years continuing to work on Early Childhood (0-8 years old) within the disability field, with a focus on *national capacity building.* The justification for this approach is listed below:

i. Reasons related to early childhood disability in Syria:

- Disability remains an area of great need nationally.
- Needs are still under served if not-served at all in some parts of the country / some marginalised communities.
- 0 to 8 years old is a crucial age span in children's development and the earlier the intervention the more effective the results will be in both children's conditions and

future. Early detection and intervention is an investment that has long-term economic and social returns.
- The Syrian National Policy on Childhood Development emphasises the need to lay the proper foundation for services targeting the early stages of childhood.
- The Syrian National Plan for the Care and Habilitation of People with Disabilities (ratified 2008) calls for activation and implementation focusing on prevention, early diagnosis, treatment, training and awareness.

ii. Reasons related to the focus on capacity building:

- It builds sustainable and institutionalised national capacity in the areas most needed (provision of training, professional development and awareness raising).
- It is the most cost effective approach for the SDP to impact the lives of children with disabilities around Syria and its budget is highly scalable.
- It allows the SDP to remain flexible at a time of change in the disability sector.
- It enhances the visibility of the SDP at all levels of the disability sector.
- Partnerships are developed on a project basis allowing the SDP to remain independent.
- It builds on the history, capacity and expertise of the SDP.

Whilst the early childhood focus remains firmly in place the SDP will shift the capacity building focus from local level training provided primarily by Jordanians or Lebanese to local level training provided primarily by Syrians. At the same time it will help to develop highly qualified professionals who are already committed to the disability sector and it will devote more time and resources to raising awareness.

The Five Year Plan 2009-14 therefore seeks to address the following questions / lessons learned:

- How to develop (quality) local training capacity in disability rather than relying on foreign expertise?
- How to develop a cadre of high level / highly qualified professionals (sector leaders) working in the disability sector in Syria?
- How to have more impact in awareness / advocacy and help ensure that the National Plan for Disability (2008) becomes a genuine framework for implementation?
- How to strengthen the profile and visibility of the Said Foundation as a leader in the disability sector in Syria?
- How to reach and strengthen local level disability organisations and communities more effectively?

b) Identifying priority areas of work

Although there have been positive developments in the last ten years, the overall situation of child disability in Syria is still characterised by high rates of disability prevalence, limited service provision and low quality of services. Factors limiting progress in all areas of the disability field are the insufficient level of human resources, the low number of opportunities for quality training, and the persistent lack of medical and social awareness regarding disability.

While the SDP should remain flexible and independent to allow it to respond to changes in need, it is clear that the problem is national in scale and can only be adequately addressed through partnerships and collaboration at all levels of the field.

The main partners in the field of disability include government ministries and public service providers, disability practitioners and the wider medical community, local NGOs and international organisations as well as disabled people's associations and community groups.

Building the capacity of Syria at all levels in the field of disability is the only way to achieve sustainable progress.

Capacity can be built in the disability field through:

- upgrading skills of existing medical staff and disability practitioners
- spreading medical awareness of the international approach to disability
- expanding services to areas of the country that are underserved
- introducing new specialisations by supporting higher education

Capacity-building is also the key to developing effective partnerships. The National Plan offers a framework within which strong partnerships can be built and efforts coordinated. In order to maximise its impact on the issue of child disability, the SDP should use its reputation and experience to engage motivated partners, able to show evidence of commitment and the ability to implement projects successfully.

In light of a) the most prevalent needs in Syria indicated by the situational analysis, and b) the level of commitment of potential partners, the following priority areas of need in the disability sector in Syria were identified as potential areas for intervention:

- Disability prevention, early detection and intervention
- Physiotherapy and occupational therapy
- Awareness-raising in society
- Professional support for disability practitioners, trainers and students
- Capacity-building for local NGOs in the disability field
- Support for disability services in rural areas
- Community-based rehabilitation
- Inclusive education at KG level

2. OPERATIONAL FRAMEWORK – SAID FOUNDATION SYRIA

VISION

SF-Syria is a leading organisation working with and on behalf of young children with disabilities. It is known and respected for its role in the development of Syria's disability sector and in particular for its strengthening of the national human resource capacity.

MISSION

To improve the lives of children with disabilities.

