

CARE Belize
Orange Walk Town, Belize C.A.

November 16, 2006

ACTION PLAN :

More social integration for children of age between 0 and 8 with disabilities

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1. SUMMARY

CARE Belize was founded because there was a need of therapy for children 0-8 with disabilities. They initiated a pilot project in the Stann Creek District. Then they made their headquarters in Belize City. Sending field workers, to the other districts, except Toledo, to do home based rehabilitation.

Everything is fine but in my town I noticed that children with disabilities have no social interaction; no leisure time. So that is why I came up with this proposal.

By making this action plan, I intend to make these children get together and have a great time. Not only by interacting, but also by playing, singing, learning, doing art, crafts and most essentially, meet new people. Resulting in the betterment of the child; social and moral wise. Also the families will learn to accept the fact that their children with disabilities need to socialize. By knowing that their child is having a good time, they will be relieved of some stress.

As usual every plan requires some funding. Naturally we will be doing fund raisings but for the beginning we need some funding. We will need volunteers who are interested in socializing with these kids we will also be asking the help of the children's families; the entire community as a whole.

As a BUDGET proposal: for six months 10,050.00 US. \$.

2. INTRODUCTION

How do you react when a child with disabilities is shy towards you? How would feel if he smiled at you? Like the lady in Hiroshima, where they dropped the atomic bomb, who can relate her story and express her loss; so do little children need a way to channel their keep backs.

CARE BELIZE initiated a pilot project in the Stann Creek district where children 0-6 can get home based therapy. They then made a head quarter in Belize City, sending field workers to the different districts, except in the TOLEDO district. Also increasing the age range from 0-8. I worked as a volunteer, doing advocacy and any help needed.

I came to Japan with an idea to start a project for youth with disabilities 9-18. But then I saw the need to have a center for children with disabilities 0-8, to do professional therapy for them. But after examining everything well and going to TOMO, a center for children with disabilities, in Japan; I realized that I needed to do something more important. I needed to create social interaction for these children.

So then I made a final change to Social Interaction for children 0-8. The purpose of this, is to bring children with disabilities 0-8 together to have some fun, meet new people, hear a story, sing songs, learn , do arts, but most of all get out of the house; socialize.

Here we will have children with multiple disabilities, intellectual disabilities, cerebral palsy, and physical disabilities. These will be the initial beneficiaries, then the parents.

This project will benefit those children by getting them out of their homes, make friends, meet new people, learn something, get them out of a shy state and become more social. Also and most important, enjoy childhood; not just a monotonous Life.

3. NEEDS/ PROBLEMS

For many years children have not been having much therapy and no socializing. Then the therapy issue was dealt with but not the socializing one. There is a great need to take out these children from their homes, make them participate and make them grow. Grow as a unique individual, without too much burden of their disability and to live life with a smile not a frown.

The Special Needs program was initiated to address the needs of youth with disabilities. Because they too only stayed at home after going to the special Ed. School, or got into trouble with street friends, this program began. It was such a wonderful project, for here they learnt art, craft, music and later on computers. The idea behind this project was to make them learn, do, sell and make some money. The outcome was excellent but because of lack of funding it had to close. Other factors were lack of evaluation and disagreement between directors and coordinator.

Now, the no socializing problem has made children with disabilities 0-8 sad and encloses them in a lonely world; unsociable. This has made their families worried. For even if they want they can't do anything because most of the time they don't have money.

4 .KNOWLEDGE AND EXPERIENCE ACQUIRED IN JAPAN

Japan is an enormous country with intelligent and respectable people, beautiful sites and automobiles. The people always hustling and bustling to be on time; Japanese are very punctual. Very sad for lateness, and always polite. Most importantly, very accessible, to people with disabilities, unlike many countries.

In my personal workshop I had a lecture by Mr. Kasumi, who talked about volunteers and volunteer network. He gave us an insight of volunteering and showed the benefits of it. What interested me more was the social interaction between a child with disability and an able bodied person. How you don't have to educate a volunteer at first; let him learn by first hand experience, then he can decide whether he stays or not.

Then I visited Tomo, a center for children with disabilities. Their concept is big and very useful. There the parents can take their child and leave them in good hands. Then the children have a personal assistant who will play with them, read stories, what ever they require. Then in the afternoon they to their art class, where they all participate in a big mural painting, then their own. By doing this they socialize and channel their sadness through colors. Also, Tomo has a program where the children can stay over night if their parents have to leave in an emergency or want to go out.

These are all great and useful ideas but because I'm beginning a new project, I'll use only one idea, the art idea. Then maybe in the future use others.

Then, I had a talk by Mr. Yokoyama on leadership of a person with disabilities. We had a chat and observation at Hands Setagaya. He expressed the problems PWD's have and how they have to struggle to make their voices be heard. Then he and his wife invited me to their house to see how they lived. I was impressed how they shared and love one another, especially since both have a disability.

To conclude, I must say that I am grateful to be given this opportunity. I'll go home with lots of special memories; with so much useful ideas. But most of all, to have met and made friends with wonderful Japanese people.

