



**MANOROM  
PROJECT  
PROPOSAL**





# MANOROM PROJECT PROPSAL



## **SUMMARY OF PROJECT DETAILS**

**Project title** Community-based Rehabilitation Project 3  
**Location** (village, district, province) Manorom, Chainat Province, Northern Thailand  
**Duration** Initial research and set-up – 18 months  
 Ongoing thereafter

### **Aims of the Project**

- (i)** To provide a centre where parents can bring their disabled children, meet other families with similar problems and share experiences. CCD have been given use of a closed down leprosy hospital building for a nominal rent, and this building is the proposed site for holding the daycare and vocational centre
- (ii)** To provide training to all concerned in the basic care of their disabled children, such as basic physiotherapy, feeding, lifting and education:
- (iii)** To enable disabled children to attend local, mainstream schools and receive education appropriate to their abilities.
- (iv)** To provide vocational training for disabled children and young people in the community in the hope of teaching them skills and independence which will be lasting and transferable, increasing their quality of life and life expectancy

### **Stages involved in the Project**

- Research the local area to understand the needs of disabled children in the region
- Contact families through door-to-door visiting
- Refurbish the hospital into a specialist day care and vocational centre
- Recruit and train the staff involved to run the project

### **Proposed Budget**

Phase 1: Set up and Research	£5,780
Phase 2: Running Costs (for the first 18 months)	£39,760
<b>Total</b>	<b>£45,450</b>

### **Implementation Schedule**

- August 2008: Research
- October – December 2008: Refurbish the daycare centre
- January 2009 – Open daycare centre
- January 2010 – Open the vocational training centre



## CCD and FOR LIFE



**The Christian Care Foundation for Children with Disabilities (CCD) was established as a Thai NGO in 1997. For Life was founded in 2004 as a fundraising arm of CCD in the UK. For Life is a UK-registered charity which raises awareness for the plight of the abandoned disabled children in Thailand, screens and sends volunteer workers from the UK and Europe out to work with CCD in Thailand, and also raises funds and makes special appeals on behalf of CCD.**

### **BACKGROUND OF CCD**

CCD's work is based on these objectives:-

- To create a Thai NGO that would seek to support and develop children with disabilities living in the Government-run Homes for abandoned and orphaned children with disabilities;
- To de-institutionalise children;
- To provide educational opportunities suited to the capability of the child and the opportunity for integration into mainstream schooling, where appropriate;
- To develop the physical, mental emotional and social skills of children with disabilities;
- To teach social and life skills and enable whole or partial integration into mainstream society;
- To enable children with disabilities to take advantage of government help schemes, for example, public health, education and employment;
- To provide physiotherapy;
- To provide support, training, advocacy and equipment to families with children with disabilities living in the community by going to them, not bringing them to us;
- To educate the family and community in the correct ways to care for the disabled, together with teaching about health and hygiene in order to prevent disability;
- To change the perceptions of the Thai people in relation to children with disabilities; and
- To give love and care to the children by way of a holistic approach.

### **Key projects**

1. **Rainbow House** (completed in 2004), which provides:

- (i) **a purpose-built Rehabilitation Home** - here we have about 40 permanent resident children with disabilities. We have been successful in integrating all the older children into mainstream schools and one has just been accepted for university, Several others are either now doing some form of vocational training or hope to commence soon and one has just started to work at Rainbow House. Many of our children have either been reunited with their birth families (either returning to live with them or staying at Rainbow House and visiting their families) or been successfully adopted by foreign families.

In 1990 Khun Wasan and Khun Chariya founded Rainbow House, with 10 children from Baan Fuang Fah. Originally the children lived in a succession of private houses, with residential carers. Khun Chariya was the Superintendent and fulfilled the role of "Mum" to the children. However the situation with regard to the housing was very unsatisfactory as the facilities were inappropriate

and the neighbours were often unfriendly/complaining and several moves had to be made. Finally Khun Wasan and Khun Chariya decided to construct a purpose –built home and Rainbow House Rehabilitation House was the result

- (ii) **a day-care centre** - the younger resident children, together with children from the Government Home and local children with disabilities, attend the day-care programme five days a week, where they receive some pre-school education and also training in social and life skills, together with appropriate therapies (eg physio)
- (iii) **Therapies** - such as physio and occupational therapies, to other children and young adults from the Government Home