OBJECTIVES

- To strengthen the professional capacity of disability practitioners and organisations
- To raise awareness of disability in Syria at all levels of society
- To develop a pool of national trainers in disability-related fields
- To support and / or provide services for children with disabilities (and their families) especially in marginalised communities

POLICY

SDP are committed to:

- A **child-focused** approach that puts the needs, rights and potential of children with special needs first
- **Building capacity** from individual to organisational level
- A **participatory** approach through which the SDP engages with all stakeholders
- A **non-discriminative**, **non-sectarian** and **non-political** attitude
- Working with **local, regional and international partners** in order to achieve objectives

METHODOLOGY

SDP work will invest in the early years of childhood (aged 0-8) to maximise impact on children's futures. This will be carried out through:

- Adoption of the National Plan for Disability as a framework for support
- Partnership and Coordination with the Government
- Partnership and Coordination with families and communities
- Partnership and Coordination with other organisations that have similar objectives and values

3. PROJECTS

The SDP will work on a project basis, in line with priority areas of need identified in the situational analysis of the SCB study and listed here on page 5. The SDP does not propose to address Inclusion in KGs directly as this is being covered by the AKDN (the Aga Khan Development Network), however the topic will be covered indirectly by the proposed focus on developing a team of national trainers that will retain the "model KG" as one of its areas of specialisation. Inclusion will also be addressed by the various awareness activities that cut across all the Foundation's projects over the next 5 years.

Special Educators have been added to the list of professions prioritised for support as this is another area identified as being of particular need for skills upgrading in the SCB review. By upgrading the skills and knowledge of educators the SP can positively impact the lives of thousands of children with special needs at relatively low cost.

The addition of a mobile clinic (or other mechanism of service delivery to marginalised communities) addresses key priorities across the spectrum, specifically rural needs / lack of services, early intervention, rehabilitation, prevention, awareness and also provides the visibility that SF seeks and strengthens credibility. An organisation that has responsibility for the provision of a quality service itself will usually be stronger both in terms of capacity building and advocacy because of the direct experience gained. Service provision is therefore not only about the direct beneficiaries reached, but the wider programme benefit that will be derived from being active at the grassroots level.

Projects are listed below:

A. PROFESSIONAL DEVELOPMENT

The Professional development of disability practitioners and students – especially Physiotherapists, Occupational Therapists and Special Educators (with a focus on learning disabilities)

- Skills upgrading for practising physiotherapists
- Upgrading the physiotherapy curriculum so that more PTs reach Bachelor level qualification (or higher), ensuring that Syrian PTs are exposed to latest / best practice
- Upgrading the skills and knowledge of PT teachers and trainers
- Training in occupational therapy for practising physiotherapists or other relevant professionals
- Working towards introducing an occupational therapy degree / formal qualification
- Skills upgrading for special educators
- Helping to ensure that the Bachelor degree in Special Education at Damascus University is of good quality
- Supporting the creation of a disability resource centre and ensuring it is accessible
- Encouraging disability professionals onto the SF's UK Master's scholarship programme (including English language training for exceptional candidates)

** Would contribute to the National Plan: directly addresses Action Point 3 as well as indirectly addressing action points 4 to 7.

<u>Existing / Potential partnerships:</u>

Physiotherapists – MoH, MoHE, University Hospitals, Homs (Baath) University, Kalamoun University, the Institute of Physiotherapists, UNRWA. National, Regional and International providers of training and qualifications for PTs.

Occupational Therapists – MoH, MoHE, Baath university and other interested universities, The Institute of Physiotherapists, UNRWA. Nursing schools. National, Regional and International providers of training and qualifications for OTs.

Special Educators – AAMAL, Damascus University, MoHE, Latakia (Tishreen) University, Aleppo University, AKDN (KGs), UNRWA. National, Regional and International providers of training and qualifications for Special Educators.

B. AWARENESS

Awareness-raising in society / Advocacy

- Mainstreaming awareness-raising of disability in all SDP projects
- Developing the awareness kit and training selected partners on its delivery
- Improving the communication of SDP activities in particular and of disability issues in general through local and national media
- Conducting public awareness campaigns through mass media and through local health authorities / local delivery (community leaders - including mosques and churches)
- Educating Syrian media and drama professionals about disability
- Participating in the annual national awareness-raising campaign
- Advocating for the implementation of the National Plan

** Would contribute to the National Plan: directly addresses Action Point 6

Existing / Potential partnerships:
Syrian press and media. Red Crescent. Government Ministries especially MoSAL, MoH, MoE, MoHE, the Ministry of Information, Ministry of Religious Affairs, the State Planning Commission and the Central Bureau for Statistics. Project partners (including UN, International NGOs and national NGOs) and local communities.

C. NATIONAL TRAINERS

Capacity-building through a team of national trainers

- Training & Re-training of trainers
- Standardisation of training materials (trainer and trainee manuals)
- Certifying trainers
- Providing support and administration of active trainers
- Providing training resources to active trainers
- Conducting quality control and follow up

** Would contribute to the National Plan: directly addresses Action Point 3 and indirectly addresses points 4 to 6.

Existing / Potential partnerships:
MoSAL, MoHE, MoH, University of St. Joseph (Lebanon), Damascus University or other training providers in Syria.

