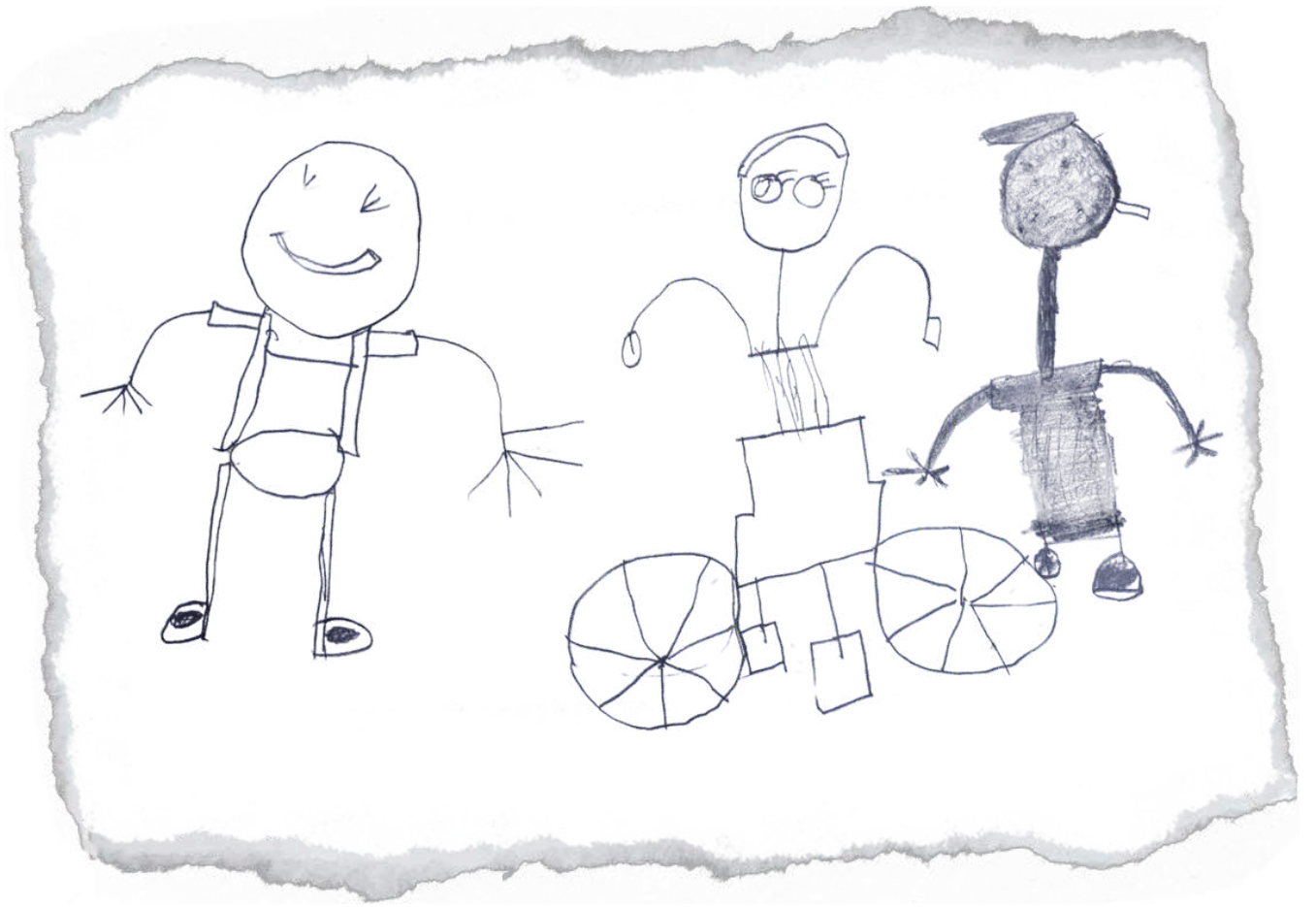




Annual report 2023





General data

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Registration number	27173896
Chamber of Commerce	
ANBI status	since 1 January 2008
CBF quality mark	since 1 August 2017
Date of incorporation	6 August 1998
Registered office	Pijnacker

Colophon

The annual report is written by:
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Love, care, appropriate education, information provision, apprenticeship pathways and the promotion of behavioral change are essential elements of our approach, to give children and young people with disabilities a full place in society.

Our approach gives children a better self-image, creates a connection between child and environment and brings about a more involved government.

In 2023, we put a smile on the faces of 612 children with disabilities and their families, and supported them in taking a step toward a better future.

We would like to thank our corporate and private donors, and volunteers for their support in 2023.








Legal form: In the Netherlands: foundation with a board. Partner organization in Bangladesh: NGO with an executive committee.

Origin: Private initiative (Antoinette Termoshuizen)

Registration: Chamber of Commerce : 27173896
ANBI status (public benefit organization) : 807284427
CBF Recognized Charitable Organization

Distinguishing characteristics: Specific target group: children and young people with complex disabilities in Bangladesh. Knowledge organization in the field of providing holistic care for people with complex disabilities in Bangladesh.

- Programs:**
-  **Early intervention** : Offer parents support and advice when they think there could be problems in their young child's development.
 -  **Education** : Provide a challenging learning environment that is based on opportunities and takes the disability into account.
 -  **Paramedical care**: Provide care aimed at improving the functioning of the body, providing aids and adaptations.
 -  **Socialization**: Actively promote and encourage the participation of children and young people with disabilities in society.
 -  **Nutrition**: Raise parents' awareness of healthy eating and the prevention of underweight and nutrition-related complications.

Project-based: The projects are operationally managed by the NGO DRRA and are directed, supported and knowledge is provided from the Netherlands by the Niketan foundation.

Fundraising:	Total	Cost B&A
	2018 : € 204.189	2018 : 3,2 %
	2019 : € 206.563	2019 : 3,7 %
	2020 : € 248.681	2020 : 2,5 %
	2021 : € 221.797	2021 : 4,3 %
	2022 : € 202.814	2022 : 5,5 %
	2023 : € 179.787	2023 : 6,6 %

Operational costs: Project costs 151.289 euros in 2023, implementation costs 25.815 euros in 2023

Financial audit: BAKKER accountants & adviseurs, Hendrik Ido Ambaccht

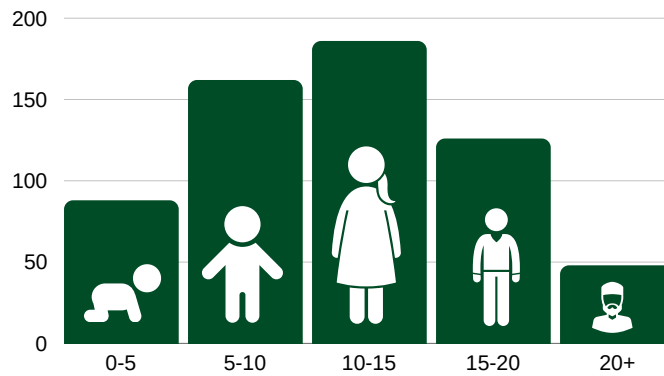
Term: As long as foreign support is needed in Bangladesh to permanently embed care for people with complex disabilities in government and society.

Membership of sector organizations: Partin, a sector organization for small charities in the field of international cooperation and development, and Goede Doelen Nederland, a sector organization for registered charities based in the Netherlands

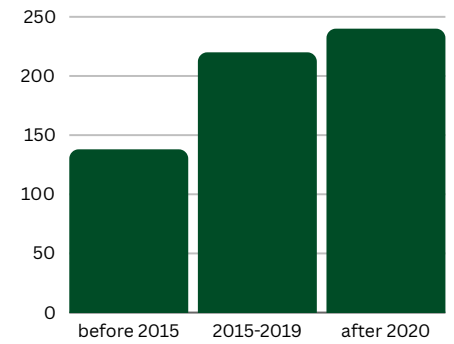
Social relevance: Helping people with intellectual and multiple disabilities in Bangladesh is often seen as too complex by international NGOs. Private organizations and national NGOs are often better able to provide this target group with access to aid and hold the government and international aid organizations accountable for this. Because, as in all countries, it is ultimately a task of the government, together with various other parties, to ensure a safe environment for vulnerable children.



Age children



Support since:



189

villages / communities

2023 AT A GLANCE



612

children and young adults received support

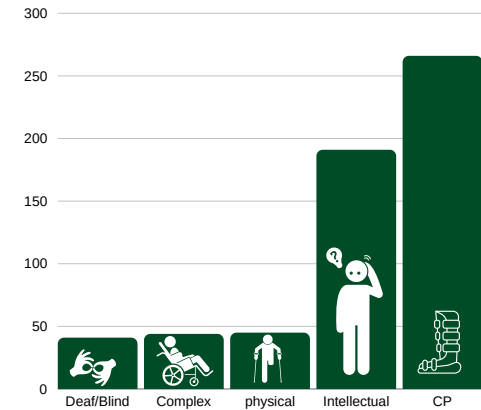


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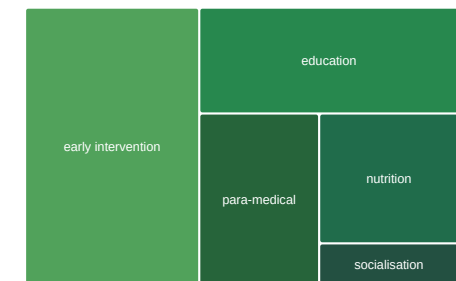


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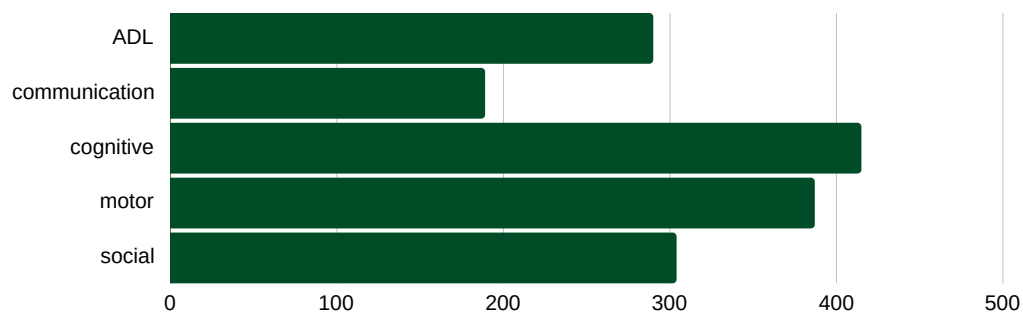
Disabilities



Cost per program part per child



Development areas of the children



children left the program.

Foreword

After all the turmoil of recent years, 2023 has not brought the peace we had hoped for. The terrible attack by Hamas on October 7 and the subsequent excessive violence in Gaza not only resulted in many innocent victims, but also in unrest worldwide. The outcome of the November 22 elections will have a huge impact on international solidarity. Fortunately, small charities like Niketan are somewhat less dependent on these fluctuations. Our support comes primarily from our donors, who trust our practical approach and commitment to the vulnerable groups. Niketan connects families and communities in the Netherlands and Bangladesh, through the unwavering efforts of Antoinette, board members and volunteers.