2. **Day-care centres** at the Government Homes (first started in 1986):-

- (i) Baan Fuang Fah for babies and young children – this provides appropriate therapies, some pre-school education for those able enough and teaching of self-help and social skills. There are also physiotherapists working on the wards
- (ii) Rachawadee Boys and Girls Day-care Centres - providing rehabilitation therapy and self-help skills for boys and girls (7 years-young adults) with moderate to severe cerebral palsy. Training included some practical training skills, such as papier-mâché objects, painting and drawing (for instance, the designs for CCD cards) and computer skills

3. **Community-based Rehabilitation (CBR) :-**

The focus of CCD is moving away from the daycare centres set out above and towards community-based rehabilitation. CCD will continue with the daycare centres it runs but not expand them. Community-based rehabilitation is considered to be more cost-effective and also to reach and influence a far greater number of people-not only the families of those with disabilities but also the local communities, health professionals, teachers etc. We work closely with the local government, health stations, social workers and schools. Both local and central government are very supportive of our work and also provide some funding assistance-for instance the National Health Security Office of central Government provided some of the funding for our 3 day residential camp last year and sent officials to visit and officiate at our Opening Ceremony. They also arranged for Channel 7 (a national TV station) to attend and film.

In 2007 we opened CBR2 to cover 2 provinces, Nonthaburi, and Pathum Thani. This has been run from an office at Rainbow House, but we have just been given a building by the local Health Station which they no longer require, as they have a new one. This building requires decorating and refurbishment and some alterations. As well as the daycentre we will also establish a toy library, stocked with toys to assist disabled children to learn. We have also been offered a room in their staff house, so our staff can live there during the week. This will save on journey times and be more efficient. Once we are established in the local community in this way we expect CBR2 to grow in the same way as CBR1.

Nearly four hundred children are being supported in this way. The following outlines how our community-based rehabilitation projects are making a difference at grass-root levels:-

## **PROPOSED PROJECT DETAILS**

<b>Project title</b>	Community-based Rehabilitation Project 3 (CBR3 Manorom)
<b>Location</b> (village, district, province)	Manorom, Chainat Province
<b>Duration</b>	Initial research and set-up – 18 months Ongoing thereafter

## **Objectives**

### Background

Manorom Christian Hospital was established in 1956 and was a leprosy hospital. It closed in 2007 as its services became redundant, partly due to the fact there is no longer any leprosy in the area and partly because the government have opened a hospital providing free medical services in the area. The hospital was run by the Overseas Mission Fellowship (OMF). OMF wish to see the buildings put to good use and have offered the use of buildings, for no capital cost and a nominal rental, to a number of organisations. This includes CCD, as OMF are extremely impressed by the community-based rehabilitation projects

CCD's objectives for this project are:

- (v)** Delivering services to the child, its family, the local community and the local Health Workers;
- (vi)** Providing a centre where parents can bring their children, meet other families with similar problems and share experiences;
- (vii)** Co-ordinating and providing training to local professionals and service providers;
- (viii)** Acting as advocates for those unable to cope with bureaucracy (in local government, schools and the health service);
- (ix)** Providing transport to enable local families to attend official appointments, eg at hospitals;
- (x)** Providing training to all concerned in the basic care of the children, such as basic physio, feeding, lifting and education:
- (xi)** Enabling children to attend local, mainstream schools and receive education appropriate to their abilities.

### **Target groups/beneficiaries**

- (i)** Children and young adults with disabilities and their families in Chainat Province and neighbouring provinces (Manorom is near the border to other provinces);
- (ii)** The communities in which the families live;
- (iii)** Health, social work and education professionals in Chainat Province and neighbouring provinces.

As we have not yet undertaken the research it is not possible to give numbers but, judging by our experience in other provinces the numbers CCD will be able to assist will probably commence in the region of 100 children and young adults, increasing to 400/500 in due course, together with their families

## **PROJECT SUMMARY**

### **Needs and Objectives:**

- (i) ending of social exclusion for children and young adults with disabilities and their families
- (ii) integration of children and young adults with disabilities in mainstream education
- (iii) assistance for parents and families of children and young adults with disabilities
- (iv) enabling children and young adults with disabilities to bring income into their families
- (v) advocacy
- (vi) relief of poverty

### **Response**

Set-up a Centre to provide:-

Community-based rehabilitation for children and young adults with disabilities, which includes:

- (a)** providing social and self-help skills training
- (b)** physiotherapy
- (c)** assistance in finding employment or starting own work project to bring income to the family
- (d)** vocational training appropriate to the abilities of the children and young adults with disabilities and the needs of the local labour market and area. It is anticipated that the Centre will initially run short courses to provide literacy and numeracy for those who have been failed by the educational system and also basic skills to enable students to gain employment locally. In due course it is hoped to be able to run longer-term courses, such as computing, business management, English, electrical repairs
- (e)** Training families in basic care and physiotherapy for the children and young adults
- (f)** Training health, education and social work professionals
- (g)** Family networking
- (h)** Daycentre where carers can meet each week, share experiences, receive training and children can be left for a few hours to be cared for by other parents, if necessary