D. COMMUNITY BASED REHABILITATION-OUTREACH

Support for disability services in rural / marginalised communities

- Training, supporting and funding organisations which deliver disability-related services in rural / marginalised communities. Support can be for both service delivery and organisational development. Organisational development is essential if local capacity to deliver is to be improved. This could cover governance & management,

financial management, the project cycle, proposals and reporting, child rights and the National Plan amongst other topics.

- Running mobile clinics (or other outreach delivery mechanism for rehabilitation in the community) to access the most vulnerable communities*.

** Would contribute to the National Plan, a vital and visible service that will support Action Points 3, 4, 6 and 7.

Existing / Potential partnerships:

MoH, Little Roses Society and / or other local NGOs, national and regional providers of management training & organisational development

***Additional option for community service provision (Mobile clinic)**

The programme will be complemented by a separate project delivering community rehabilitation services in marginalised areas through a mobile clinic or other suitable mechanism. This will allow the SP to address one of the key priority areas for child disability in Syria.

This project should be implemented by identification of a local partner (which could be part of the Ministry of Health) that will provide the technical specialists with the SDP providing the vehicle, equipment and driver.

Services provided through the mobile team could include:

Early Intervention & Rehabilitation:

- Physiotherapy sessions (treatment and parental training, follow up)
- Occupational therapy, speech therapy
- Parental support for families of children with disabilities

Prevention:

It may be possible to add the following activities provided that suitably qualified personnel are available.

- Ultrasound for pregnancy check
- Ante-natal tests (including echography, blood pressure, weight, blood group tests, haemoglobin levels and thalassemia)
- Provision of iron and Folic Acid tablets (dietary supplements)
- Advice re taking medicines while pregnant
- Referral to nearest medical centre in the area.

Awareness:

- Awareness in rural areas about women's health and disability through direct contact and leaflets.
- Promoting a positive attitude towards disabled people

Estimated establishment cost:	$45,000 per mobile unit (vehicle and equipment)
Operation cost:	$80-100 per day total (including materials, driver, fuel etc).

4. PERFORMANCE INDICATORS

By September 2014 the Syria Programme will have:

Professional Development

- Upgraded the skills of at least 15 Physiotherapists through individual grants
- Helped to upgrade the Physiotherapy curriculum and ensure that more Syrian PT's reach Bachelor level
- Encouraged at least 10 PTs / OTs to apply for UK scholarships (Master's degrees)
- Trained at least 50 PTs or other skilled professionals on Occupational Therapy
- Helped establish a formal qualification for OTs in Syria
- Upgraded the skills of at least 15 Special Educators through individual grants
- Helped to ensure that the Special Education curriculum at Damascus University is of international quality
- Encouraged at least 5 Special Educators to apply for UK scholarships (Master's)
- Established a resource centre for disability professionals, students and trainers that is accessible, up to date and used regularly

Awareness

- Reached a significant proportion of the population (more than 20%) with key messages about disability through its radio, television and print media campaign
- Targeted at least 20 communities with local level awareness education
- Assumed a lead role in the celebration of the International Day of Disability
- Become a key member of the National Council, working group or other mechanism for monitoring implementation of the Syrian National Plan for Disability
- Helped to measure the progress of Syria against the National Plan's recommendations
- Changed attitudes about disability in the community, the media / entertainment sector and the government

National Trainers

- Trained at least 40 trainers capable of training others on key subjects related to childhood disability (in addition to the 22 already trained)
- Ensured that at least 50% of the trainers are delivering training to others on a regular basis (more than 3 x / year – total 60 hours minimum plus follow up of trainees)
- Standardised training materials in at least 5 specialisations (Portage, Physiotherapy, Kindergarten, Inclusion, Mental Retardation)
- Established a system of certification and quality control for all trainers
- Moved the ToT course from Lebanon to Syria or upgraded Syrian capacity to train trainers
- Created a national training database (of trainers)

Community Based Rehabilitation / Outreach

- Provided small grants and management skills/OD training to at least 8 organisations working with disabled children, especially in rural areas.
- Supported or run at least two mobile clinics targeting rural communities with high rates of disability and lack of services
- Scanned thousands of expectant mothers and provided nutritional supplements where appropriate
- Conducted thousands of physiotherapy / occupational therapy / speech therapy

sessions with disabled children (and their parents) to improve quality of life

- Successfully delivered disability prevention activities in rural communities with a focus on ante-natal mother / child health

- Successfully delivered disability awareness activities in rural communities with a focus on changing behaviour (specifically targeting married women / women of marriageable age)