In 2023, we were able to launch our platform Shokkhom (<https://shokkhom.com>), which makes 25 years of experience and collaboration with our partners accessible to the vulnerable children and their immediate environment. We will take the experience and feedback from this first phase into account in the next phase, with new modules for the local government, schools and other local players.

In 2023, our Treasurer Joost Kurstjens handed over his portfolio to our new board member Saskia Caspari. We are very grateful to Joost for her induction and for supporting her in the development of the financial statements that you will find enclosed with this document.

I would like to thank you all – many of you have supported us for such a long time – the board and all the volunteers, but also our partner in Bangladesh through Farida Yesmin, DRRA's director, for all the support and trust in our efforts. Every year we try to take a small step towards continuity and 'ownership', so that an inclusive and safe environment for children with complex disabilities will become as normal as it is over here in the Netherlands.

Rutger-Jan Schoen, President

It makes me nostalgic to be allowed to write this foreword for the silver jubilee. Niketan is very close to my heart, which is why I don't know where to begin. Our collaboration has had its setbacks, fun, joyous and sad moments. Most importantly, we continued to learn together, because we had and have a common goal, improving the lives of people with disabilities.

In 1998, the collaboration between DRRA and Niketan began with 100 children with disabilities. At the time, children with disabilities were hidden because of social stigmatization and exclusion. The staff worked very hard to find the families with children with disabilities. We focused mainly on home care and day care. Now we support over 600 children with disabilities in different segments.

I would like to mention the motherly, generous and passionate support offered by Antoinette Termoshuizen. She is the "Khalamma" (godmother) to everyone. Thanks to her unconditional sacrifice, we learned how to help the children develop. As a result, DRRA now has an accessible and inclusive infrastructure for all children with disabilities. Her contribution has made a meaningful difference in many lives. I would also like to thank Marion for her training sessions on subjects such as autism and supporting people with complex disabilities, and Rutger-Jan for his strategic and inspirational support.

25 years of Niketan is a celebration of our 25 years together, of our collective hard work, dedication and resilience. I am confident that in the coming years we can strengthen the identity and values of our common brand. Let's keep up the momentum and continue to strive for excellence.



Farida Yesmin, Director DRRA

I'm Sayed and I'm 36 years old. I was 6 years old when I met Antoinette during her cycling trip. I'm the boy she promised to help and came back to Bangladesh for. You could say we drastically changed each other's lives. When I was 6 years old, my parents didn't know what to do with me. But thanks to Antoinette, my Khalamma, I got therapy, a wheelchair and education. One of the things I won't forget any time soon are the anniversary celebrations. At Niketan's 10-year anniversary, I was allowed to give my Khalamma cake and I spread it all over her face. We had such fun. Niketan has been by my side for 30 years. Even after my marriage I continued to receive support, most recently in the form of a custom toilet and a water pump. I get a very small income from the goats I got from Niketan and disability allowance from the government. If it had not been for Niketan, I would have had to spend my life as a beggar.

**'Without Niketan, I'd
be a beggar now'**



1993

Our history



In **1993**, Antoinette Termoshuizen made a cycling trip from Indonesia to the Netherlands. In the village of Falsathia in Bangladesh, she met Sayed. Sayed was a completely healthy boy until the age of six. When he was six, he got meningitis. Local doctors first beat the evil out of him and then gave him 120 injections in one week. Thanks in part to the wrong treatment, Sayed became spastic in both his arms and legs. Antoinette promised to come and help him. In **1995**, she left for Bangladesh to set up a day care center for children with motor, intellectual and/or multiple disabilities.

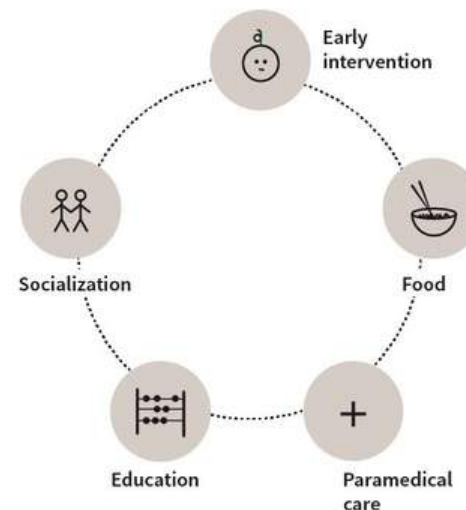
In **1998**, she returned and founded the Niketan Foundation. Over the past 25 years, our work has grown along with the needs of the children and their parents, and we have started special education schools, provided informal care and developed learning programs for young people with disabilities. Where it once started with 1 child, we now support around 500 children annually and have helped over 2,500 children on their way over the past 25 years.

We are increasingly working with local village governments. In this way, we make optimal use of existing local capacity, which can become independent of external or international funding more quickly. We are also expanding our work geographically and the materials we have developed have already crossed the borders with countries in the region. With our knowledge platform Shokkhom, we are taking steps to open up our experiences to others; both for (illiterate) parents and caregivers elsewhere in Bangladesh and for (informal) support workers.

Our dream and approach

We strive to create an equal opportunity society in Bangladesh where children and young people with intellectual and/or multiple disabilities are accepted and can develop to their full potential because they receive the care and education they need and thus gain self-confidence and as much independence as possible.

Niketan takes the individual needs of each child and his/her family as its starting point. Niketan supports the children and gives them space to develop at their own pace. We provide the children with education, a nutritious meal and paramedical care. As they get older, we continue to monitor them and adjust our support to meet their changing needs. We help them communicate better, stand up for themselves and develop their talents to the fullest. We help family, caregivers and teachers understand what the child's needs are and how to deal with them. Niketan thus demonstrates how children with complex disabilities in Bangladesh can receive optimal support and care despite the circumstances in which they grow up.



'Increasing our impact can only be done through wide-ranging cooperation with all parties: children/young people, their (grand)parents, their living environment, teachers, other NGOs and the different levels of government'

My name is Akhlas Uddin. Since 1995, I have been closely involved in Niketan's work. I worked for OSA, the local NGO that Antoinette visited during her cycling trip in 1993. Back then, children with disabilities were hidden away and it was difficult to work with parents. They believed that having a child with a disability was a result of their sins or that the child was possessed by spirits. When they went outside, family and villagers tried to avoid them as much as possible, because they were afraid that they would become disabled themselves. Antoinette was tenacious. If parents did not come to the day care center, she would visit them. In doing so, she showed villagers that disabilities are not transitive. Such a lot has changed!

I have fond memories of the opening of our first day care center in 1997 and of a party in 1998. Although the reason for the party was not so nice. Antoinette's contract expired and together with a group of Dutch friends she gave a farewell party. They played and sang in weird clown costumes, which was very entertaining. We always laughed a lot together, mostly about our cultural differences. I learned a lot. Thanks to Niketan, I went to India and the Netherlands and was able to continue to develop myself there. Since 2009, I have been the project coordinator of the care farm and residential facility. I love working with these young people and I hope to work for Niketan for many years to come.

**'I was at the cradle of all
that has now been achieved.'**



1995

Partnership with DRRA

DRRA is the partner/executive party of a large number of Niketan's projects. It provides qualitative and quantitative care to children with motor, intellectual or multiple disabilities in rural and urban areas in Bangladesh. Niketan is co-owner, facilitator (financial resources and knowledge), supporter (monitoring, evaluation, strategic planning) and quality assurer of the projects. Existing DRRA projects are supported with funds. Niketan also shares knowledge and experience with DRRA as further professional training for their employees and to put the children with their different needs at the center of all their activities. DRRA also carries out projects for other donors and can thus gain and contribute more knowledge and reduce its overhead costs.

Because of the long collaboration that celebrated its 25th anniversary this year, Niketan also seeks to contribute to increasing the knowledge and implementation capacity as well as the professionalization of the organization. And in doing so, Niketan seeks to help DRRA adapt to the changing context. DRRA is one of the key partners in getting the government more and more involved and getting it to take its responsibility for disability care in Bangladesh.

Niketan influences the following sustainable development goals:

- 1** Families of children with disabilities have access to basic services and economic resources.
- 3** Children with disabilities have access to healthcare and rehabilitation. There is love and attention.
- 4** Children with disabilities can learn together with other children in school in their own community.
- 5** Boys and girls with disabilities have equal rights and opportunities.
- 8** Young people with disabilities have access to vocational education.
- 10** Children and young people with disabilities have equal opportunities and are involved in all aspects of society.
- 17** We collaborate with partners and organizations to make our results for children with disabilities sustainable.





Niketan in Bangladesh

Bangladesh

Bangladesh is doing well economically. It is one of the world's fast-growing economies. Extreme poverty has been reduced to less than 6 percent of the population. But there is also repression in which critics are watched, intimidated and they sometimes even disappear. 2023 was dominated by the elections that finally took place in the first week of January 2024. Unrest was expected as the opposition party boycotted the elections. But in the end, things remained relatively calm and in retrospect it was unnecessary to postpone our 25th anniversary celebrations to 2024. As expected, the ruling Awami League party won the elections.

In 2023, Bangladesh is also, unfortunately, the world's most polluted country, which has major health consequences for its people. Many people have respiratory infections and heart diseases. The huge increase in industry and thus growing economy has its downside. Niketan has seen Bangladesh change over the past 25 years from a country with hardly any cars on the roads, to one with four-lane roads and traffic junctions. And thanks to growing prosperity and despite the pollution that comes with it, in the past 25 years, the average life expectancy of citizens of Bangladesh has gone from 64 to 74. However, what hardly seems to have changed is that to this day, 50% of girls are married off before their 18th birthday.

For people with disabilities, we have seen big changes in the past 25 years. For example, laws have been made and are being partially implemented, and there are many more facilities. There is less stigmatization and more acceptance. But above all, there has been an increase in training opportunities, although they are still very medically oriented and not always based on the latest insights.

The project area

Bangladesh is divided into 64 districts. Niketan operates mainly in the rural district of Manikganj and the capital city of Dhaka. Manikganj is divided into 7 upazilas (subdistricts), 65 union parishads and 1643 villages. Most of Niketan's activities take place in the upazilas Ghior and Daulatpur. The 486 children supported in Manikganj live across 173 villages in 34 union parishads. Since 2020, we have also supported 7 children in 6 villages in the district of Tangail. These are villages adjacent to the upazila Daulatpur.

The Badda slum in Dhaka is enclosed by the diplomatic districts of Gulshan, Baridhara and Banani. Children attend school for only a few hours and sometimes end up being child laborers at an early age, working in deplorable conditions in which they are often exploited. Moreover, slums are the ideal setting for social problems, such as crime, drug addiction and domestic violence. Niketan provides care and education to 126 children with disabilities in this slum.



I'm Rokshana and I have cerebral palsy. Since I was a child, I haven't been able to walk, so I crawl. I went to the center in Falsathia and received therapy and education. What I found very special then was that Khalamma (Antoinette) took me in her arms. I was dirty and nobody in my family wanted to touch me and she just took me on her lap! It meant a lot to me. My fondest memories of Niketan are about my time at the self-help group. I learned about my rights and more importantly I learned to dream. We appeared on TV and even had a meeting with the prime minister of Bangladesh. It was a fantastic time. My family still ignores me, but Niketan's employees are always there for me. I learned to sew and am able to earn a little money from that.

