

Final Evaluation Report of

Physical Rehabilitation Project

Humanity & Inclusion (Handicap International), Nepal

(April 2016 – December, 2018)

Report Submitted to



Social Welfare Council (SWC)
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Prakash Raj Wagle

Team Leader

Acronyms

CBR	=	Community Based Rehabilitation
CBO	=	Community Based Organisation
CDW	=	Community Disability Worker
CPAC	=	Central Project Advisory Committee
DECC	=	Disabled Empowerment and Communication Centre
DPOs	=	Disable Peoples' Organizations
DHO	=	District Health Office (r)
DPHO	=	District Public Health Office
DoHS	=	Department of Health Services
CME	=	Continue Medical Education
FCHV	=	Female Community Health Volunteer
GON	=	Government of Nepal
HI	=	Handicap International / Humanity and Inclusion
IE	=	Inclusive Education
IL	=	Inclusive Livelihood
INGO	=	International Non-governmental Organization
LCD	=	Leprosy Control Division
LCDMS	=	Leprosy Control and Disability Management Section
MOHP	=	Ministry of Health & Population
NDF	=	National Disabled Fund
NGO	=	Non-Governmental Organizations
NFDN	=	National Federation of Disabled Nepal
NNSWA	=	Nepal National Social Welfare Association
PAC	=	Project Advisory Committee
PR	=	Physical Rehabilitation
PSS	=	Personalize Social Support
PHC	=	Primary Health Center
P&O	=	Prosthetic and Orthotics
RMS	=	Rehab Management System
SWC	=	Social Welfare Council
TOR	=	Terms of reference
VDC	=	Village Development Committee
WHO	=	World Health Organization

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SECTION I INTRODUCTION

1.1. Background- HI

HI is an independent and impartial aid organisation working in situations of poverty and exclusion, conflict and disaster. HI works alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights. The global Handicap International network became Humanity & Inclusion from January 2018¹.

HI has been working in Nepal since 2000 and is one of the largest contributors in disability prevention and rehabilitation in Nepal. HI works in partnership with the government and non-government organisation (NGOs)/Disabled People's Organisations (DPOs). Currently HI undertakes projects on Physical Rehabilitation (PR), inclusive Livelihood (IL), Inclusive Education (IE), support to victims of Natural Disaster, Earthquake Preparedness, Community Based Disaster Risk Management and Human Rights for Detainees.

1.2. The Project

With a primary focus on quality and accessibility of physical rehabilitation service HI Nepal has implemented the project 'Access to Physical Rehabilitation Services for Persons with Disability in Nepal ("Physical Rehabilitation Project"; Phase I from October 2005 to September 2008 and the Phase II from October 2008 to September 2011), Phase III - February 2012 to March 2016). The current project for the period of April 2016 to March 2019 is being implemented across 9 Districts of province 1, 2, 3, 5,6, and 7 of the country. In order to address the need of physical rehabilitation services for persons with disabilities in Nepal the project provides technical and financial supports, trainings and guidance to each of the partners in the development and reinforcement of five Physical Rehabilitation Centres. In this phase HI is providing continuous support to each Centre to boost technical, managerial and fund raising capacities and enhance quality and accessibility of services.

In addition to the physical rehabilitation part, one of the major activities included in the 3rd phase of project is social inclusion of people with disabilities including ex-combatants with disabilities with focus on livelihood services. This activity supports project beneficiaries to become economically and socially active. For this particular intervention, 4 partners are supporting individual beneficiaries in defining personal goals that they wish to achieve in order to be included in society.²

¹ www.hi.org accessed on 15-05-2019

² Project agreement with SWC pg 10, Background

1.3. Project Objectives

1.3.1. Overall objective:

Persons living with disabilities in Nepal are functionally independent and participate in all sectors of society, enjoying their rights and benefits.