5. GOALS

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- 1 Social integration for children with disabilities 0-8 in Orange Walk Town.
- 2 Help families with their child's stress
- 3 In time get a place where activities can be done
 - In a center in Japan named Tomo, I learnt that in this place, children with disabilities can be taken there by their parents. Here they would be taken care and be placed in an activity. This is very good for their parents because they can go work without having to worry about their child.

OBJECTIVES

- Get volunteers to socialize with the children, play with them, sing and do an activity with them.
- For in my personal training, also I met Mr. Kasumi who gave me ideas about volunteers. That the best way for a volunteer to get to know some issues about people with disabilities, is for them to interact. The reaction will be vice versa, children make friends, enjoy the time spent with the volunteer and the volunteer can learn about PWD's
- Media advocacy, spread the word about the good of this plan
- Social events like parties, trips, fund raisings, ECT.
- Work out doors for the initial project. For kids are tired of being in their houses; nature is beautiful.
- Will start with 10 kids and 10 volunteers
- Volunteers from the university, junior high, or parents

Expected outcomes:

Children with disabilities will enjoy:

- being with friends - enjoy childhood
- learn - personality development
- enjoy nature; out doors
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6. PROCEDURES/ SCOPE OF WORK

- In December 2006
 - Preparations start
 - Doing media advocacy - find location - send invitations to volunteers -get a funded
 - Have meetings with implementing agency and collaborative partners. CARE, THE RED CROSS, VOLUNTEERS, PARENTS, COMMUNITY. ECT.
 - If funded, buy materials needed, get transportation, driver ECT.

Get ready for second procedure

If not funded yet, then prepare a contingency plan: begin doing fund raising, charge a little fee, and talk to the business community, the community as a whole.

- January 2007
 - Invite a Doctor to evaluate the status of the child, give recommendations
 - Promote the project
 - Make final checkups, have a meeting with parents; ask suggestions ECT.
 - Begin implementation of project
 - January – June
 - Evaluate 1st three months, then last three months
 - Evaluation --- questionnaire]
 - 1st children, 2nd parents, 3rd volunteers, related persons
 - Send information to JICA, keep them posted
- Have a meeting with collaborative partners, evaluate progress, make reports –to parents, volunteers, partners, and the community
- Begin a new season with higher expectations and better knowledge.
- Do fund raisings, get more funding, advocate, add some more participants. Invite more volunteers
- Look for an accessible place.
- Create new ideas
- Always giving thanks to GOD!!!!!!!!!!

7. TIMETABLE

PHASE 1:

- Report to CARE , at the head quarters
- Invite people to a meeting, the other organizations like, the Red Cross, BCVI- The Belize Council for the Visual impaired, Parents of disabled children, volunteers, Community
- Make proposals to funding agencies / make brochures
- Make a work shop for the parents and the volunteers

Invite a volunteer doctor to evaluate the kids

- Find a place to start working
- Because it will be outdoors for the beginning, we'll find a location I know
- The Nature Park
- Set up a program, snacks that will be provided, activities
- Buy equipment needed

PHASE 2:

- Start the interaction program
- Start activities, have fun, learn
- Make 1st evaluation, report to JICA
- Have social events like parties, art, music, fund raisings like a flee market from donations of the community, parents, friends.
- Make second evaluation
- Report to JICA
- Have a meeting with partners; discuss on the issues that need to be addressed, new ideas ECT.
- Make a new plan, then implement

8 . BUDGET

This budget is for 6 months

EXPENSES		
ITEMS	DETAILS	AMOUNT
Art Supplies	For everyday use	300.00
Music – guitar		75.00
Games		200.00
Floor mats		250.00
Pillows		100.00
Toys		300.00
Beach balls		200.00
Tables		300.00
Chairs		150.00
Bath room supplies		200.00
Snacks – milk, cookies		350.00
Story books		250.00
Towels		125.00
Batteries, music player		1000.00
Cell phone		600.00
Coordinator		2400.00
Bus fares –(volunteers)		300.00
Miscellaneous expenses		450.00
Vehicle / driver		1200.00
	TOTAL	10050.00US \$

9. KEY PERSONEL

.Implementing agency and collaborative partners:

- CARE.....Direct and monitor, find funding
- The Red Cross.....Direct and monitor
- BCVI.....Direct and monitor
- Volunteers- From Junior High and The University..... .Socialize with children
- Community leaders – e.g. Mr. Armando ValdezMonitor
- Community as a whole.....Monitor and assist in funding
- Parents.....Monitor and help in fund raisin event
- Doctor..... Who will evaluate kids and provide regular check ups
- Participant of Belize.....Coordinator

TARGET AUDIENCE / BENEFICIARIES

Children with disabilities 0-8

- multiple disabilities
- intellectual disabilities
- down syndrome
- physical disabilities

Parents will benefit on the longer run.

10. EVALUATION

1st week

1st by volunteer doctor who will be evaluating the children, then periodical checkups

In 3 months

First evaluation: questionnaire

- children – nothing about us without us
- parents
- volunteers / related persons

NEXT STEPS

After the second evaluation, after 6 months, there will be a meeting with key personnel to discuss the evaluations, find solutions for problems, make amendments, improve, and then make plans for the next season. Also, and most importantly, report to JICA. Naturally make a big party for the kids.