5. IMPACT / PROGRAMME JUSTIFICATION

Direct
- Increases number and quality of disability practitioners across Syria
- Increases number and quality of trainers across multiple disciplines
- Upgrades management and soft skills of government and NGO staff
- All levels of Syrian society become more aware of disability
- Quality of life for families of children with disabilities is improved

Capacity-building
- Increases local capacity to deliver quality services across Syria
- Increases number of trainers for long-term sustainability
- Empowers and improves professionalism in other organisations

Awareness-raising
- Awareness-raising integrated into all SP projects
- Supports and participates in national awareness-raising initiatives
- Advocates for implementation of the National Plan

Inclusiveness
- Follows a progressive and multi-disciplinary approach to disability

Visibility
- High geographic impact across Syria
- High throughput of people from around Syria
- Partnerships at all levels of disability field
- Major contribution to the National Plan aids visibility at government level

Sustainability
- Low initial investment and low-medium running costs
- Achievable programme expansion both of staff and range of activities
- Strong capacity-building of local human capital and institutions
- Highly flexible and scalable according to need and budget

Continuity
- Strong utilisation of existing experience and skills in organising training courses
- Organisations in the field perceive growth and strengthening of the SP in Syria

6. PROGRAMME REQUIREMENTS

Physical requirements

The following physical requirements and equipment have been identified for the capacity- building organisation and future programme.

An accessible office in Damascus: 200m²+

- Office space for 8-10 staff
- Conference room
- Space for information library / resource centre
- Possible small satellite office in Deir Es Zur (2011/12)

Staff Requirements (11 perhaps 12 in total by 2012/13 – or 8 without the mobile clinic option*)

The following staff have been identified to ensure the SDP programme has sufficient capacity to project manage all its activities successfully.

Position	Availability in Syria
Programme Staff (8)	
1 Programme Manager	Yes
1 Programme Officer (Disability)	Yes but hard to find
2 Project Officers	Yes
1 Finance and Administrative Officer	Yes
1 Communications and Evaluation	Yes but requires training
1 Project Assistant	Yes
1 Driver	Yes
2 Mobile Clinics (2 to 4 staff) *	Yes

Financial Requirements

The 5 year plan for the childhood disability programme envisages expenditure of around US$ 2.56m (UK£1.6m approx) over 5 years with a highest annual cost of $575,280 in year 5 (UK£350k – £380k). See attached budget for details.

This is a sizeable increase on past budgets which peaked at around UK£250,000 / annum in 2007/08 and the Foundation will need to ensure that sufficient funding is available to meet the demands of an expanded programme and possible exchange rate fluctuations.

The SP budget does not include UK scholarships as these are allocated out of the UK budget.

7. MANAGEMENT, MONITORING AND EVALUATION

Projects will be managed against annual log frames and budgets which will be approved by the trustees; follow-up visits will be made by the SP Evaluation & Communication Officer and / or other responsible members of the team in the field using indicators provided in both the five-year plan and in the annual log frames. Regular reports will be provided by partners.

The evaluation process will be based on formative and qualitative methods. This will be carried out **annually** on both a six-monthly and end-of-year basis as follows:

Six-month evaluation: to ensure that the work plan is running as planned and to deal with any arising difficulties.

End of year evaluation: at the end of our financial year in order to measure the impact of the work. It will also highlight priorities and shed light on guidelines of the next year's plan. It will be carried out through questionnaires with a range of stakeholders and interviews with specific beneficiary groups.

A **mid-term** (year 3) evaluation will be carried out by external experts or UK based staff. This will cover the entire SP structure and work.

A final and comprehensive evaluation will be carried out in 2014 using external experts.

8. **ANNUAL TIME LINE BY PROJECT**

Professional Development

09/10	10/11	11/12	12/13	13/14
Establish a quality selection process. Identify partners. Provide grants for the skills upgrading of selected individuals. Prioritise PTs, OTs and Special Educators.	Provide grants for the skills upgrading of selected individuals. Monitor grantees progress. Encourage star individuals to join the National Trainer roster	As previously. Evaluate impact.	As previously.	As previously. Evaluate impact.
Work with Damascus University to improve the quality of the Special Education Bachelor degree.	Continue to support DU. Consider providing grants to selected DU students of Special ed.	Support DU – monitoring and quality control. Potential partnership with university in Jordan / UK. Evaluate impact.	As previously. Start identifying potential candidates for Master's degrees.	As previously. Encourage star students on to National Trainer roster and / or on to Master's degrees in the UK. Evaluate impact.
Work with the Institute of Physiotherapists, MoHE, MoH etc. to find the best way to support the upgrading of PT qualification in Syria to Bachelor level.	Work with 1 or 2 institutes or universities to qualify PTs at bachelor level.	Support PT qualification – monitoring and quality control. Scholarships for the best candidates. Evaluate impact.	As previously.	As previously. Encourage star students on to National Trainer roster and / or on to Master's degrees in the UK. Evaluate impact.
Work as above and outside of Syria to find the best way of adding OT skills to a meaningful number of qualified PTs or other	Investigate the best way for Syria to formally certify OTs.	Support the OT qualification Evaluate impact.	As previously.	As previously. Encourage star students on to National Trainer roster and / or on to