1.3.2. Specific objectives:

Objective 1: Strengthen sustainability of physical rehabilitation services with improved quality and accessibility at the five project supported rehabilitation centres. (Physical Rehabilitation)

Objective 2: Foster integration of the persons with disabilities including ex-combatants with disabilities into the community. (Inclusive Livelihood)

Objective 3: Assess the effectiveness of training government health workers and FCHVs on detection and referral for treatment of selected impairments in children below 5 years of age. (Early Detection)

1.3.3. Intended outcome of the project

The intended results or outputs of the project related to specific objectives are as follows:

Outputs related to specific objective 1:

Output 1.1: Systematic and quality rehabilitation service provision ensured in the project supported centres

Output 1.2: Access to specialized rehabilitation services extended for people with disabilities

Output 1.3: Sustainability of rehabilitation centres enhanced

Outputs related to specific objective 2:

Output 2.1: Disability Inclusion Process to mainstream existing services

2.1.1 Develop strategic partnership with YSEF and work their partner MFIs at the district level

2.1.2 Develop linkages of beneficiaries with different MFIs available in the district

2.1.3 Establish linkages with Gharelu, Agriculture and Livestock offices and Skills Development office

2.1.4 Work with formal sector employers to increase job placement for people with disabilities

Output 2.2: Extending Individual Services for Livelihood

2.2.1 Identify and apply PSS for Livelihood goal for people with disabilities

2.2.2 Provide soft and professional skills to the individual beneficiaries

2.2.3 Enhance access to physical rehabilitation services

2.2.4 Capacity building and mobilization of CDWs on PSS and Livelihood

2.2.5 Integrate persons with disabilities including ex-combatants with disabilities into local disability groups and DPOs

Output 2.3: Strengthening Inclusive Local Planning Process

Outputs related to Specific Objective 3:

- Output 3.1 Formation of a Technical Committee led by the Leprosy Control Division, Ministry of Health to lead and coordinate the Study Design and other planned activities
- Output 3.2 Development and approval of Training program, curriculum, protocols, materials and tools
- Output 3.3 Study design and ethical approval from NHRC
- Output 3.4 Deliver Health Workers / FCHV training in Jajarkot in coordination with the LCD, National Health Training Centre
- Output 3.5 Monitoring of Training by HI and LCD
- Output 3.6 Data collection on detection and referral service in Jajarkot and Rukum, monitoring and supervision.
- Output 3.7 Analysis and Recommendations on value of scaling up the training already made -including Qualitative interviews with families (through external Data collection Agency)
- Output 3.8 Development of summary findings and report outline as per key research questions
- Output 3.9 Final Study Report, National dissemination workshop to national levels audiences

1.3 The intended beneficiaries of the project:

The intended direct beneficiaries of the project are people with physical disability and their family members and the indirect beneficiaries are general community people and stakeholders who participate in awareness and training programme.

1.4. Implementing Partners

A] There are six counterparts/implementing partners listed herewith:

- I. National Disabled Fund (NDF); Social Welfare Council, National Disabled Fund Management Committee, Bhrikutimandup, Kathmandu, Province No 3, Nepal.
- II. Community Based Rehabilitation Biratnagar (CBRB); Saraswati Tole 10, Morang District, Province No 1, Nepal.
- III. PRERANA; Malangawa-8, District of Sarlahi, Province No 3, Nepal; PRERANA; Lalitpur Metro Politian City-16, District of Lalitpur, Nepal, Province No 3, Nepal
- IV. Disable Empowerment and Communication Centre (DEC) Nepal: Baijanath Rural Municipality- 4, Banke, Province No 5, Nepal
- V. Nepalgunj Medical Collage (NGMC),Kohalpur Municipality11,Banke,Province-5
- VI. Nepal National Social Welfare Association (NNSWA); Airport road, Mahendranagar-18, District of Kanchanpur, Province No 7, Nepal
- VII. Leprosy Control & Disability Management Section (LCDMS)/ Epidemic & Disease Control Division (EDCD)/Ministry of Health (MOH)

B] Project Working Area / Province and District Coverage

The project is providing its services to vulnerable people including persons with disabilities living in the following 12 districts and their neighbouring districts.

