Un Mundo Special Education & Health Program

**Mission.** Promote dignity, community, and self-sufficiency by working with marginalized populations in rural Honduras on a long-term basis, facilitating access to health care, education, and livable wages.

**Vision.** Our comprehensive approach to grass-roots community development promotes local traditions, encourages community leadership, and emphasizes collective ownership. Un Mundo (UM) seeks to improve the present and future socio-economic conditions and the quality of life of the families in rural Honduras who are living in extreme poverty by providing them with tools and resources to be self-sufficient and unified.

**History.** Our work began from spontaneous relief actions after Hurricane Mitch devastated Honduras in 1998 and we grew to gain 501c3 non-profit status in 2001. Initially, the organization was sustained by volunteers from around the world. In 2007 UM hired its first permanent staff which provided a consistent presence and enabled us to expand our reach in communities and project development. In 2010, UM started to move towards further localizing its efforts – by transitioning from foreign volunteers and staff to projects run completely by local Honduran leaders. Now, the local communities carry out the majority of the work. The expectation is that in a few years the communities in the Cangrejal Valley will be fully managing their efforts to transform their communities and assist other regions, allowing Un Mundo to fully realize its vision of self-sufficiency by local Hondurans.

**Current Activities.** Our present strategies include:

**Increasing educational values and opportunities**

- **Cangrejal Special Education and Health Program (CSEHP)** – access to quality special education for children with disabilities and support of a strong parents advocacy network
- **Literacy** – a central library in the village of El Pital and a mobile library that travels by burro to lend books and increase literacy of families in the isolated, remote rural villages.

New Horizons – a leadership training program that provides leadership skills, university scholarships and internship opportunities with Un Mundo.

**Improving preventive healthcare access**

Water Connections – support local communities to develop a sustainable community-run potable water system.

Viva La Partera (Long-Live the Midwife) Midwives Network – training and support of network of midwives to provide pre- and post-natal care, family planning and sexually transmitted disease (STD) prevention.

**Increasing sustainability of livelihoods**

Women’s Social Enterprise – a group of women working to improve the local economy with sustainable enterprises. One smaller group is in the process of developing the region’s first cooperatively run restaurant.

Job Creation – create more jobs through UN Mundo programs, vocational training, midwife training, leadership training, potable water system management training, and literacy programs.
Un Mundo Special Education & Health Program

**Purpose.** The Cangrejal Special Education and Health Program (CSEHP) facilitates access to education and healthcare for children, youth and adults with cognitive, physical and learning challenges living throughout the communities of the Cangrejal River Valley in Northern Honduras.

**Needs:**

**Children with disabilities** - The Honduran government rarely supports disabled children due to the lack of infrastructure and appropriate adaption systems. Many are therefore not enrolled in primary schools or abandon their studies prematurely. Subsequent social inclusion is also limited. (Humanium Help the Children, Children of Honduras, Realizing Children’s Rights in Honduras http://www.humanium.org/en/honduras/)

**Persons with Disabilities** – According to the 2010 Human rights report: Honduras put out by the US Department of State, The law prohibits discrimination against persons with physical, sensory, intellectual, and mental disabilities in employment, education, access to health care, or the provision of other state services, but the government did not adequately enforce these provisions. Statutory provisions make it illegal for an employer to discriminate against a worker based on disability. There were no verifiable reports of discrimination against persons with disabilities in employment, education, access to health care, or the provision of other state services. The law requires access to buildings for persons with disabilities. In practice few buildings were accessible, and the government did not effectively implement laws or programs to ensure such access. The Honduran National Federation of Organizations for Persons with Disabilities stated that the national library contained the nation's only copy of the constitution in Braille. One publicly available National Educational Television program used sign language interpretation to familiarize viewers with the constitution. The government created a disabilities unit in the Ministry of Social Development and a Secretariat of the Presidency Special Commissioner for Disabilities. (2010 Human Rights Report: Honduras, US Department of State Diplomacy in Action)

**Background.** The Cangrejal Special Education and Health Program started as a pilot program in 2009, after identifying 72 individuals with disabilities such as cerebral palsy, Down’s syndrome, cognitive delays and microcephaly who were not attending school. In the Cangrejal region, schools have extremely limited resources, are often overcrowded, and lack the capacity and training to serve children with special needs or learning challenges. Due to this educational gap, the Cangrejal Special Education pilot program initially supported eight individuals ages 4-21 to attend Emilia D’Cuire School for Special Education in the larger city of La Ceiba.