**'Niketan taught
me to dream'**



1996

Care and education

In **1995**, we started providing care for 20 children in a day care center in Falsathia. While the children were immediately enthusiastic, it was not easy to convince their parents to come to the center every day with their child. They found it unnecessary to invest time in their child with a disability and encountered a lot of opposition from their husbands and in-laws. Shame and stigmatization still play an important role in the lives of parents with a child with a disability and this often leads to fewer social contacts and more loneliness. We won the trust of the families by providing a good school lunch for their child.

Because there was little knowledge about various disabilities and no training, we trained people to become group leaders ourselves. Until 2015, our focus was on providing care and creating a safe environment in which children could develop to their full potential. In a country where generation after generation has been exposed to corporal punishment and verbal abuse as a parenting technique, it was not easy to change this. A child exposed to neglect or violence will develop cognitive, behavioral and/or emotional problems. Moreover, lack of adequate knowledge about a child's development can lead to the exacerbation of developmental delays.

To this day, teaching different parenting techniques remains an important part of all of our work.

Over the years, parents became more and more involved. They better understood their child's needs and dared to show affection. As parents began to believe in a future for their child, they also began to give direction to our projects. As a result, in **2014** we responded to their request for special education.

Early intervention and children with complex care needs

From **1999** to **2005**, we organized meetings in several villages for pregnant women and mothers with young children. Weights were taken, child development was monitored, and advice on healthy nutrition and childbirth was given to expectant mothers. When other NGOs that were more specialized in this care settled in the Manikganj district, we stopped organizing these meetings.

However, parents with very young children and care needs increasingly found their way to our day care center and in **2010** we started the early intervention program, where parents learn how they can encourage and support their child. We offer the children physical therapy and have a range of activities aimed at improving motor skills and all senses. The early intervention program is a program of hope. When children show progress in physical and social development, as well as in language and cognitive skills, parents are motivated to continue the intensive exercises with their child. When parents need less time for daily caregiving tasks, they can use that time to work in the fields, go to the market or socialize.

According to a recent survey of the Bangladesh Bureau of Statistics (BBS) ([National Survey on Persons with Disabilities \(NSPD\) 2021](#)), 3.6% of all children in Bangladesh have functional problems in at least one of the domains of seeing, hearing, walking, fine motor skills, communication, learning, play or behavior.

I am Shukla and I work as a teacher at the early intervention group in Baniajuri. I had polio as a child and that is why I have a physical disability now. I got to know Niketan when I wanted to go to high school. I have four siblings and as the oldest daughter with a disability, my parents weren't interested in letting me continue my education after elementary school. There wasn't enough money to pay for it either. We, well I didn't even get three meals a day. Niketan wanted to pay for my education and so I was able to go to high school. I joined the self-help group in 2005, where I told and sang stories about people with disabilities. That's how we tried to create more awareness in villages. We even performed for the prime minister. I was so proud of myself.

Unfortunately, I could not continue my studies after high school. The school was too far and anything but accessible. I was afraid that I would never find a job and that people would always think I was someone you could only feel sorry for. But again, Niketan stepped in. They offered me training and then a job as a group leader. I have been working with the early intervention group for almost 14 years now and many babies who came to my group are now going to school. I am an example to all the children and parents I work with, which gives parents hope and confidence in the future. I am proud of myself, but more importantly, my family is proud of me. They now see me as a full member of the family.

**'Niketan offered me training
and it changed my life'**



2005

When children turn 5, they move on to our care-development group, special education or mainstream education.

With the start of special education in **2015**, children were grouped by care intensity and care need. Children with complex care needs come to our care-development groups three days a week. This involves 44 children with intellectual and often multiple disabilities, either physical, behavioral or a combination of these. Activities focus on gaining new experiences and stimulating the senses and motor skills.

Despite the fact that in recent years we have done our utmost to change old, ineffective physical therapy practices to an approach that is much more functional, this will continue to be a focus area in the coming years. The training curricula of therapists at universities are not in line with new insights regarding effective interventions. Children with neurological developmental delays and disabilities in Bangladesh would benefit greatly if current physical therapy students and professionals were (re)trained in contemporary approaches to working with complex care needs and disabilities in children.

The wellbeing of children with complex care needs

It is not easy to measure the wellbeing of very young children and children with complex care needs. To gain insight into this, we used a modified San Martin Scale questionnaire with parents and teachers. We also looked at the child's body language.

It has been found that teachers quite often overestimate themselves and think they understand a child based on facial expressions, emotions and movements, without looking beyond these superficial signals. Parents are more realistic in this and indicate that they do not always understand their child. In general, the focus is mainly on physical wellbeing and not enough attention is paid to a child's personal wellbeing and emotional development.

Too many decisions are made for them instead of with them. The child's wishes and needs are not sufficiently taken into account. Niketan will have to provide more training focused on the wellbeing of children with complex disabilities.



“My granddaughter Helena is 13 years old and I have been coming to the day care center here in Baniajuri since her first year. My granddaughter has spastic paralysis, an intellectual disability and is also strong-willed. We have been able to celebrate many milestones; I was so proud when she learned to walk and talk. For each milestone I treat people to tasty sweet snacks. But now that we are both getting older, my worries increase.

Who will organize her wedding, where will we find a good candidate for her, will she understand what a man expects of her?! Who will take her to the center when I die? Who will take care of her? Her parents walked out on her because they didn't want to care for her and without the DRRANiketan staff I would never have made it. In my dream, my granddaughter can cook and do the housework independently. Ah, I so hope she will become independent one day. - Sohagy, grandmother

**'I hope she will
become independent'**



2010

Special education

Since **2015**, in the Manikganj district, we have provided special education to children aged 5 to 15 in the villages of Ghior and Baniajuri six days a week. The children are offered thematic teaching and learning activities. The schools consist of various classes according to the level and disability of the children. There is a structure class for children with autism, there are preparatory school classes for children with mild intellectual or physical disabilities who can move on to mainstream education, and there is also a class for adolescents in preparation for vocational education.

The classes work with themes that last about three months each. Each class studies the theme and the activities are adapted to the children's abilities and needs. For example, the children in the preparatory school classes work in their own workbook, while the theme offers other classes more experiential activities by singing songs, feeling and smelling.

The thematic lessons are based on Gardner's theory of multiple intelligence: everyone can be intelligent in not one but several different ways. Therefore, the lessons are varied and include activities such as singing, drawing, games with lots of physical movement, reading and telling stories, and being outside. That is how we ensure that each child can learn what is being taught in their own way, and stay involved and motivated. Each theme is concluded with a short test and a 'well done' certificate.

"I learn more here than in mainstream school. I like all the lessons, recognizing colors, learning to read and write and doing puzzles. My teacher is the best, she just can't sing very well." - Yeasin



Because every child is valuable and counts and we want them to feel that they are seen, they are asked at the beginning of each school day what they ate that morning and how they are feeling that day. The teacher names the corresponding emotion and engages the children in conversation about it when necessary. The children then choose the emotion that matches their state of mind and stick it on their t-shirt.

In doing so, children learn to recognize, separate and express their emotions. Learning to express feelings improves children's wellbeing and prevents them from using other ways to express their feelings, such as hitting or withdrawing.

The various classes are open three days a week, and the unique cooperation with twenty mainstream schools allows children to also attend three days of mainstream education. This opens up a new world for the child and enables the development of social relationships and interaction with peers who do not have disabilities. Respect and understanding grow when pupils of different abilities and backgrounds play, socialize and learn together. This year, 14 of our children made the transition to full-time mainstream (inclusive) education.

From 2014 to the end of 2023, Niketan supported a special education school in Badda - Dhaka. In 2024, the school will be fully transferred to our partner organization DRRA, which will continue the work with local funding.

I'm Shima. I'm 25 years old and I have been attending the school in Ghior for over 13 years. I also attend training courses like reproductive health education 1 day a week and I'm learning to sew. I like coming to school. I learn a lot there. For example, we are now talking about animals and I'm learning about goats and cows. At home I help my mother with all kinds of domestic chores and I take care of the goats. Niketan gave them to me. I would love to get married, but my father won't let me. I would also like to become an elementary school teacher.

**'I would like to
become an
elementary
school teacher'**



2011

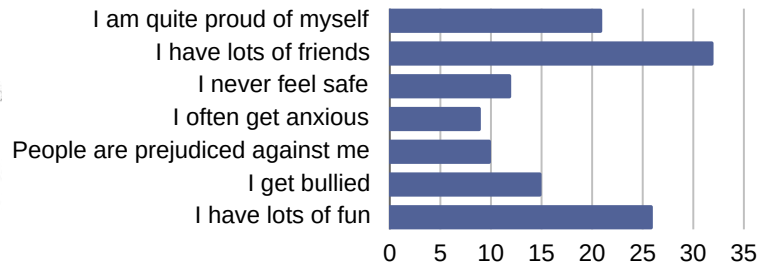
Community schools

In **2023**, at the request of parents, we started two community schools in Daulatpur. Both schools offer special education, are open three days a week and are attended by 25 students. These are children in our informal care program who need more challenges. These children cannot keep up in mainstream education, but they can learn. The elementary school curriculum is used and the thematic teaching and learning activities were created by Niketan. The community provides the space, mats, water and toilet facilities.

How happy are our children?

Using the Children's Happiness Scale from Children's Rights Director, we asked 34 children in special education to answer yes or no to about 20 statements to gain insight into how happy they feel or do not feel. The highest possible score is 4.25 and the lowest is 1.68. A score of 2.88 is considered the average score by researchers. Almost all our children scored slightly above average, at 3.12.

Below are a few of the statements that have been selected to illustrate the actual scores:



It is nice to see that so few children are bullied/called names. The children who go to special education also attend mainstream education and experience most of the bullying there.

“My daughter Likhon is 33 years old and has been coming to the center in Ghior since 2008. She should have been married a long time ago, but my daughter has a very low IQ and she still likes school. At home she is lonely. Noone talks to her. She has no friends, nothing. At school she does have them. I’m afraid of what the future will bring for us. Likhon may be able to do all the daily activities herself, but without guidance she can’t do anything. If I’m no longer there for her, who will take care of her?” – Likhon’s mother



For several years, our partner organization DRRA has been trying to let the special schools fall under the responsibility of the government. This year, we met the conditions for our teachers to get the appropriate diplomas. However, it is still not clear whether our schools will be selected for government funding.

I'm Siddique, a teacher at the school in Ghior. I have been working for Niketan since the beginning, so for 30 years. First as a field worker, then as a group leader and since 2014 as a teacher. I haven't had any formal training, I just attended Niketan's training courses. Niketan has given my life direction. 30 years ago, I illegally distilled alcohol and worked as a quack. Through my brother-in-law Akhlas, I was also involved with children with disabilities. Niketan then made me choose: either work with children with disabilities or continue with my illegal practices. Since then, I've never distilled or drank a drop of alcohol and never regretted my choice. Thanks to my work, I was able to give my own children a good education and both now have good jobs. I've been the driving force of the Ghior School for many years and I am proud of that. We've been able to help so many children and their parents. Some children are now going to school, others have found jobs. That's why every day, I still do my job with great pleasure. As far as I'm concerned, I will continue to do so until I die.