The Centre will be run on the same lines as the current Community-based Rehabilitation Projects. CCD has had ten years experience in relation to the running and support of these projects. Trained CCD staff will work with the parents and families. However, the Centres are "owned" and run by the families. CCD will commence and support the Project in consultation with local families and communities, local government, health stations and schools and will at all times be working closely with them, as we do in our current community-based rehabilitation projects (CBR1 and CBR2). Once the project has been set up, project development is moved forward by the parents themselves, with support from CCD staff, such as assistance in writing proposals to obtain funding from the Government or local charitable organisations. The Thai Government has allocated funding for people with disabilities and we anticipate that, once the Centre is established, we should be able to assist the families to obtain funding to enable it to continue.

The parents will also learn about different types of physical and mental disabilities. They will be able to identify the disabilities of the children in their community and encourage those families to attend the centres.

Past experience shows us that there is no need to seek people out, as people tend to come continuously. Local communities will also gain, as parents become more knowledgeable and can pass this knowledge on. Parents who would have been avoided or shunned will hopefully become more respected; for instance, in our other CBR projects, some parents have been asked by the Headman in their village to act as official Health Volunteers.

Providing vocational training and self-help skills for the young adults with disabilities will enable them to be more capable of caring for themselves and to earn an income, to assist their families, thus giving respite to the parents and relieving their poverty. CCD staff also assist families to identify small businesses that they and others in their community can run. The aim, wherever possible, is to facilitate independent or semi-independent living for the differently-abled young adult.

The Project directly benefits the target groups by working with them and indirectly by educating social, health and education professionals about the different types of disability, the capability of the children to learn and methods of appropriate teaching. The children become more capable and self-confident and the whole family benefit from an increase in self-esteem.

## **Activities and tasks to achieve project objectives**

### **Carry out research**

- (i) to ascertain the numbers and distribution of children and young adults with disabilities in Chainat Province and neighbouring provinces
- (j) to ascertain how many organisations are already in the area, how many Government service providers and what type
- (k) to ascertain the beliefs of the local people and gather information concerning the families, by means of a questionnaire sent to local families, details of whom we obtained through the local Health Station.
- (l) Consult with local Government, local communities, schools, health stations and families as to the types of vocational training appropriate to this area and the local labour market

### **Contact families**

- (m) door-to-door visiting of families, making friends with them and building up their trust in us, so that they believe in us. In the provinces people only go to the hospital if actually sick and often miss appointments, as they are made for the convenience of the hospital staff, not the patient. Also past experience showed them that many organisations came with good ideas but acted the same as the hospitals or lost interest, so initially they were suspicious of us
- (n) holding a seminar/workshop for the parents at which we ask the parents themselves to set the goals of the centre, eg they name the centre themselves. This is so that the parents have ownership and thus the project becomes sustainable
- (o) obtaining information about the families and a history of the children

### **Refurbish the Centre**

- (p)** Repairs
- (q)** Redecoration
- (r)** Furnishings, fixtures and fittings for the Daycentre
- (s)** Therapeutic equipment (including medical and physio), educational and play equipment for use by staff and families
- (t)** Fitting out the Vocational Training Centre workshops and classrooms for disabled young adults and adults

### **Recruit and Train up Staff**

- Project/Centre Manager
- Physiotherapist
- Field worker
- Teachers/Instructors
- Cook/maid
- Handyman/driver
- Professional Volunteers – CCD has many volunteers, both professional and non-professional. We would aim, in due course, to have regular long-term professional volunteers at Manorum, as well as shorter-term volunteers

It is anticipated that local parents will assist with the preparation of the Centre but no local funding is anticipated at this stage. However, we will seek funding from local and central government in the future, once the Project is established, from various departments in respect of various aspects of the Centre's work. Based on previous experience we are confident that Government funding will be available once the project is established.