The success of the pilot program encouraged us to continue expanding the program, and in 2010 we received grants that allowed us to purchase a 15-passenger vehicle to transport our students and to hire two local full-time staff members. We were also able to expand and formalize the Special Needs Association that had formed during the pilot program—a group composed of dedicated parents of children in the special education program, as well as teachers and other allies. Over the years the program has also evolved from simply an educational initiative to now including a health and vocational skills development component.
Current Program Activities. Since 2011, the CSEHP program and the Special Needs Association (SNA) have been run by a self-selected board of parents of participants who are responsible for managing money, planning monthly meetings, identifying prospective students for the program, raising funds and developing long-term plans. Un Mundo local staff and the association meet monthly to assess the progress of the 30 participating children (more than tripled since the pilot program), report on spending and to learn more about disabilities through workshops and discussions. The Special Needs Association is now the core feature of the program, developed precisely to address the long-term sustainability of the CSEHP program. It hopes to attain independent legal recognition by the Honduran government by the end of this year.

Success Story. Maynor Mendez, a young boy with cerebral palsy, was predicted to never speak nor walk when he was born. Against all odds, Maynor began walking at age six, and soon started forming words. However, due to Maynor’s challenges, he was unable to attend local schools, nor could his parents afford to send him to La Ceiba to receive a special education, therefore, Maynor spent most of his days playing alone on his doorstep, rarely leaving his front yard.

In February of 2009, Maynor was able to start school at Emilia D’Cuire School for Special Education in La Ceiba, as one of the initial students in Un Mundo’s CSEHP pilot program. In 2010, Maynor skipped a grade making significant strides with his writing, speaking, and social skills, made lasting friendships, and overcame his immense fear of water when he learned how to swim. In 2011, Maynor began learning to read and advanced to the highest level at the school.

In 2012, Maynor graduated from Emilia D’Cuire, having advanced so significantly in his academics that he was ready to matriculate into second grade at a traditional school. Despite his continued speech challenges, Maynor said his farewells by making a final speech in front of the whole school, thanking everyone for all their help over the years.

Today Maynor walks himself to and from school every day. He is excelling in the 3rd grade, his grades are higher than his other typically abled classmates, and improving his reading and writing so much that he is now a significant support to his illiterate mother. This transformational testimonial speaks volumes of the potential of what can happen when a comprehensive program serves critical needs.

Theory of Change. In line with our approach based on strengthening and developing rural communities to set their own goals and organize themselves to accomplish their collective needs, Un Mundo focuses on systemic change. We are working on multiple levels:
1) individual – meet the needs of persons with disabilities immediately
2) community -- change attitudes about disabilities in the broader community
3) institutional -- influence schools and clinics to operate in a more holistic manner.

What Makes CSEHP Unique?
CSEHP is the only known program in Honduras where children with disabilities are integrated and supported within the public school and health systems, in contrast to the traditional exclusionary methods used throughout Honduras. It is the only program planned and implemented by and for the families of children with disabilities. It is a localized program that is tailored to the needs of each child.
Goals and Objectives

Goal 1: Increase access to and quality of education for individuals living with disabilities.

Objective 1A: Conduct a baseline evaluation of all students in 8 elementary schools to identify the range of specialized needs and prevalence of specific cases.

Objective 1B: Facilitate trainings in 8 elementary schools to investigate how they can better serve the needs of students with disabilities and support each school to develop an improvement plan, including infrastructural adaptations.

Objective 1C: Conduct two trainings in the academic year for teachers at 8 schools on topics related to needs identified in the two investigations.