**'Niketan has given
my life direction'**



2014

Community care

Since **2013**, in the upazilas Ghior and Daulatpur Niketan has organized 'veranda schools' in several villages. The unique aspect of our veranda schools is that they are organized on the verandas of local people's houses; sometimes at the homes of parents of children with disabilities and sometimes at their neighbors' homes or those of influential members of the community. This means that the costs of our veranda schools are minimal and it is the community itself that is responsible for organizing and continuing the centers. Most veranda schools are located about 15 km from a rehabilitation center, but some are located 25 km away or more. A veranda school is open once a week and on average about 10 children attend, of various ages and with various disabilities and needs.

The community care program has grown organically over the years. For example, we involved more and more community groups in our program. We trained pharmacists and staff at local health centers and began to work closely with mainstream education. Parent groups serve as 'the voice of children with disabilities' and operate as activists who seriously lobby for inclusion and better services for children with disabilities.

In **2023**, we opened two community schools and volunteers became more involved in carrying out our work. At the request of the hospital in Daulatpur, we have been offering physical therapy there three days a week since 2023. The needs of the children and their parents and the issues they face are always leading and so more and more stakeholders get involved.

"In our hospital, we provided a room and equipment for Niketan/DRRA's physiotherapist. I asked the physiotherapist to become part of the government's 'Disability Identification' team. Our team did not have enough knowledge to make good diagnoses. We are doing a lot better now. I hope we can continue this collaboration and develop it further". - S.M. Ferdous Mahmud Khan, Doulatpur Upazilla Health Complex

With almost a decade of experience in implementing the community care project, we asked Huib Cornielje and Esmot Zarin to conduct an evaluation as independent researchers. Their overall conclusion is that:

"The veranda schools are well-known and flourish because of the close involvement of the community. It is a robust model that finds its strength in the active participation of villagers who responded positively to make their homes and veranda available. These veranda schools are a place for children with disabilities to enjoy themselves, have fun, make friends and learn and develop.

Niketan's model could contribute to new insights about community care, home care and rehabilitation in a country where the national government is increasingly investing in rehabilitation services in the form of building infrastructure, i.e. institutions, but seems to ignore the importance of community services for those who are poor and live far away from the services offered in urban areas." – Huib Cornielje



I'm Aklima and I'm Ramim's volunteer. I have a brother and a sister with disabilities and I felt I should help other children with disabilities as well. I play with Ramim, take him outside and teach him ADL skills. I attended several training programs, which is how I learned more about various disabilities and how to communicate with children with disabilities. After completing the multi-volunteer training, I started to help at a veranda school every week. Being a volunteer makes me proud, and in the process I learn a lot and gain new experiences. I now also volunteer at the hospital and help parents of children with disabilities get the right vaccinations. It would be great if we could mobilize more volunteers, especially on the chors (islands in the river), where there is a big need. No service is offered there yet. Also, I think we should organize more focus group discussions to create more awareness. I hope that one day I will find a job in which I can care for people with disabilities. I'm now studying management and training in graphic design.

**'Being a volunteer
makes me proud'**



Our 120 volunteers play an important role in raising awareness in the community. Whereas in the past many people thought they themselves would become 'possessed' when they came in contact with people with disabilities, the volunteers proved the opposite. A volunteer (mostly high school and college students) spends one to two hours a week with a child with a disability. He or she plays with the child, relieves the mother and supports the family. The volunteer also takes the child outside, allowing the child to meet other people. This helps to reduce the negative stigmatization for the entire family. In addition, 11 volunteers are closely involved in running the 19 veranda schools.

Although the community care program is relevant and of good quality, the conclusion must also be drawn that we will only be effective if in addition to children we start to focus more on adults. Many caregivers – often grandparents because the children’s parents have entrusted their children to their care – worry about the children’s future if they are no longer able to care for them. That is why in 2024, Niketan wants to support young adults into work and monitor this closely.

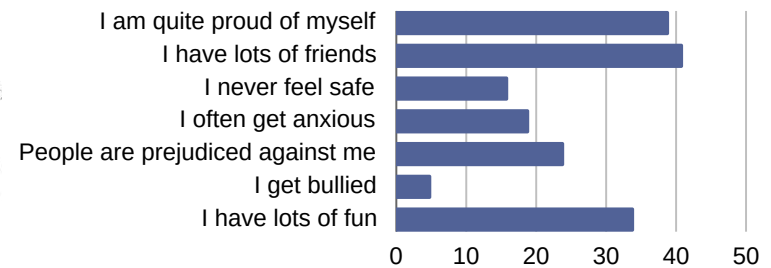
We also need to focus in the coming years on making the project financially sustainable in such a way that it becomes part of existing public services.

Informal care

In addition to the 20 veranda schools, we also provide practical assistance at home to 59 children. These are children who attend mainstream education and only need physical therapy, children with complex disabilities who no longer attend a school or veranda school, and children who are temporarily unable to attend school due to family circumstances. The care is practical, focused on what the child and family needs in the home situation.

Using the Children’s Happiness Scale from Children’s Rights Director, we asked 44 children attending the veranda school to answer yes or no to about 20 statements to gain insight into how happy they do or do not feel. The highest possible score is 4.25, the lowest is 1.68 and 2.88 is considered the average score by researchers. Almost all our children scored slightly above average, at 3.12.

Below are a few of the statements that have been selected to illustrate the actual scores:



My daughter is 35 years old. She has spastic paralysis and since she had a stroke four years ago, she cannot do anything at all. When my daughter was 5, we found out about the center for children with disabilities in Falsathia. Laila enjoyed going there and she learned a lot. We learned how to help Laila eat independently and she exceeded our expectations by learning to read, write, talk and walk. My husband has leprosy and when Laila was 15, she started helping me around the house. She even learned to cook. I was so proud of my daughter. My two sons moved abroad and they have not been in touch since.

Antoinette and Niketan really mean everything to me. They are the only ones who look out for us, who are always on our side. When Laila suffered a stroke, Niketan arranged for a good mattress, a wheelchair and therapy. During the COVID pandemic, we even received money and food. My sons didn't even call me! I'm worried about the future; Laila is getting heavier and I'm getting older. I'm thinking about selling my house and land to go and live at the Afroza Place care farm with my husband and Laila. Then she will have more contact with other people and there will be people I can fall back on. I very much hope that Niketan will continue to support Laila and us, also after I'm gone. – Renu Begum, mother.

**'Niketan really means
everything to me'**



Nutrition

In **1995**, for many parents, a healthy lunch was the reason to come to the center. Due to poverty and stigmatization, their child with a disability was often the last to be fed in the family. Many children with disabilities were malnourished. A free lunch was welcome and gave the mothers access to care. In **2015**, we stopped offering lunch to persuade parents to come to the center, but we started to use it as a training goal. Through workshops with videos, we provide tools to help parents give proper nutrition to their child with a disability.

Children with neurological disorders (especially those with cerebral palsy) are more likely to suffer from additional problems such as reflux or constipation. This makes eating and drinking a huge challenge for the child and their parents, which can sometimes lead to frustration and a refusal to eat. Eating can also be a huge challenge for children with autism and their parents. Children with autism often process stimuli in a different way than children without autism do. This processing of stimuli often plays a major role in eating problems in children with autism. For example, being picky about food can cause a child with autism to structurally eat too little or too one-sidedly. We teach parents to recognize and interpret the signals in time.



117

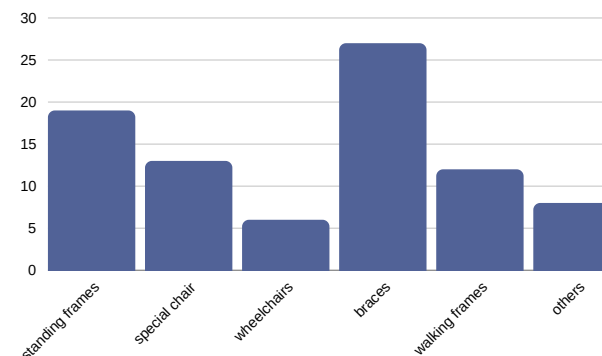
children get a healthy meal or snack

In all of our centers, we provide 117 children with a healthy meal or snack. This contributes to improving the children's wellbeing and ability to learn. Healthy and happy children learn better and are more likely to lead healthy and fulfilling lives, while poor nutrition leads to more physical as well as cognitive developmental delays. We remind parents and caregivers of the importance of healthy nutrition for their children and themselves.

Aids and medication

Aids can be essential to the development of children with disabilities. When you can stand, you stimulate bone formation, growth, metabolism and circulation. It strengthens muscles, promotes breathing and improves digestion. Standing upright is an important experience that is of major importance for social and physical development. Standing upright gives a different view of the world and allows a child to stand and play at eye level with other children. Corner chairs are perfect for children who may need head, trunk and pelvic support to achieve good sitting posture.

Thanks to the good collaboration with the Jatio Protibondhi Unnayan Foundation (JPUF), a department of the Ministry of Social Welfare, we were able to make 11 adults happy by providing them with a wheelchair and one with a tricycle. In 2023, the following aids were distributed to children:



79

children received medication for epilepsy and/or reflux problems. Once every quarter, a neurologist visits the project. This doctor prescribes the medication and monitors the children.

My daughter Mymuna is 6 years old. She has spastic paralysis and epilepsy, but my girl is also always cheerful. I myself have a physical disability and, unfortunately, because of that I cannot work. My wife takes care of Mymuna and me. We are grateful that we found Niketan's school, because with the regular doctors we saw no progress with Mymuna. Thanks to Niketan's support, we received a wheelchair, disability benefits and food parcels from the government. Niketan makes sure that we get epilepsy medication. My daughter is progressing well. She has learned to sit independently and can now stand with some support. She practices walking with a walker. At school she plays with her friends and is learning to sing beautifully. I'm hopeful that she will learn to walk and then be able to attend a mainstream school. – Monir Hossain, father.

**'Niketan offers us
support in many areas'**



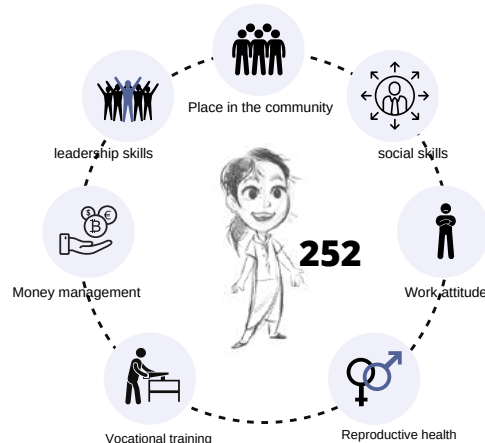
2015

Lifelong learning

In **2016**, we launched a lifelong learning curriculum for young people (boys and girls) over the age of 13, with varying intellectual levels, from normally gifted (with physical disabilities) to light and mild intellectual disabilities. Many of these young people have developed a negative self-image when they were young and lack self-confidence. Interviews also revealed that they were often denied the ability to make their own decisions. The first training courses we provided focused on learning social skills and personal hygiene.

Meanwhile, we have developed and taught the training courses 'It's my body', in which young people get reproductive health education, 'My Way to Work', which focuses on social skills and work attitude, and 'On my own', in which they learn how to handle money. When young people have completed at least two of these training courses, they can join the leadership training course. Since 2022 we have integrated the training courses into our special education program, which has allowed more young people to learn these important skills.

Since **2016**, 200 young people with disabilities and 52 young people without disabilities have taken the various modules. young people without disabilities have taken the various modules.