relevant professionals.				Master's degrees in the UK. Evaluate impact.
Encourage qualified Special Educators, PTs, OTs and other disability professionals to apply for scholarships to the UK through the SF's Further Education Programme.	As previously	As previously. Monitor graduates. Evaluate impact.	As previously	As previously Evaluate impact.
Set up and equip a resource room for disability professionals or students.	Update the resource room and monitor its use.	As previously Evaluate impact	As previously	As previously Evaluate impact

Awareness

09/10	10/11	11/12	12/13	13/14
Conduct a radio campaign	As previously to a different target audience.	Improve the campaign and repeat. Evaluate impact.	Make decision regarding effectiveness of campaign. Repeat if of high value.	Evaluate impact.
Design and conduct a TV campaign	Repeat the TV campaign	Select a different target audience Evaluate impact.	As above.	Evaluate impact.
Conduct a print media campaign	As previously.	As previously. Evaluate impact.	As previously.	As previously. Evaluate impact.
Train media and entertainment professionals on disability.	As previously. Monitor impact.	As previously. Monitor and evaluate impact.	Continue or suspend activity.	Evaluate impact.
Take a lead role in marking the International Day of Persons with	As previously.	As previously. Evaluate impact.	As previously.	As previously. Evaluate impact.

Disabilities (3 December)				
Distribute Awareness kit (posters etc.) and train recipients on its use.	Update and improve the kit.	As previously. Evaluate impact.	As previously.	As previously. Evaluate impact.
Design and distribute promotional items	Distribute.	Design and distribute promotional items. Evaluate impact.	Distribute.	Design and distribute promotional items Evaluate impact.
Conduct awareness sessions at community level	As previously. Link with rural project.	As previously. Evaluate impact.	As previously.	Evaluate impact.
Conduct awareness sessions at NGO level	As previously.	As previously. Evaluate impact.	As previously.	Evaluate impact.
Conduct awareness sessions at Gov't level. Encourage establishment and SF membership of a working group for the National Plan.	Monitor implementation of the national plan.	As previously. Evaluate impact.	Syrian Government and NGOs to present at an International Conference on Disability.	Review implementation of national plan. Evaluate impact.
Embed awareness in sessions provided to and by National Trainers	Monitor National Trainers.	Embed awareness in sessions provided to and by national Trainers Evaluate impact.	Monitor National Trainers	As previously. Evaluate impact.

National Trainers

09/10	10/11	11/12	12/13	13/14
Organisational and Admin Support – a Trainer Secretariat.	Trainer Secretariat	Trainer Secretariat Evaluate impact.	Take decision re future of programme (i.e whether project remains with SF or can be transferred to MoSAL/MoH)	Evaluate impact.
Standardise	Standardise	Update manuals.	Update manuals.	Evaluate impact.

manuals for trainers and trainees.	manuals in other subject areas.	Evaluate impact.		
Finalise agreements and procedures for certification of trainers	Issue and update certificates	Issue and update certificates Evaluate impact.	Issue and update certificates	Issue and update certificates Evaluate impact.
Follow up and quality control. Certification.	As previously. Seek diploma ToT qualification.	As previously. Conduct combined team review. Evaluate impact.	Follow up and quality control.	As previously - conduct combined team review 40+ active trainers
Team Building – 2 mthly / quarterly meetings and review.	As previously.	Combined team event (new and old trainers)	Team building.	Combined team event (new and old trainers). Seek sponsors. Evaluate impact.
Subsidise accommodation and transport	As previously.	As previously.	As previously. Share with other funders.	As previously.
Purchase and Loan of equipment	Loan of equipment	Purchase and Loan of equipment	Loan of equipment	Purchase and loan of equipment. Seek other funders.
Copying of educational materials	As previously.	As previously.	As previously.	Seek other funders.
Distribution of / training on awareness materials	As previously	As previously.	Final year.	
Retraining	Retraining plus ToT training for new cadre of 20 + trainers	Retraining Evaluate impact.	Retraining plus ToT training for new cadre	Retraining Evaluate impact.