Objective 1D: Work with teachers at 8 schools to create and support individual education plans for a minimum of 25 students.

Objective 1E: Support teachers to implement individualized education plans through one-on-one or small group assistance in the classroom 2-3 times a week for 25 children with identified disabilities.

Objective 1F: Provide 4 local teacher scholarships for special education training at the local university.

Goal 2: Increase access to improved health services and rehabilitation for 16 individuals with disabilities.

Objective 2A: Facilitate access to annual medical exams, medications, and surgery or health treatment (if needed), to 16 individuals with disabilities in collaboration with CURE International, Clinica Los Andes and Atlántida Public Hospital.

Objective 2B: Provide 20 community rehabilitation visits, providing services such as physical and occupational therapy, language therapy and psychiatry to a minimum of 16 individuals and 8 communities.

Objective 2C: Collaborate with physical therapists from University of North Carolina to create personalized home treatment and therapy plans for a minimum of 16 individuals.

Objective 2D: Support the Special Needs Association to conduct two workshop sessions, one for new families and one for service providers from the new clinic to improve the clinical care for people with disabilities.

Objective 2E: Collaborate with 10 midwives and three local clinics to implement a plan for long term reduction of disabilities through increased prenatal care, improved maternal nutrition, and improved postnatal development.

Objective 2F: Provide 1 part-time scholarship for local nurses.

Goal 3: Increase Special Needs Association’s capacity, autonomy, engagement and ability to self-advocate.

Objective 3A: Provide guidance and practical trainings to Special Needs Association leaders on financial management and fundraising.

Objective 3B: Support Special Needs Association to raise 8% of project budget

Objective 3C: Support Special Needs Association process to complete incorporation status in Honduras and conduct on-going training on legal obligations and requirements of incorporation.

Objective 3D: Facilitate Special Needs Association to create and implement an intervention plan towards individuals and institutions that have been in violation of the rights of individuals with disabilities.

Objective 3E: Connect SNA with other disability groups to form future coalitions to advocate for disability rights.
**Education Plan.** Transporting children in the Cangrejal Valley, some who live over two hours away from the special needs school in La Ceiba, presented major challenges as a long-term solution, given the distance and the carrying capacity at the Special Education school. Therefore, the Special Needs Association, with Un Mundo staff, a team of occupational therapists, student researchers, and teachers developed a plan for integrating the special needs students into the local public schools in their communities, launching this plan in early 2014. Thus far Un Mundo recruited, trained and placed 5 volunteers in five schools to support the teachers and students, and all former students were integrated into their community public school. Additional new students needing support in the public schools were also identified and evaluated, and the program is currently serving 30 special needs students within the public school system. In only a few months of implementation of this new project phase we have seen tremendous results from not only the students, but also the parents and educators. This approach is more community based, involves teachers, and empowers parents and students. In the long term, this integrative approach significantly enriches the classroom, building consciousness and sensibility while contributing to the development of all children involved.

Building a model based on international best practices for special needs care, local community volunteers are learning effective methods for special needs students and are sharing them with classroom teachers and families while providing support to both teacher and student. Some of the best practices include:

- create a resource space for students with special needs
- implement procedures for early intervention and diagnosis
- develop Individualized Education Programs (IEPs) for special education students
- modify instruction to meet the needs of the students based on IEP
- develop a plan to meet the physical and emotional needs of the children.

A support team of occupational and physical therapy students and professors from the University of North Carolina will continue to work with families and teachers to monitor and develop plans to help meet needs of the children and adults to lead self-sufficient lives. UM will also provide 4 teacher scholarships for special education in order to strengthen and supplement the capacity of the teachers in the classrooms.

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*Table 1. Special Education Long Term Plan 2014-2020*
**Health & Rehabilitation Plan.** In partnership with a local rehabilitative practitioner, Un Mundo is developing a plan to pilot a mobile rehabilitation program, using the Cangrejal Valley as the primary site. Through this program, physical and language therapy and other rehabilitative services are being brought to the local communities twice a month. This new strategy will make services accessible to a larger population and will also allow for increased knowledge and participation of the local community and family members in each person’s rehabilitation. Additionally, community-based and in-home care will allow specialists to truly develop individualized plans which are appropriate and within the capacity of each family. UM will provide 2 part-time scholarships for local nurses.