The lifelong learning training package 'The Right to Decide' consists of various modules and subject-oriented training courses and aims to help young people find a place in society.

The training courses are adapted for each group to the intellectual level and experiences of the young people attending that particular course. This means that some groups take longer to complete modules. To help parents discuss difficult topics about puberty, menstruation and falling in love at home, we made four short videos. These videos use simple language supported by gestures and pictograms.

"I'm Priya Akter. In my village I'm called crazy Priya and that really hurts tremendously. That's also why I didn't have any friends. Now that I'm attending the reproductive health education training, I suddenly I have a whole group of friends with whom I can share all my worries and joys. This has made me more confident. I dare to speak my mind now, also at home. And I know how to protect and defend myself. I've learned an awful lot of things I had never heard about before".

This year we started several reproductive health education training courses for boys. During the intakes and lessons, it was found that boys have less knowledge than we thought and that out of shame they do not dare to talk about anything at home. Fathers are often not involved in parenting and do not have a trusting relationship with their sons. Boys feel shy to talk to their mothers about this and are afraid of being laughed at by their brothers. Parents hardly realize that their sons with intellectual disabilities are vulnerable in this respect. They think their son knows what is right and wrong in terms of touching and being touched and that they will not become victims of sexual abuse. However, interviews with the boys themselves reveal that they do not know what is right and wrong in terms of touching and being touched and that they are much shyer than girls in sharing experiences.

My son Turiqul came to the center in Falsathia 30 years ago as a little boy. He couldn't walk, couldn't talk and showed no interest in other children. At the center I was told that my son had Down syndrome. I regularly took him to the center and he learned to walk and communicate. He used a few words and learned to use his body and sign language. Years later when he was 30 years old, he started working in the woodworking workshop. He has to walk 30-45 minutes to get there. Even though he always has a great time there, he rarely goes anymore. My son is quite lazy.

What we are most proud of is that he has participated in several cultural events at the local level as a dancer. He has always loved drama and has learned to dance really fantastically well. What we are also proud of is that he is very strong and helps both his family and his neighbors. He cuts the grass for the cows, cleans the stables and feeds the cows. He doesn't let people walk all over him and speaks his mind when necessary. - Rizia Begun, moeder

Turiqul himself sits with us with a satisfied look on his face and smiling. He looks at his Khalamma and says: 'I'm going to practice dancing even more and if I'm very good, I will fly to the Netherlands'.

**'One day I will fly
to the Netherlands'**







Self confidence of young people

Using the Rosenberg Self-Esteem Scale (RSES), we measured self-confidence in 51 young people. This test consists of 5 questions focused on self-competence and 5 questions on self-esteem. The maximum score is 30 points. The average score of all these young people was 20, which can be seen as normal self-confidence (a score between 15 and 25 is seen as a normal dose of self-confidence). The score for self-competence averaged 10 and self-esteem 9. Four young people scored just 15 and 1 young person only scored 13 points. At the top end were four young people with scores of 25 or higher.

We can say that in general, these young people are satisfied with their lives and feel that they have some good qualities. However, many young people feel that they have little to be really proud of and that they deserve more respect from those around them. Some young people with intellectual disabilities have an unrealistic self-image; they have a limited ability to reflect on reality. They feel that they have as much potential as anyone else.



-  **51** Young people are satisfied with their lives and believe that they have good qualities.
-  **22** Young people sometimes think that they are worthless.
-  **40** Young people believe they deserve more respect.
-  **47** Young people are positive about their possibilities.



“Before the ‘Right to decide’ training, I was very frustrated. My sight is decreasing every year and I felt like my life wasn’t worth anything anymore. I even considered committing suicide. Now I feel very differently. I think I can finish my education with some adjustments and have high hopes for a nice job. I’ve learned to love myself.”

– Farzana



I’m Ashraf. I’m 20 years old and I have a physical disability and a developmental delay. My mother is deceased and my father has an intellectual disability. I was raised by my grandmother. Since I first came here, I’ve really learned a lot. You could say that I’ve come out of my shell and I’m really starting to develop. I’m doing much better physically as well. I’m not being laughed at and I’ve made friends. If it weren’t for Niketan, my life wouldn’t be so good. A year ago, I got a small grocery store and now I’m trying to make a living from that. If that works out, I want to get a bigger store and make even more money so I can get married. - Ashraf

My name is Jolil Molla. Since 1998 I've been working for Niketan. First as group leader and then I became the trainer of the woodworking group. That suits me better because I once trained as a carpenter. In the beginning, Niketan focused only on children, but when those children grew up, Niketan did not abandon them and grew along with their need for assistance. Because as is the case for children with complex disabilities, there is no support for young people with complex disabilities anywhere else besides Niketan and DRRA. What I like about our work is that we look very broadly at the needs of the young people. So not just teaching them woodworking, but also social skills and reproductive health education. Because hormones are raging through all those bodies. Together with the boys, we make aids for children with disabilities, such as standing tables, corner chairs and walkers. Everyone does what they can, with one person sanding everything, another sawing and yet another painting. I really enjoy my job and I have a good relationship with all the boys. What can still be improved is the marketing of our products. It would be nice if we could sell more.

'Niketan looks broadly at the individual needs of young people.'



Vocational training

In **2004** we started making candles and offering embroidery classes to young people with disabilities. Over the years the classes changed to courses in weaving, pattern making and sewing. In **2008**, the first steps were taken to realize a woodworking group. With the help of many experts from the Netherlands and Bangladesh, we were able to increasingly professionalize the woodworking group.



Woodworking: In the woodworking group, 10 boys are taught woodworking skills through a three-year learning module. The build-up in difficulty allows the boys to continue to develop according to the work competencies they possess. The boys collectively make aids such as standing tables, special chairs and walkers. Sometimes, based on their work competencies and acquired skills, the boys can advance to a workplace outside the organization.



Sewing: 9 girls come to the center in Baniajuri to learn skills such as measuring, marking off, cutting, hemming and sewing. These are skills that many girls continue to be interested in and can use to generate some income at home.



Agriculture: On the care farm we grow organic vegetables and teach 10 boys to care for the livestock which consists of sheep, ducks, chickens and a cow.

Residential care

In **2009** we started a residential facility for a diverse group of young people who no longer have parents or whose families cannot cope with their complex care needs. These are boys with emotional and behavioral problems. The idea was that the group of young people would form a family with the house mothers who are there for each other. Where in 2009 the boys were still chasing each other with a stick and communication consisted of violence, the atmosphere now is one of warmth and brotherhood. They are very caring towards each other, they help each other with all kinds of daily skills, they play a game of cricket with each other and help the house mothers. They help with cooking and serving food. They wash their own clothes and help the farmer with tasks in the fields and on the farm. And ... as in any family, occasionally they argue.

The boys have learned that they are allowed to be there. They are seen and listened to.

They have gained more self-confidence and are carefully taking the first steps towards individual emancipation. They are learning to make choices and take responsibility. This does not always go well. The process does not always go smoothly, something which those around them must anticipate. We support and train their parents and encourage family visits so that the young people remain part of their family.



I'm Sobita, Shusal's sister. My brother has a complex disability and is completely dependent on care. I myself have been working as a house mother at Afroza Place care farm since 2009. But my brother has been coming to Niketan since 1995. After the death of our mother, I took charge of Shusal's care. Fortunately, she was alive long enough to know that we moved to Afroza Place together. Since then, Niketan has felt like my guardian. Living at Afroza Place has changed a lot in our lives. I think if Shusal had continued to live at home, he wouldn't be alive now. Here he gets therapy, good care and is in a hygienic environment. At home that would have been absolutely impossible. Here he also has more distractions and the chance to meet others. I myself did not always enjoy caring for and working with people with intellectual disabilities, but Niketan's employees were patient with me and now it suits me better.

Because of Shusal's care, I was never able to get married. My family also had no money to marry me off. By saving money myself, I was able to arrange my own marriage a few years ago. Unfortunately, I'm too old to become a mother, but the boys who live at Afroza Place now feel like my own children. If they're happy, so am I. What I'm afraid of is the future. What if Niketan ever stops supporting us. Who will take care of my brother and the other boys then?

'Niketan is my guardian'



2009

Society

Collaboration with society has grown organically and has been successful because we have **moved along with** and **listened to** the needs of the community, parents and children.

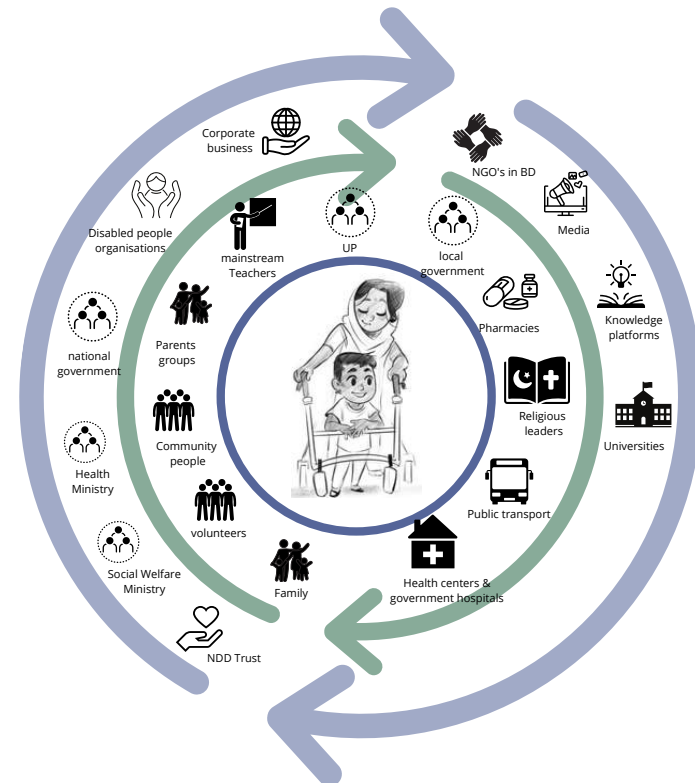
In **2013**, with the help of EU volunteers, we created social maps of the area in which we work. This gave us insight into what facilities there were, which other NGOs were working in the area, what questions/needs there were and the number of people with disabilities known to the local government. After creating the social maps and using the local government's data, we conducted a survey.

The social maps and survey represented the most important first step in a multisectoral collaboration, which is seen as one of the key principles of a Community Based Rehabilitation (CBR) program. CBR is not about a particular child with a disability who needs therapy. CBR is about identifying all children (and adults) with disabilities in a given project area and providing services for and with them, regardless of their age, gender, and the type and extent of their disability.

Our work in the community over the past 10 years has led to increased awareness and interest from the community, both socially and in terms of local government. The local government involves us in budget discussions, in which it determines annually what it invests in children with disabilities and their families. Elementary schools admit children with disabilities, pharmacists do not automatically prescribe them medication, and public transportation and health clinics have reserved spots for people with disabilities. In addition, the local government has facilitated training sessions for parents, pharmacists and health workers.

The local government has also granted families with a child with disabilities access to various safety net programs (benefits for people with disabilities, widows, orphans, etc.) and solar panels, a sewing machine, blankets and/or land were offered to these families.