Province No 1	Morang
Province No 2	Sarlahi
Province No 3	Kathmandu, Lalitpur
Province No 5	Banke, Bardiya, Rukum East
Province No 6	Salyan, Jajarkot, Rukum West
Province No 7	Kanchanpur, Kailali
Total	12 Districts

1.5. Donor Information

Handicap international (HI) is an independent and impartial international aid organization working in situations of poverty and exclusion, conflict and disaster. Working alongside persons with disabilities and other vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights. Since its creation in 1982, the organization has set up programme in more than 60 countries and intervened in many emergency situations.

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1.6. Project Composition

‘Strengthening the Sustainability of the Physical Rehabilitation Sector for Greater Access to Services in Nepal’ a three-year long project is continuation earlier projects being implemented by HI since 2005. This phase has additional components of inclusive livelihood, early detection and inclusive planning. The objective is to promote sustainable physical rehabilitation, social inclusion of people with disability through livelihood and facilitating inclusive planning process in the local government.

The partners and project locations were selected keeping in mind to cover the country from east to west and where PR facilities are not available. Therefore, HI has promoted five rehabilitation centre scattered from the eastern to far western part of the country.

1.7. Objectives of the evaluation

The objectives of final evaluation of this project are:

1. Explore the level of progress/changes made by the project and analyze the extent to which the achievements have supported the program goals and their objectives,
2. Evaluate the project effectiveness -- longitudinal effect and continuity of the project activities/services as well as the scope and extent of the mainstreaming and sustainability of the project,
3. Explore the cost effectiveness of the project activities,
4. Identify the target and level of achievements as specified in the project agreement,
5. Explore the coordination between the concerned line agencies in the project districts,
6. Find out the income and expenditure in compliance with the project agreement and proportion of programmatic and administrative cost incurred by the project,
7. Examine the financial regularities\disciplines in accordance with the prevailing Rules and Regulations and fix assets purchased in duty free privileges and locally, and
8. Assess the good lessons to be replicated in other projects and aspects to be improved in the days ahead.

1.8. Scope of the evaluation

As per the TOR provided by SWC the scope of the evaluation are as follows:

Strategic level

- Analysis of project's context
- Planning and documentation
- Partnership and monitoring

Implementation level

- Sufficiency and quality of resources mobilized
- Reporting monitoring and evaluation system
- Compliance with documents
- Sustainability of the project activities

Organizational level

- Effectiveness of organizational management system
- Effectiveness of program/management system.

1.9. Evaluation research questions

Evaluation research questions were formulated in line with the project Objectives and the expected results. Complete set of generic research questions that were used for conducting the interactions, interviews is attached in annex...

During the evaluation process, the following questions were kept in mind:

1. To what extent the project objectives were achieved?
2. Is the target achieved as planned?
3. How has the project caused the change in the quality of life of people?
4. How the sustainability of the project is ensured after termination of funding from donor?
5. What were the problem faced during the project implementation and
6. What were the lessons learned?

1.10. The Evaluation team composition:

The final evaluation team comprised of four members from different sectors: program expert as team leader, financial expert, representative from MOCWSC and Social Welfare Council. The team has worked under the specific role and responsibilities stated in the ToR assigned by Social Welfare Council.

Composition of the Evaluation Team

1. Team Leader: Prakash Raj Wagle

Team Members

2. Mr. Durga Prasad Bhattarai, Dy. Director, Social Welfare Council, SWC
3. MS.Sannani Adhikari , Section Officer, MoWCSC
4. Mr. Shushil Sapkota, Finance Expert

1.11. Organization of study report

Section I of the report presents the introduction part with the following sub-sections: project background, organizational information, objectives, intended outcomes, beneficiaries, donor information, objectives of the evaluation, evaluation team composition, and organization of the study report.

Section II presents methodology of the evaluation, with the following sub-sections: study design, sampling, study instruments/tools for data collection, mechanism of fieldwork, data presentation and analysis techniques, work schedule of the study and limitation of the study.

Section III consists of data presentation and analysis which has been categorized under each result of the program along with sub- sectoral findings such as direct beneficiaries of the project, planning, supervision and monitoring; coordination, sustainability component of the project, financial management and section IV includes details of financial analysis as per the mandate of TOR. Section V includes conclusion and recommendation for programme and finances as per the findings of the evaluation.