Outreach

09/10	10/11	11/12	12/13	13/14
	Support management training for local NGOs – governance & management,	Support management training for local NGOs Evaluate	Support management training for local NGOs	Evaluate impact.

	financial management, the project cycle, proposals and reporting, child rights, the National Plan.	impact.		
	Provide small grants for local NGOs working in rural areas	Provide small grants. Evaluate impact.	Provide small grants. Seek other donors.	Provide small grants. Evaluate impact.
Pilot a mobile clinic project through partnership with an eligible partner. Elaborate proposal for SF project in rural Damascus (or other area).	Continue outreach support to chosen local organisations	As previously. Evaluate impact. Elaborate Proposal for second clinic.	As previously.	As previously.
Duplicate / begin service delivery through an SF mobile clinic.	Continue service delivery. Modify as necessary.	Conduct feasibility for a second clinic in the North East. Establish second clinic. Evaluate impact.	Support at least 2 clinics.	Evaluate impact.

ANNEXES

ANNEX 1 – Child Disability in Syria (taken from the SCB Review)

Child disability prevalence and distribution in Syria

Data on disability incidence, distribution and types in Syria are scarce and unreliable. This is due to a lack of systematic surveying, the persistence of negative social stigmas that prevent disclosure of disability and the general difficulty linked to assessing disability. The estimates of disability prevalence and distribution presented below are derived from international, regional and local studies as well as from studying disability risk factors.

1. National estimates for disability prevalence in Syria

In 2002, the World Bank calculated low and high estimates of the disabled population in Syria based on country level data available through the United Nations Statistics Office. The low estimate was that 510,600 individuals in Syria (3% of the population) lived with one or a multiple disability while the high estimate was 1,366,200 disabled persons (8% of the population). Adjusting these rates to 2006 population figures indicates disability prevalence ranging between 582,240 and 1,552,640 individuals. With children and youth under 15 years of age representing 36.9% of Syrian overall population,this would suggest a range of between 214,847 and 572,924 children and youth with disabilities living in Syria. Since survey data relies on self-disclosure and tends to underestimate prevalence, these figures are likely to be conservative estimates.

The WHO estimates the prevalence of individuals living with physical, sensory, intellectual or mental health impairments as about 10% of the world's population. Adapting WHO figures to Syria indicates an overall disabled population of about 2 million, of which over 700,000 children and youth have some type of disability.

Interviews with key Syrian experts in the field of disability confirm that the prevalence of disability in Syria is at least 10% of the population.

A national survey into disability is required in order to collect reliable data on disability prevalence by groups, types and distribution in Syria. A survey of this type is currently being carried out and results are due in early 2010.

2. Regional comparison

Comparing the above estimates to data from Jordan is a good way to assess their validity. In Jordan, the official estimate of persons with disabilities in the country is 12.6% of the population. Although higher than the WHO global estimate of 10%, this figure is realistic for Jordan and other countries in the region due to the higher concentration of disability risk factors, such as intermarriage and poor preventive care in these countries. In 2003, the Jordanian National Council of Family Affairs (NCFA) estimated that there are over 230,000 disabled children with disabilities of varying types and severity in Jordan. This constitutes about 10% of the young population. Applying this proportion to Syria supports the above assertion that over 700,000 children and youth in Syria live with at least one disability.

3. Distribution of disability in Syria

a. Linking concentration of disability risk factors and disability prevalence

Risk factors are a set of individual and social circumstances specifically associated with increasing the chances of disability.

It is estimated that over 50% of all disabilities can be prevented by reducing the risk factors linked to their incidence – and this percentage is even higher in the case of child disability. Moreover, many disabilities can be mitigated through early detection and treatment. Prevention, early detection and early intervention should be crucial components of any disability strategy.

Disability risk factors and disability incidence are closely linked to poverty and under-development. Poverty increases disability risk factors and therefore incidence of disability. Through the cost of caring, treatment and lost opportunity to earn an income, poverty is deepened for individuals, families and communities.

The following section reviews child disability risk factors in Syria and looks at the distribution of four selected child disability risk factors (rates of intermarriage, ante and peri-natal care, lack of health care knowledge and accidents within and outside the home) to derive estimates of disability distribution in Syria.

b. Distribution of risk factors and disability in Syria

In the Arab region, the main risk factor for child disability is intermarriage. This is also true for Syria where it is estimated intermarriage accounts for between 25% and 50% of child disability.

Other main risk factors of child disability include:

- Lack of (or poor) ante, peri and post-natal care
- Incidents at birth
- Lack of health care education and knowledge
- Accidents outside and within the home
- Inadequate diet and nutrition

Looking at the distribution of these risk factors in Syria helps identify where in the country child disability is most prevalent. The below analysis points to a higher prevalence of risk factors in rural areas, indicating that child disability rates are higher in rural areas than urban:

- Rates of intermarriage are higher in rural than in urban areas. The Syrian Family Health Report 2002 indicates that 32.9% of women in rural areas are married to first degree relations, compared to 25.5% in urban areas.