“The multisectoral collaboration in the DRRA/Niketan CBR program is more efficient and effective than in any other program I have evaluated. The importance of networking is of crucial importance because it will lead to much needed systemic change!” - evaluator Huib Cornielje



I'm Dalima Rahman and I've been working for Niketan for almost 19 years. I was studying in Barangail when I saw a foreigner riding a bicycle. Amazed, I looked at her until she disappeared into the distance. She lived in Tepra and I saw her cycling more often. At that time, you didn't see women cycling here, but I wished I could and would be allowed to cycle. Such freedom that would give. I asked my mother 'How do foreign women get so tall?'. My mother replied 'Their country has a lot of money; they are very rich. They eat a lot and well and that's why they are so tall'. From then on, I wanted to earn a lot of money and eat well. I didn't dare to dream then that one day I would have the great opportunity to work with her.

As a Community Based Rehabilitation (CBR) worker, I learned to look at people with disabilities very differently. When Niketan started the community care project in 2013, they chose me as project manager. I could not believe it at first. With the promotion, my self-respect and the recognition in my family increased. My financial problems were also solved; I could pay for my children's education. Meanwhile, I have gained a lot of respect in the thanas I work in. I'm not afraid of anyone. I'm able to make my own decisions. I'm extremely proud that 'my' project has won several awards. In 2023, I was also recognized myself for all my work in the community. I remain forever grateful to Niketan for changing my life.

**'Thanks to Niketan, I
gained more self-respect'**



2013

Collaboration with Union Parishads



52

VGF card - structural financial assistance from the government



411

'Golden Citizen card' - entitles you to financial compensation for disability-related costs.



15

families received compensation for medication expenses



18

families received training in agriculture and a donation of seeds



3

families received training in caring for livestock and a donation of € 360

A Union Parishad (UP) is the smallest administrative and local government unit in Bangladesh. There are 15 UPs in Ghior and Daulatpur Thana. They are supported by committees consisting of elected representatives of the UPs. A UP is responsible for participation of local people and it deals with education, health, family planning, social welfare and disaster management, and agriculture, fisheries and livestock farming. It is also responsible for handing out so-called Golden Citizen cards (benefits) and resources. The Ghior Upazila Health Complex decided in 2023 that only children diagnosed in the presence of DRRA physical therapists are eligible for this Golden Citizen card, so that there is less chance of a wrong diagnosis. A great initiative, but our physical therapists are not yet sufficiently capable of making correct diagnoses.

Many UPs do not yet have sufficient knowledge of families with a child with a disability, and these families do not know what support they can receive from the local government. Because our program for children with disabilities is vulnerable as long as it depends on donors, we hope to embed it further with the local government in the future.

In a UP we collaborate with: The Social Welfare Department, Upazila Nirabahi, District Commission, Agriculture, Livestock, Youth Development, Primary Education and Rehabilitation Service.

Together with the 'parents forums', we have achieved the following:

Community

Awareness and involvement should not only be focused on governments and (government) institutions. We also help the community become more inclusive by organizing:

Outdoor cinemas: 4x a year we set up a cinema in a village square, where we show popular movies and show films and share success stories about people with disabilities. We talk about equality and discuss common stereotypes such as misconceptions about the abilities of people with disabilities.

Focus group discussions: in 12 villages discussions were held about (gender) equality, misconceptions about the abilities of people with disabilities, child marriage, abuse and emotional and social humiliation. Parents, police officers, teachers, local religious and political leaders, young people with and without disabilities, villagers, etc., participated in these discussion groups.

'Anti-violence' committees: in 9 villages. During our work in the communities, we see less (domestic) violence and fewer child marriages. Villagers now dare to hold each other to account and report (domestic) violence and child marriages to the committee.

"In my village, an outdoor cinema was organized by Niketan, where political leaders, teachers, religious leaders, people with disabilities and their families, villagers and many young people were present. Everyone was very enthusiastic, especially about the videos of Sumi and Jiasmin, in which two young women with disabilities tell their stories about domestic violence and injustice. It is an effective way to educate my villagers". - Amir Uddin Bepary, Union Parishad member Narshi.

My name is Jiasmin and I'm 26 years old. I live with my mother and 2 brothers, but my brothers completely ignore me. Unfortunately, that is my life story. At school, classmates didn't want to sit next to me. They called me names and hit me. I complained to the teachers, but they didn't care and my cry for help was ignored. I managed to complete my high school education, but faced many problems when I applied for college. I became a burden to my family and was married off. My husband was ashamed of my disability, so he left me. Life no longer had any meaning for me and I decided to kill myself. But then I heard about Niketan's life skills training and, to my great happiness, I was accepted. The team at Niketan did see me and since then my life has totally changed. Now I'm doing well and can support both myself and my mother financially. I would say to all parents of girls, teach your daughters important life skills instead of marrying her off. There will come a day when she will assume your responsibilities and have to take care of you.

**'Niketan did see
me and since then
my life has
totally changed'**



2019

Collaboration with mainstream primary education

In **2013**, we began collaborating with mainstream elementary schools to help them organize inclusive education. Inclusive education requires schools to be ready to customize education for pupils with various support needs. We saw that while schools had registered children with disabilities, these children did not go to the school. This was due to barriers such as accessibility, unsuitable teaching materials or behavior by teachers and pupils.

By talking to children and teachers at schools, we saw over the years that behavioral change in teachers and students towards children with disabilities is possible. To provide more tools to achieve behavioral change, we introduced the 'Stories for Inclusion' project. This program consists of training courses and a read-aloud book with a teacher's guide (for more information, see page 42).

Over 150 teachers and 4060 students at 20 elementary schools use the read-aloud book 'My Name is Runa' every Thursday. It is a book about a girl with a disability. The book is changing assumptions and misconceptions. Each school was also visited by a young woman with a disability, who shared her own experiences with the pupils, who then realized that children with and without disabilities have the same dreams and feelings.

“Runa’s story is based on reality and of tremendous educational importance. It has changed the attitudes of pupils without disabilities towards those with disabilities. And that directly affects the lives of children with disabilities. These teaching materials can bring about big changes in the education sector if the project area is expanded.” - Hasina Akter, Upazilla Education Officer, Ghior.

Whereas before pupils did not ask a fellow pupil with a disability what their name was, now they do. And whereas before they did not want to sit next to someone with a disability, now that is no longer a problem. Pupils with disabilities participate in outdoor play and the children without disabilities stand up for their peers who have disabilities. A good lesson they learn at school, because equality leads to greater respect and ultimately a more inclusive society.

To further encourage inclusion, inclusive games and sports days were organized in collaboration with UPs and mainstream elementary schools. These inclusive games and sports days are funded by the local government. In 2024, we will collaborate with 40 schools.



My 10-year-old son Arian Nur has spastic paralysis. Ever since he was 11 months old, I came to Niketan's early intervention program. Arian has learned a lot here and now partly goes to special education and partly to mainstream education. The center has really changed our lives. I completed several training courses here and we received a sewing machine, thanks to which our family is better off financially. Arian was always bullied in our village. Making friends was his big wish. Because he can now walk and goes to a mainstream school, he has managed to make friends. My biggest wish is that Niketan can start a government-recognized official mainstream school for children with disabilities. Because, unfortunately, the teachers working in the mainstream school system are still insufficiently trained to teach our children. – Nilufa, mother

'My son managed to make friends'



2020

Knowledge sharing

To be able to reach more children and young people with disabilities in Bangladesh, we have been sharing our knowledge and entering into various partnerships since **2018**.

We Care project

The “We Care” project has contributed to strengthening a more inclusive SRHR healthcare system in Bangladesh. Vulnerable young people, people with disabilities and young people from minority groups can now also access SRHR health services with their questions. This has improved the quality of SRHR services, both within the local government and in villages and schools.

Since its inception in **2019**, the We Care project has worked to improve information on Sexual and Reproductive Health and Rights (SRHR) and inclusive healthcare. To achieve this, the We Care team designed several curricula with accompanying tools, such as animated videos, practice sheets and pictograms. Training sessions were held to train health professionals, supervisors and SRHR trainers in teaching methods, curriculum development and inclusiveness. Technical and vocational education institutions now have improved curricula, and around 460 health officers are providing improved supervision of and support for SRHR services. Family Welfare Visitors (FWVs) and Family Welfare Assistants (FWAs) are now trained using the new curricula. Twenty Sub-Assistant Community Medical Officers (SACMOs) are currently giving interactive training courses.

The project has had a positive impact not only for individuals, but also for organizations, educational institutions and national institutions. By giving training courses, evaluating curricula and sharing knowledge, people in Bangladesh have gained better access to SRHR services.

In 2023, the project has been successfully completed and the training materials have been integrated into the Bengali government system. Bangladesh is slowly but surely developing an SRHR healthcare system that is more inclusive and respectful.

For Niketan, it was educational to be in a consortium with KIT, Rutgers and government agencies of Bangladesh. With our specific expertise, we ensured that the needs of people with disabilities were consistently considered in the development of curricula through to the actual provision of training to the target groups. We are proud to have been a small part of this consortium and that our efforts will make SRHR healthcare in Bangladesh more inclusive.



The We Care project was a NUFFIC project and was implemented by a consortium consisting of KIT, Rutgers, RedOrange, Niketan, NIPORT and DGFP in Bangladesh.

The pictogram booklet is part of the training material

My name is Nizam Uddin. I'm the manager of all projects supported by Niketan. Niketan has accomplished a lot in its 25 years, too much to list here. But what I find most special and unique is the support during the COVID pandemic. We switched very quickly from lessons at school, to lessons at home and in veranda schools. We gave all families an amount of money so they could keep their heads above water, because many lost their jobs and incomes. The local government was so impressed that they too gave donations. In that period, we showed the families that they can always count on our support. One of my best personal moments with Niketan was in the Netherlands. I was allowed to spend 3 weeks there in a center for children with disabilities. On a day off, we drove to the area where three countries meet. That day I had breakfast in the Netherlands, lunch in Belgium and dinner in Germany. Unforgettable! Niketan is innovative, listens carefully to our needs and supports me in my work, allowing me to perform my duties well. This results in happy parents, families who are better off financially, children who develop and communities that become more inclusive. In the future, I hope we can focus even more on adults with disabilities. Our children are getting older and need continued support. There needs to be more vocational training and a residential facility for women with complex disabilities. I also hope that the government will take responsibility and start supporting our programs financially.

'Niketan is innovative'



2021

Stories for Inclusion

Children's books are an invaluable source of information and values. They reflect society's views on diversity. The visual and verbal messages children receive from storybooks influence their ideas about themselves and others. Depending on the quality of the story, they can reinforce (or undermine) children's positive self-concept, teach accurate (or misleading) information about people with different identities and promote positive (or negative) attitudes towards diversity.

Children with disabilities are three to four times more likely to be victims of name calling, teasing and bullying than their peers without disabilities. Often children with disabilities are portrayed and described in a sad and passive way rather than in a positive and active way. They are often judged based on their limitations and weaknesses, rather than based on their abilities. What they can do well is often ignored.