SECTION II METHODOLOGY OF EVALUATION

2.1 Study Approach

The evaluation team employed a mix of qualitative quantitative methods. On the one hand we explored qualitative experience of partners and beneficiaries and impact of the project in the life of its beneficiaries and partners. On the other hand, a quantitative analysis of target and achievement of the project was also made. The evaluation team mainly relied on the document review, information provided by HI, its partners and interaction with stakeholders and beneficiaries. The collected information was analyzed and interpreted to synthesize the result.

A detail note was taken during the interview with the individuals and in the group. All the notes were transformed into information and they were listed to find the relationships among different variables and their relationship with the specific project activities. Then, the presentation of data and analysis have made.

The overall research work has included the following steps:

Task 1: Preparation of evaluation schedule

Task 2: Presentation by HI and partners including the review of project documents

Task 3: Identify the study areas

Task 4: Checklist and data collection instruments development

Task 5: Observation of field activities

Task 6: Semi-structured interview and sharing of experience

Task 7: Key informant interview

Task 8: Partner organization visit and interaction with project staffs

Task 9: Data analysis and report writing

Evaluation team visited the partners, project area and interacted with stakeholders and project beneficiaries besides group discussions and interviews were conducted to collect qualitative information. Quantitative data was collected through database of beneficiaries of the project, annual and periodic reports, monitoring reports, and related project documents during the evaluation process.

2.2 Study Design

The study was designed in line with the ToR for the final evaluation and project's output and outcome framework under the specific project objectives as described under section 1.3. It was designed to collect information and data on achievement of the planned

outputs and outcomes by the project to meet the project objectives. It was thus more exploratory and descriptive capturing people's experience and opinion on the project and its benefit to target population. Generic questions more in the form of checklists were formulated respectively for different informants and data collection.

2.3 Selection of Participants

Participants were selected by HI Nepal and local partners. Due to limited time and other resources, the evaluation team was not able to visit all partners and project locations. As advised by HI, the team visited the National Disabled Fund (NDF) Kathmandu, Disabled Empowerment and Communication Centre (DECC) Banke, Nepalganj Medical College, Banke and Nepal National Social Welfare Association (NNSWA). The team could make home visits of 3 beneficiaries in Banke and 2 in Kailali. Four out of five home visits were supported only for livelihood and one was provided with a below knee prosthesis and also livelihood support. Team interacted with local and district government representative in Banke district only.

Details of participants are included in the annex 2

2.4 Study Instrument/Tools for Data Collection

Checklists in line with the framework for project objectives, outputs and outcomes were developed for data collection, besides the checklists the study instruments includes;

Literature reviews: Various related project documents such as project agreements, progress reports, database of Physical Rehabilitation project, income tracking reports, M&E reports, financial statements and reports were reviewed.

Key informant interviews: KIIs were conducted with key informants from HI Nepal, partner NGOs and government line agencies

Project/Field Site Visits: Project/Field visits in Four districts (Kathmandu Banke, Kailali and Kanchanpur) were conducted. Semi structured interviews with staff and clients, KIIs, FGDs, interactive meetings and participatory observations of the project activities and beneficiary visits were conducted.

2.5 Mechanism for Field Work

The fieldworks in the three districts were conducted. HI Nepal prepared tentative fieldwork itinerary in consultation with HI's field office, partners and the final evaluation team.

In the fieldwork besides interacting with various stakeholders of the projects including the beneficiaries, 3 local partner NGOs and one teaching hospital, interaction was also carried out.

2.6 Data Presentation and Analysis Techniques

Information and data were collected from various secondary sources such as project documents, progress reports, baseline survey etc. Primary data were collected from the

fieldworks through key informant interviews, interactive group meetings, case studies and FGDs.

Similarly, data analysis has been basically carried out comparing the achievements against the targets (with data) set by the project and key outputs. Table 1 below gives details of target and achieved in PR sector and table 2 gives information about inclusive livelihood sector.

2.7 Work Schedules of the Study

A work schedule was prepared and agreed right at the pre-meeting held in SWC. The field work was started immediately after the pre-meeting. The field work was carried out from 30th April to 3rd May 2019.