- Difficulties accessing health services from remote rural villages mean there is no or little ante, peri and post-natal care and birth is often given at home. The limited availability of public health care information in rural areas, along with cultural issues and traditional practices mean that women are not encouraged to access natal care.

  The UNICEF MICS3 2006 survey found that 19.8% of Syrian women who gave birth in rural areas in the two years preceding the survey didn't receive any ante-natal care, against 9.6% in urban areas. Moreover, 11.6% of women in rural areas give birth without any skilled personnel in attendance, compared to 2.4% of women in urban areas.

- In Syria, children between 0-5 years of age in rural areas are more likely to be left with inadequate care, a factor which increases the risk of accidents in and outside the home. The UNICEF survey found that, in the week preceding the survey, 18.4% of

children in rural areas were left with inadequate care compared to 14.8% in urban areas. The single most determining factor was whether the mother had received an education: 28.8% of children whose mother had no education were left with inadequate care, versus 15.4% of children whose mother had been educated even to primary level.

- The regions in Syria that have the largest rural populations are the Northern region (Aleppo and Idleb governorates) and the Eastern region (Hassake, Deir Ezzor and Raqqa governorates. It is highly likely these regions have the highest concentration of risk factors associated with disability and therefore higher prevalence. For example, in these governorates:
    - The percentages of women who gave birth and received no ante-natal care were: 32.3% in Idleb, 21.4% in Aleppo, 19.4% in Raqqa, 18.3% in Deir Ezzor and 17.3% in Hassake, all above the national rate of 14.7%.
    - The percentages of woman who gave birth without any skilled personnel in attendance were: 19.7% in Hassake, 14.8% in Deir Ezzor and Raqqa, 10% in Idleb and 8.8% in Aleppo governorate, above the national rate of 7%.

In summary, the link between risk factors and child disability suggests higher rates in rural rather than urban areas in Syria. The high concentration of risk factors in Northern and Eastern regions could indicate that these regions have the highest level of child disability prevalence.

Since intermarriage and poor care around the time of childbirth are the main risk factors in Syria, prevention services and awareness-raising could reduce future incidence of child disability in Syria.

4. Disability prevalence by type

a. Linking risk factors and types of disability

Strong links have been established between the risk factors existing in Syria and specific types of disability. Intermarriage, pre and peri-natal problems are closely related to high rates of Cerebral Palsy and mental retardation. The latter includes conditions such as Down's Syndrome, microcephalus and hydrocephalus. High rates of sensory impairments have also been identified.

b. Regional and local comparison

Regional and local data confirm the higher prevalence of Cerebral Palsy, mental retardation and sensory impairment in the Arab region.

A study on child disability in the Gaza strip found that the three main impairments were Cerebral Palsy (53%), mental retardation (16%), and sensory impairments (15%). The study also analysed the causes of Cerebral Palsy within a sample of over 300 children: 58% of these children's parents were cousins (43.4% were first degree cousins) and 17% of these children suffered a lack of oxygen during birth.

Similar prevalence rates by type were identified in Lebanon. In 1997, official statistics found that mobility impairment including Cerebral Palsy accounted for 50% of the disabled population and sensory impairment for 20%. Mental retardation was not included in the survey but local research by Lebanese NGOs confirmed high rates of incidence.

The Syrian NGO *Small Roses*, established in 2005 by Dr Mario Lahlouh, works on the physical rehabilitation of children with disabilities in rural areas around Aleppo, and has compiled local figures on the types of impairment found in their work. Of the cases encountered by *Small Roses*, more than 66% are Cerebral Palsy, a much larger proportion than for any other single impairment.

Conclusion

- Estimates suggest that there are over 700,000 children in Syria with disabilities.
- The higher prevalence of risk factors in Syria indicates disability prevalence may exceed WHO estimates of 10% of the population.
- The concentration of risk factors indicates higher rates of disability in rural areas, particularly the Northern and Eastern regions of Syria.
- Cerebral Palsy is identified as the most prevalent type of impairment encountered in Syrian children, followed by mental retardation and sensory impairments.
- A national survey into disability is required (and is in the process of being carried out) in order to collect reliable data on disability prevalence by groups, types and distribution in Syria.