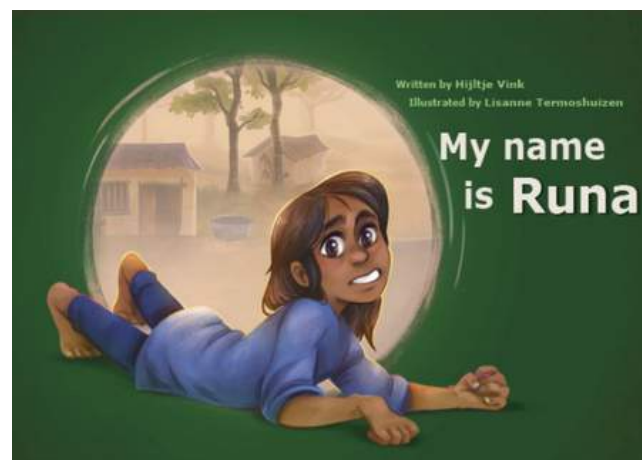
'Stories for Inclusion' focuses on making children with disabilities visible and ordinary. Its main objectives are (1) to give children and teachers access to inclusive storybooks to increase awareness and understanding, and (2) to advocate for inclusive classrooms.

In **2023**, 150 teachers started working with this project in 20 schools. Interviews with teachers revealed that all teachers considered the book 'My Name is Runa' an asset for themselves, their pupils and for the school library, because storybooks about disabilities are not available in Bangladesh. They use the book in different activities (e.g. role plays) and some also talk about this book with colleagues in other schools, friends and neighbors in their community. They see more positive behavior among pupils towards their peers with disabilities.

However, not all children enjoyed Runa's story. Some became sad because they have similar experiences, such as being called names and being excluded from (play) activities. In this way, in these classes, the story about Runa also led to more conversations about emotions and wellbeing.

As both teachers and parents indicated that there is still a lack of professional knowledge and pedagogical skills for inclusive education, we started creating a more comprehensive training module for teachers in 2023.

The local government in Bangladesh has embraced the project and would prefer that all schools in the Manikganj district start using the children's book 'My Name is Runa'. In Patuakhali (southern Bangladesh), the book was purchased by an NGO and used in several schools. There too, the book increases inclusion and reduces bullying. In 2024, BRAC (the world's largest NGO) will start using the Runa book in their schools.



The Stories for Inclusion project is in partnership with Biblionef Netherlands. The children's book is also used in Ghana and Uganda.

My name is Ayesha and I'm fourteen years old. I have mild spastic paralysis. Until recently, I was called a cripple by neighbors and the community. I was a quiet girl with little self-confidence. I attended sex education and leadership training. Now I go to schools as an expert by experience. The Runa book, a true story about a girl with spastic paralysis, is used in 10 schools in Daulatpur. To make the story of Runa even more meaningful, I told my life story in 10 schools in grades 3, 4 and 5. How I was called names, that other children at school did not want to sit next to and/or play with me and how much that hurt me. The children hung on my every word and you could hear a pin drop when I told my story. They felt sorry for me and after my lesson, the children asked for my phone number. They wanted to call me, thought I was brave and a good teacher. Now when I meet pupils from one of the schools, they greet me and call me madam. Me being called madam! As little as six months ago I still was 'that cripple'. I do know now what I want to be later. Teaching was very cool, so I'm going to be a teacher later.

**'The cripple who
became a madam'**



2023

Reaching the Hard to Reach

Every child has the right to develop (Article 6 of the UN Convention on the Rights of the Child). But some need professional help to do so, which is not always available everywhere. That's why Niketan, partner organization DRRA and communication consultancy RedOrange took the initiative to create a knowledge platform. The platform is available as an app on phones and is intended for parents/caregivers, semi-professionals and administrators. At the moment, the platform is still in the pilot phase and the online modules are mainly aimed at parents. There are modules on nutrition, drooling, gross motor skills and communication. This year we have fully completed the gross motor skills module with videos on crawling, standing and walking. Please take a look at: <https://shokkhom.org/>

To inform parents outside of our own programs about the knowledge platform, posters are put up at schools, local government buildings, health clinics and pharmacies.

The modules developed are used in Bangladesh by our partner organization DRRA and the LAMB rehabilitation center in Dinajpur. In addition to the knowledge platform, the videos are also available on YouTube, where they are used by parents and semi-professionals from India, Nepal, Sri Lanka, Vietnam, Indonesia and Pakistan.

To reach target groups outside Bangladesh even better, we have partnered with Enablement and Cerebral Palsy Africa. The booklets that accompany the videos were translated into English and are also used in Vietnam and Zambia.

In the coming year we will create modules for mayors who want to make their village more inclusive. We will show them where to start, how to develop activities and they will hear experiences from fellow mayors. Subsequently, we will also develop modules for heads of schools and health centers, so that our experience is accessible to villages elsewhere in Bangladesh.

Other partnerships

USAID: USAID's 'Advancing Nutrition' knowledge platform includes a link to Niketan's knowledge page and a reference to our instruction videos. <https://www.advancingnutrition.org/resources/disability-resource-bank/disability-resources>

2Mothers: This Dutch social enterprise works together with the Bengali social enterprises Corr te Jute and Beni Bonoon. Together they provide employment opportunities for 48 of our parents of children with disabilities.

Terre des Hommes: It has been investigated whether we can work together in the field of sex education for young people. The intention is to join forces in this respect.

Prakriti O Poribesh Kendra : This initiative of local volunteers aims to help the poor in rural Bangladesh in a sustainable way. They gave 2000 tk (€16.60) to 89 families in our project this year as well as fruit and wood trees. Thanks to the trees, parents not only have an income but also shade and a healthier living environment.





Niketan in the Netherlands

Governance and supervision

Niketan is a non-profit organization with a board consisting of volunteers with professional expertise.



Rutger-Jan Schoen: President, policy development and quality assessment. Board member since February 1, 2014 (not eligible for re-election). Rutger-Jan works as strategic communications and change management consultant in the field of international cooperation and development.



Antoinette Termoshuizen: General Secretary, contact person for Bangladesh and fundraising. In office since August 6, 1998 (eligible for re-election).



Saskia Caspari : Treasurer. In office since June 1, 2023 (eligible for re-election). Saskia is part of FMO's Structured Finance team.



Joost Kurstjens: Second Treasurer. In office since September 1, 2019 (eligible for re-election). Joost is a retired internal auditor and has many years of experience in the finance department of the European Commission in Bangladesh and Azerbaijan, among other countries.



Marion Elzenaar: Contact person for the Jostiband (a Dutch orchestra consisting of musicians with disabilities; Niketan ambassador), volunteer coordinator, development of child tracking system and trainer. In office since April 1, 1999 (eligible for re-election).



Els Heijnen-Maathuis: Contact person for cluster 2. In office since February 1, 2020 (eligible for re-election). Els is a senior education consultant with years of experience in several developing countries in Africa and Asia.

Niketan does not have a supervisory body as recommended in the Wijffels Good Governance Code, but does have an Advisory Board. Since August 2017, Niketan has been a charity recognized by the Netherlands Fundraising Regulator (CBF) (www.cbf.nl). This means that it meets all the requirements set for this and is audited annually.

The General Secretary of the foundation undertakes all office activities. The Board provides direction for and supervises these activities, and supports their implementation. Board members provide their support without any form of payment. The average time commitment of board members is around ½ to 1 day a week. The General Secretary is involved with Niketan full-time.

Advisory Board

The Advisory Board provides “solicited and unsolicited” advice to the Board regarding Niketan’s activities. The Board and Advisory Board meet once or twice a year. The members of the Advisory Board contribute to Niketan without any form of payment. The Advisory Board consists of:



Felix Piguillet, retired, former President of Niketan and former regional manager for intellectual disability care at Ipse de Bruggen.



Paul de Nooijer, Inspector at the Policy and Operations Evaluation Department of the Ministry of Foreign Affairs of the Netherlands. (Stepped down in August 2023)



Ella de Voogd, retired, senior policy advisor at the Ministry of Foreign Affairs of the Netherlands

I have been a volunteer/board member at Niketan for over 25 years. 25 years of Niketan. What a milestone!

Care as we know it in the Netherlands is so far removed from the knowledge in Bangladesh. This motivated me to transfer my knowledge as much as possible. But the lack of knowledge and care was not the only thing. Money and materials were also scarce. So we organized workshops, had stalls at fairs, initiated sponsorship campaigns and lugged suitcases full of toys with us to Bangladesh. The basic care provided worked so well that the children really started to develop and a need for appropriate teaching materials arose. It is great that the textbooks and methods I was allowed to develop are still being used every day. The direct help of rolling up your sleeves and just getting stuck in became an important part of my life. The warmth of the people of Bangladesh is so special that it has created a lifelong connection. In my many missions, I saw the Bengali staff's eagerness to learn grow, parents' involvement increase and children with disabilities develop. Thanks to the many volunteers, we were able to give our children a dignified life. Without them, the parents and staff, none of this would have been possible. I am proud to be one of them. I never thought that with my Dutch professional knowledge I could actually make a difference in the care for people with disabilities in Bangladesh. - Marion Elzenaar

'Actually making a difference'



1999

Fundraising and increasing support

In 2023, we were mentioned in the local and national news several times in Bangladesh with our projects and the award won by Dalima Rahman. We published an article in EENET and wrote a "Learning Brief" about our Stories for Inclusion project. Together with the Embassy of Bangladesh in the Netherlands, we organized a networking day and we told our story in several Protestant churches. The special education secondary school in Tegelen organized a charity run and we organized a volunteer day to look back on 25 years of Niketan.

Niketan has been able to count on a large number of volunteers over the past 25 years, whose expertise and commitment have been of tremendous value. This year too, volunteers contributed to our results. This year we would particularly like to thank Natalie Ganzeboom for all the translations from Dutch into English and Mahamuda Rahman for her support in developing the sex education videos and translations into Bengali.

This photo overview is an ode to 25 years of volunteers.





Good governance, risk and compliance

The projects in Bangladesh are implemented by our local partner organization DRRA. In close consultation with Niketan, the projects are defined, implemented and evaluated.

We are in daily contact with DRRA's managers and employees working on our projects. Their financial and substantive reports have always been good and board members visit the projects several times a year. During these visits, we work closely with DRRA's employees and management, personally monitoring the quality of the work of DRRA's employees by seeing it with our own eyes. The interests of the children in our projects are always the main focus.

In addition, Niketan consults with sponsors in the Netherlands and Bangladesh for funding. DRRA reports on progress and expenses incurred semi-annually. NGOs in Bangladesh are monitored by the NGO Affairs Bureau, an organization established by the government in 1990 to allow NGOs to operate more flexibly and help ensure the accountability of their activities. See also: <http://www.ngoab.gov.bd/>

DRRA's internal auditor also audits these local administrations. In addition, the NGO Affairs Bureau conducts specific audits and reviews. Niketan also checks the statements of project expenditures itself every six months. It compares these with the budgets submitted in advance and randomly checks whether the expenses were justified and actually incurred. In case of discrepancies, those involved must report on them in writing. DRRA, which also carries out projects for organizations other than Niketan, has the financial records for the various projects audited annually by a recognized independent external auditor. Niketan has access to these audit reports.

Organisatorische continuïteit

Niketan is run almost entirely by volunteers. The stability and continuity of Niketan is therefore highly dependent on the quality and continued commitment of these volunteers. The board is aware that with the current working method, the composition, involvement and expertise of the board are important for the continuity of the project. In our 5-Year Policy Plan Niketan 2020-2025, we have indicated that we will pay extra attention to this. This is about the continuity of care for the children we have been committed to for so long. In line with the development of Bangladesh, part of the care will have to be taken over more by the national and local government together with the private sector. Niketan's contribution to the collaboration with other parties will then shift more towards innovation and the sharing of knowledge and experience among larger groups of society. In 2023, Niketan launched the Shokkhom knowledge platform to reach parents of children with disabilities on a large scale.