Un Mundo acknowledges that factors such as lack of education and a lack of appropriate pre or postnatal care and adequate nutrition could all contribute to higher incidence of mental illness or birth defects in this region. We are working to increase knowledge of these topics within the Special Needs Association, new parents and health service providers in order to reduce long-term incidence for specific preventable cases. Additionally, through Un Mundo’s Midwives Network, we are working with midwives and nurses to develop strategies to improve maternal health and early childhood development.

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Table 2. Health Needs Long Term Plan 2014 – 2020

**Special Needs Association (SNA) Advocacy Plan**

**Build Capacity of Parents.** Through monthly meetings the parents and care-givers of the Special Needs Association build skills through practical hands-on application and ongoing guidance and trainings from Un Mundo staff. The Special Needs Association will continue to expand their knowledge and ability to manage activities, group dynamics and finances as well as improving their ability to set and obtain collective goals. After formally incorporating, the Special Needs Association, with assistance and support from local Un Mundo staff, will be able to diversify their financial base to include international foundations, the government of Honduras, special events and individuals in large urban centers in Honduras. Transferring responsibility of rehabilitation to the home will increase capacity and sustainability of the program.

Un Mundo CSEHP 6
Disability Advocacy. The goal of the Special Needs Association is to develop a competent collective of individuals who have the knowledge and skills to be able to advocate for themselves, their family members, and ultimately others. This has been done through connecting families to each other to form a network of support, understanding and strength throughout the Cangrejal region. In the upcoming years, as basic needs begin to be met, the SNA will connect with other groups throughout the municipality, state and country to further strengthen their capacity to impact institutional policy and change.

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<td>Build capacity org. &amp; coalition bldg.</td>
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<td>Shift norms on reg. inst. level</td>
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<td>Propose advocacy plan to Dept. Education</td>
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<td>Incorporate SNA</td>
<td>Develop strategic alliances state and local levels</td>
<td>Develop advocacy plan with partner orgs.</td>
<td>Implement advocacy plan on regional level</td>
<td>Propose advocacy plan to Dept. Health</td>
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Table 3. Special Needs Association (SNA) Capacity Building & Advocacy Long Term Plan 2014-2020

Evaluation. Goals and Objectives. Attainment of goals and objectives is a measure of success.

Evaluation of Education Component:
- Teachers increased knowledge and capacity will be measured through an initial and final focus group with all participating teachers, as well as individual questionnaires and observation sessions that will be implemented at the beginning and end of the academic year.
- Student progress and increased skill development will be measured through the initial evaluations which will be conducted at the beginning of each academic year, as well as through teacher evaluation of each student such as grades, and parent interviews. Quarterly check-in will be conducted to monitor on-going progress and challenges of both student and teachers.

Evaluation of Health Component:
- Measure the mental and physical health of students through annual medical and physical exams.
- Measure the change in perception and knowledge of health practitioners through pre and post surveys or focus groups.
- Evaluate reduction of birth related disabilities through monthly monitoring of births
Evaluation of Special Needs Association Advocacy Component:

- Engagement will be measured by attendance to meetings and other group activities throughout the year.
- Capacity and autonomy will be evaluated through facilitation of monthly meetings, outcome of monthly financial reports, ability to obtain incorporation status, and amount of money raised by parents. Parent capacity will also be measured through their delivery and ability to transfer knowledge to new parents and clinicians. This will be measured by conducting pre and post tests for the participants.
- Ability to self-advocate will be measured by pre and post surveys of the training conducted, as well as monitoring the number of actions or interventions in the up-coming years. Parents’ end-of year surveys will also measure change in perception of parents and knowledge.

How we will disseminate results. Results are summarized in final reports to funders, articles in our newsletter, emails to stakeholders and Facebook and Twitter posts.