ANNEX 2 – Summary of the National Plan for the Care and Habilitation of People with Disabilities (20

The National Plan was presented to the Prime Minister by the Central Council and was ratified in 2008. The vision of the National Plan is that:

> *"By the beginning of 2025, disabled people in Syria should have access to a full range of opportunities and choices to improve the quality of their lives, should be treated with respect and equality like all other members of society, and should be able to realise their potential."*

The National Plan's approach to disability is progressive and in tune with international conventions and standards. The introduction to the Plan sets the issue of disability in a broad context, addresses the debate concerning disability definitions and refers to UN, Arab league and WHO declarations on disability. The UN Convention on the Rights of Persons with Disabilities is included in its entirety within the text of the National Plan.

ABBREVIATIONS

- MoSAL. Ministry of Social Affairs and Labor
- MoH. Ministry of Health.
- MoHE. Ministry of Higher Education
- MoE. Ministry of Education
- MoT. Ministry of transportation
- MoM. Ministry of Media
- MoLAE. Ministry of Local Affairs and Media
- MoRA. Ministry of Religious Affairs
- MoF. Ministry of Finance
- MoJ. Ministry of Justice
- MoC. Ministry of Culture
- ICF. International Classification of functioning, Disability and Health

THE GENERAL EXECUTIVE PLAN

- The original plan had nine activities; now spread over seven major executive ones as follows:

1) Evaluating and modifying the laws regarding disability including an evaluation of the international laws. Besides evaluating disability centres in Syria.
2) Evaluating the status of disability and establishing a national registry centre for disability.
3) Building capacity in the field of disability.
4) Prevention and early detection of disability.
5) Accessibility and inclusion.
6) Societal awareness of disability.
7) Establishing rehabilitation, vocational training, and assistive devices centres.

Each activity has a major governmental institution responsible for the implementation with a timetable.

EVALUATING THE LAWS AND DISABILITY STATUS; ACTIVITY # 1.

- To evaluate all the national and international laws. MoSAL.

- Modifying the laws as needed. MoSAL.

- To learn about all the rehabilitation centers, governmental and NGOs. MoSAL.
- Evaluate the costs of these centers. MoSAL
- Annual repots on the status of the above centers and disability. MoSAL

EVALUATING THE STATUS OF DISABILITY AND ESTABLISHING A NATIONAL REGISTRY CENTER; A # 2.

- Establishing a national registry center. MoH.
- Evaluating the national census 1994-2004. MoH.
- National disability survey. National Statistics Center.
- Distribution of 1000 copies of the ICF to MoH and MoHE institutions.
- Training teams on how to use the ICF. MoH
- Teaching ICF to health care provider in their institutions. MoH, MoHE.

BUILDING CAPACITY IN THE FIELD OF DISABILITY; A # 3.

- Establishing the needed specialties in all provinces to rehabilitate the disabled. MoHE.
- To train media staff on disability related terminology. MoM.

PREVENTION AND EARLY DETECTION OF DISABILITY; A # 4.

- Establish a national program for prevention of in-house injuries. MoH.
- To educate students at schools on prevention of in-house injuries. MoE.
- Annual disability screening for all school students. MoE.
- Establishing codes of safety for all buildings. MoLAE.
- Establishing codes of road safety. MoT.
- Establishing high quality rehabilitation and vocational centers in all provinces. MoSAL.
- Establishing assistive devices centers. MoSAL.
- Training the staff needed for these centers. MoHE.
- Establish a national committee for the rehabilitation of the disabled. MoSAL.

- Encouraging the importation of vehicles with high safety levels. Tax cuts. MoF.

- Annual safety checks of all vehicles. MoT

- Establishing systems for all employees governmental and NGO to be examined annually. MoSAL

- Establishing occupational protection codes. MoSAL.

- Establishing premarital health evaluations. MoH. MoJ.

- Establishing fetal and maternal health services. MoH.

ACCESSIBILITY AND INCLUSION; A # 5.

- Implementing the Syrian code for accessibility. MoLAE.

- Auditing of the implementation of the codes. MoLAE.

- Braille booklets, and disability friendly cultural centers. MoC.

- Inclusion. Starting with 1000 school students. MoE.

- Inclusion of 100 higher education students. MoHE.

- Implementation of 4% employment law; to reach 10 000 employed disabled in the public and private sectors. MoSAL.

SOCIETAL AWARENESS OF DISABILITY; A # 6.

- Establishing the terminology, goals, and activities to be used in the media campaigns. MoM.

- Involved partners will include: MoM, MoSAL, MoH, MoE, Youth Union, Women's Union, Sports Union, MoRA.

ESTABLISHING REHABILITATION, VOCATIONAL TRAINING, AND ASSISTIVE DEVICES CENTERS; A # 7.

- Establishing high quality rehabilitation and vocational centers in all provinces. MoSAL.

- Establishing assistive devices centers. MoSAL.

- Training the staff needed for these centers. MoHE.

- Establish a national committee for the rehabilitation of the disabled. MoSAL.