Continuity of our partner organizations

Although Niketan only pre-finances a very small portion, it is still important to have a reliable and up-to-date understanding of the continuity of our partner organization DRRA, without losing our independence. To this end, the board will discuss the health of the organization annually with DRRA's management. In addition, the Treasurer will review and discuss available audits with management or auditors.




Employees Niketan / DRRA

6 Voluntary board members in the Netherlands

47 Paid project employees in Bangladesh

6 Flexible deployable volunteers in the Netherlands.

1 
Paid fundraiser

 **+/- 2.057**
hours of volunteer work by board members

Risk management

Exchange rate risk

Niketan has fixed the contracts and original budgets in taka, and for most of 2023, payments were transferred in euros at the exchange rate of the value date. As a result, the costs incurred in taka relatively closely match the exchange rate fluctuation of the taka. The remaining exchange rate risk is borne by Niketan. Since the start of 2024, Niketan has transferred payments directly in taka, eliminating exchange rate differences between budgets and payments.

Risk of insufficient funds

Every year we are faced with the question of whether we can raise enough funds to continue to support the projects. Bangladesh, currently classified by the World Bank as a lower-middle-income country, will get the higher-middle-income status in 2031. The UN classifies Bangladesh as Least Developed Country, but the country's classification will improve to Development Country by 2026. These factors may negatively affect Niketan's ability to raise funds. Niketan is pursuing multiple avenues to secure funding:

1. We maintain good contacts with equity funds.
2. We have been using the services of an external fundraiser.
3. We are focusing more on fundraising in Bangladesh. The proceeds are deducted directly from the project costs we pay.
4. In recent years we have been able to build up a buffer. In 2023 too, the funds raised were approximately equal to the costs incurred.

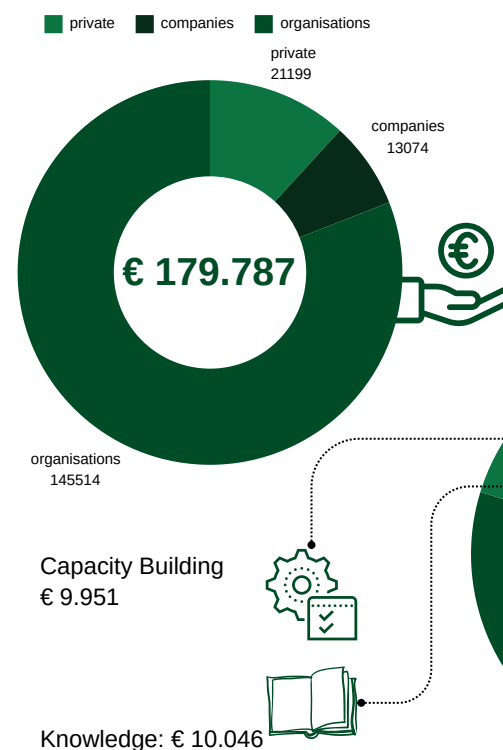
Investment risk

Our financial resources are such that we can meet the objectives for about a year and a half. Given this short investment horizon, the board has decided to hold the funds as immediately withdrawable bank balances (current account or savings account).

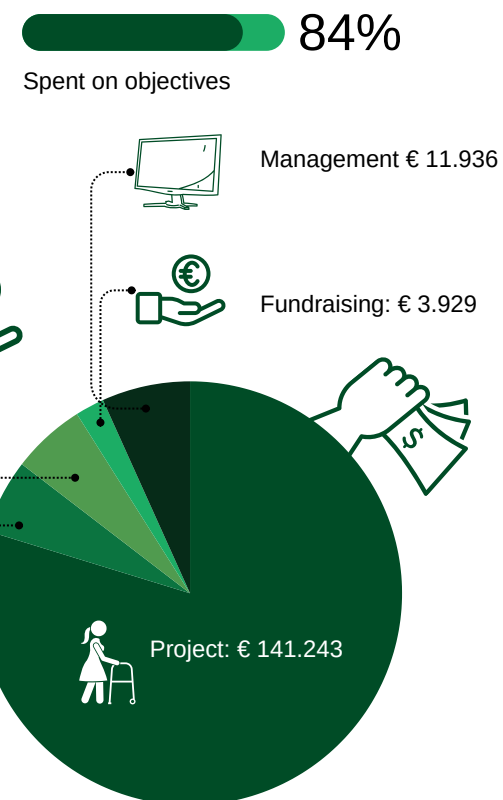
Financial overview 2023

In 2023, Niketan received an amount of 179,787 euros from fundraising. This is 23,027 euros less compared to 2022. The costs of running our program totaled 151,289 euros, which is 18,899 euros less compared to 2022. This is mainly due to the more favorable exchange rate from the euro to the taka. In addition, Niketan spent 9,951 euros on a comprehensive evaluation of the CBR project, 3,929 euros on fundraising, and 11,936 euros on management and administration. In total, during the year, Niketan spent 2,683 euros less than it received. See our financial statements for a complete overview of the financial results.

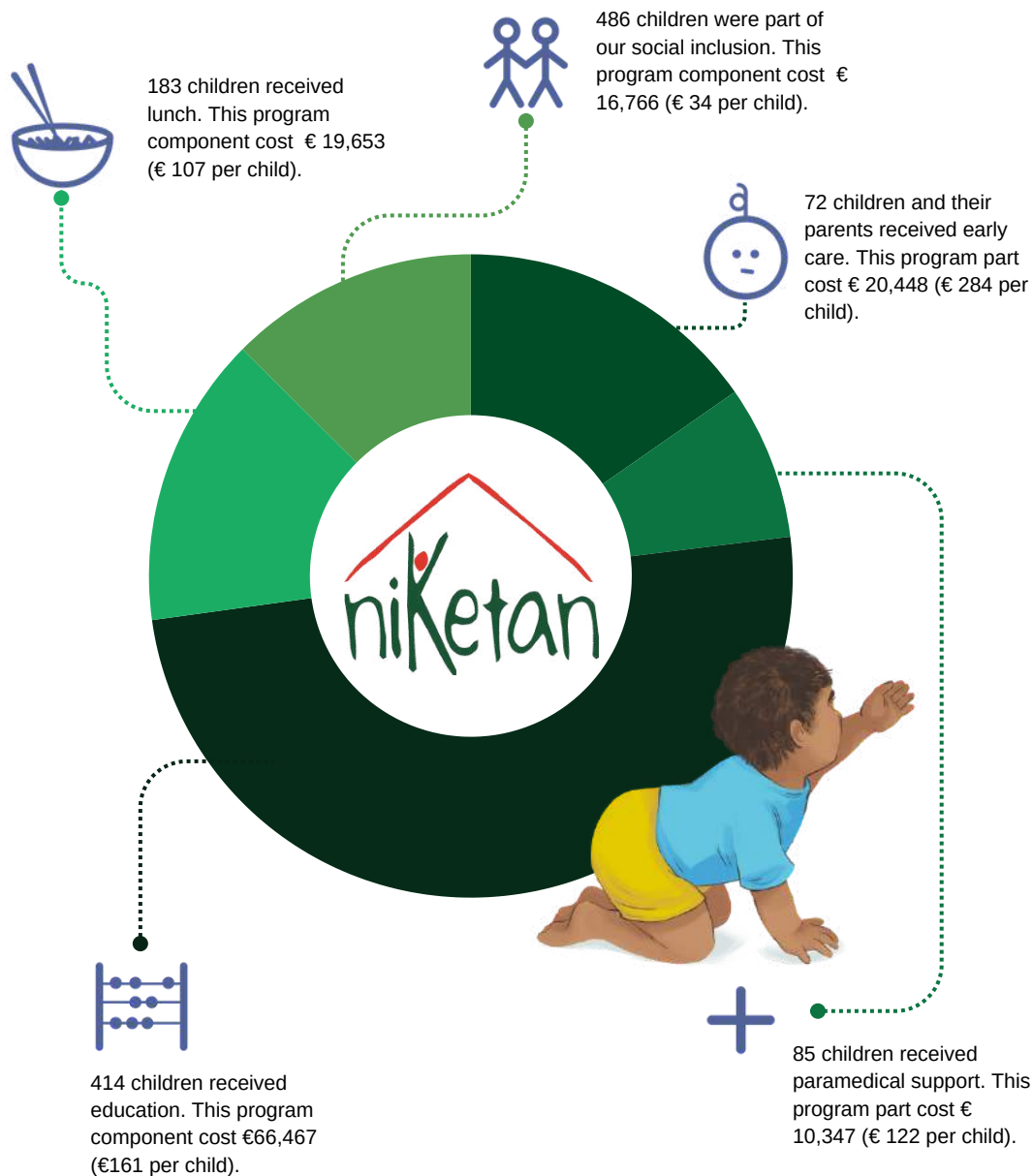
Benefit



Spend



Cost overview per project component



Effect of prepaid project costs

As mentioned in the relevant item of the financial statements, an amount of 24,636 euros has been set aside for activities in 2024, which will be spent on the Durable Care and Education project.

Local fundraising

DRRA is increasingly receiving support from Bangladeshi donors, both individuals and other organizations and businesses. These donations are deposited in a local bank account managed by DRRA. We are also increasingly working with the local and national government, which are sometimes able to cover local costs. As of 2024, the day care center in Dhaka will be completely taken over by local donors.

Knowledge sharing

In 2023, Niketan spent 9,046 euros on building the knowledge platform, which we will continue to develop in the coming years. It is expected that Niketan's expenditure over the coming years will increasingly shift to projects related to knowledge sharing and finding partners for this.

Niketan received support from:

We thank the following donors:



De Wisselbeker



Elise Spykman



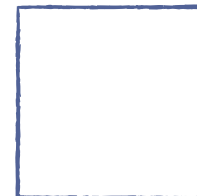
EEND



DJDGS



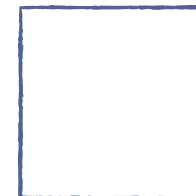
H. Harstra



Hidora



Ineke Feitz



Stichting Jong



Pro Victimis



Perspectiva



Rotary



Royal IHC



Serra
Foundation



S.O.S



SummerFund



Thom Foundation



Webvoorraad



Wierda Baas



W.M de Hoop



Silent funds



We also thank the many loyal private donors and volunteers who support us year after year.

I got to know Niketan as an enthusiastic group of people who have been committed to children with complex disabilities in our beautiful country of Bangladesh. Thirty years ago, on her way home to Holland on her bike, Antoinette got 'hooked' by our beautiful country and people, and started this wonderful initiative. Since then, Niketan has been not only committed to the child with a disability but also to helping their parents, local government, schools, and whole communities to become more inclusive. A more inclusive Bangladesh is a wonderful goal. I would like to call on us all to support this effort. While Bangladesh is developing rapidly, we need to be sure that our vulnerable children are not left behind. - Riaz Hamidullah, Ambassador of Bangladesh in the Netherlands

**'A more inclusive
Bangladesh is a
wonderful goal.'**