## Implementation schedule for activities identified

- **August 2008** – Research (as above)
- **September/October 2008** – Meetings/seminars with parents to discuss proposals
- **September/October 2008** – obtaining quotes for works
- **October/December 2008** – commence and complete refurbishment and outfit
- **September/November 2008** – interview and employ staff for Daycare Centre
- **November/December 2008** – train staff and prepare Daycare Centre
- **January 2009** – open Day-care Centre
- **May/July 2009** – interview and employ staff for Vocational Training Centre
- **August/November 2009** – prepare Vocational Training Centre curricula and prospectus
- **December 2010** - interview prospective students
- **January 2010** – open Vocational Training Centre

## **BUDGET BREAKDOWN**

<b>Stage 1: Set-up and Research</b>	
Research	<b>£1,540</b>
Fixtures, fittings and furnishings for Day-care Centre, including installation and connection of utilities, where required (including internet access);therapeutic (including medical and physio) and play equipment and educational supplies for Day-care Centre	<b>£2,700</b>
Parent and Community Development (e.g. training and seminars)	<b>£1,550</b>
<b>Total for Phase 1</b>	<b>£5,780</b>
<b>Stage 2: Running Costs (for the first 18 months)</b>	
Rent of the Hospital Building	<b>£3,350</b>
Salaries	<b>£13,900</b>
Fixtures, fittings and furnishings for Day care centre, (including internet access); therapeutic (including medical and physiotherapeutic) and play equipment and educational supplies for the day care centre	<b>£3,085</b>
<b>Fixtures, fittings and furnishing for vocational training centre, including books, stationary, equipment and other educational supplies for vocational training centre</b>	<b>£7,720</b>
<b>Parent and community development (e.g. training and seminars)</b>	<b>£1,540</b>
<b>Transportation</b>	
Motorbike	<b>£525</b>
Truck	<b>£7,720</b>
<b>Administration</b>	<b>£1,830</b>
<b>Total for Phase 2</b>	<b>£39,670</b>

(Please note the administrative costs should not be over 7% of the total requested budget e.g. office rental and equipment)

## **Beneficiaries' involvement in the planning and implementation of the project**

- (iv)** As set out above, the Day-care Centre will be managed initially by CCD staff but in due course, following training, by the families, with support from CCD staff
- (v)** Families will be consulted at all stages in relation to the running of the Day-care Centre
- (vi)** Families and local communities will be consulted as to the types of vocational training suitable for the area and local labour market
- (vii)** Members of local families will be able to take up some of the staff vacancies (eg cook, handyman), as their children can be child-minded at the Centre
- (viii)** Some of the more able persons with disabilities may also be capable of employment in the Centre
- (ix)** In the long-term students of the VTC will be able to become instructors at the Centre

## **Monitoring and reporting schedule**

- (i) February 2009 (estimated)** - An interim report in writing will be submitted six months after commencement of Project
- (ii) Completion of Project** – A final report will be submitted at completion of the Project, to include Accounts and supporting receipts – if the Project runs to time there may be no need for an interim report, unless one is required after three months, given the short timescale.

## **Responsibilities within CCD**

- (x)** The Project Manager will run and oversee the Project on the ground
- (xi)** Khun Wasan (Executive Director) will oversee the Project Manager
- (xii)** The Project Manager will report to Khun Wasan verbally on a weekly basis and at least monthly, in writing, during the implementation of the Project and on completion of each stage of the Project
- (xiii)** Staff will be interviewed and appointed by a panel consisting of KhunWasan, Khun Chariya, Personnel Officer and the Project Manager
- (xiv)** Khun Wasan will visit the Project at least monthly during the implementation stages
- (xv)** Expenditure has to be approved by the Board initially and then, within Board approval, by Khun Wasan

## Risks and risk management

### (xvi) Health and safety

- (a) Fire – fire-fighting equipment will be installed and checked regularly
  - fire drills will be held
- (b) Electrical equipment – all electrical equipment will be tested regularly and replaced if unsafe
- (c) Motorbike transport – staff will wear helmets
- (d) Staff will receive health and safety instruction at the commencement of their employment, in line with their individual duties (eg lifting; wheelchair use)
- (e) Senior staff will exercise supervision to ensure safe working practices are followed

### (xvii) Financial –

- (a) The initial budget and spending will be approved by the Board
- (b) All major financial expenditure to be approved by Khun Wasan
- (c) the Project Manager will have limited financial authority,
- (d) Accounts will be submitted monthly, with all relevant receipts and invoices, for checking by the Accountant and Khun Wasan

### (xviii) General –

- (a) Khun Wasan, Khun Chariya or a Senior Manager, will visit the Project at least monthly
- (b) Junior staff will be supervised by senior staff
- (c) Appropriate training will be given to the staff
- (d) Staff will receive assessments every 3 months in their first year and thereafter annually, together with further training if deemed necessary

### Name and title of authorising signatories:

Wasan Saenwian



Signature

Title: Executive Director

Date: June 2008