2.8 Limitations of the Evaluation

Due to time limitation it was not possible to visit all partners and project. The team could visit only three partners out of six and time spent in the field was also limited. Out of total clients only 5 home visits could be made which cannot be a representative sample and difficult to draw a conclusion. Particularly, the third component, early detection, the team did not meet any beneficiary and not possible to meet the lead researcher.

SECTION III
DATA PRESENTATION AND ANALYSIS

3.1 Implementation Process

HI has been working in Nepal since 2000. HI works to ensure that persons with disabilities can access good quality physical rehabilitation services in order to reduce their vulnerability and improve their opportunities for participation in community life. With its partners, HI is now focused on strengthening the sustainability of the physical rehabilitation sector in Nepal. Disaster Risk Management is also a key component of the programme under which it provides support to partner organizations to strengthen inclusive community-based disaster risk management in Nepal and for increasing capacity of emergency health and rehabilitation services to respond to a major earthquake in the Kathmandu valley. Running through all of these is the strategy to support partners to engage in evidence-based advocacy for implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which is the international and national reference on inclusive policies related to disability.

3.2. Partners implementing the project under review are

1. Nepal National Social Welfare Association (NNSWA), Mahendranagar - Kanchanpur

Implementing PR and social inclusion component

2. National Disabled fund (NDF), Bhrikutimandap, Kathmandu

Implementing PR and social inclusion component

3. Community Based Rehabilitation Biratnagar (CBRB), Biratnagar, Morang

Implementing PR and social inclusion component

4. PRERANA, Malangawa, Sarlahi

Implementing PR and social inclusion component

5. Disabled Empowerment and Communication Centre (DEC), Banke

Implementing social inclusion component only and working closely with NGMC for PR services

6. Leprosy Control and Disability Management Section (LCDMS), DoHS, Government of Nepal

Partner for training and study on effectiveness of training

7. Nepalgunj Medical College (NGMC), Kohalpur, Banke

Implementing PR component only

Besides, NGMC and LCDMS other 4 partners are local NGOs registered in their respective district administrative offices, renewed annually and affiliated to Social Welfare Council (SWC). All of them have obtained permanent account number and tax exemption certificate from the internal revenue office. Out of four NGO partners DEC, Banke is established and managed by people with disability and therefore is a Disabled People's Organization (DPO).

NGMC is a private medical college registered under company registration act as private limited company. The Project Agreement concluded between SWC and HI does not include NGMC as a project partner, but HI has entered a service contract with NGMC under which the project has been implemented.

The Leprosy Control and Disability Management Section (LCDMS) is a government entity and focal unit for disability prevention and rehabilitation under the Ministry of Health and Population of the Government of Nepal (GoN). The project agreement (PA) signed with SWC also does not include LCDMS as project partner of this project and HI has signed a MoU with LCDMS to carry out a study on the effectiveness of the training provided to government health workers and FCHVs on detection and referral for treatment of under 5 children with selected impairment.

3.3. Analysis of Project Context

Nepal has ratified the UNCRPD, and developed various acts, policies and plans for the promotion and protection of human rights of people with disability. However, at the program level Rehabilitation of people with disability is still not in the priority of the government of Nepal. Government of Nepal, MoWCSC has been providing financial support to DPOs to implement CBR programmes, ministry also provides financial support to PR centres. Similarly, Ministry of Education has been implementing inclusive education programmes and ministry of health also have programmes to support rehabilitation of people with disability. Despite all these initiatives of the government of Nepal there is huge gap in demand and supply of the services and devices.

There is no data and information available on disability and service required to them in Nepal. World Health Organisation (WHO) estimates that in low-income and middle-income countries, only 5-15% of people who require assistive devices and technologies have access to them³. Similarly, WHO estimates that less than 10% people in need of rehab services have access to appropriate services in developing countries. In Nepal rehabilitation of people with disability is mostly the responsibility of NGOs and INGOs and the services are mainly concentrated in the urban and sub-urban areas. Therefore, majority of the people in need from the remote rural areas are not reached. The PR project designed by HI has made an effort to reach to the people who are not reached through outreach services in the remote rural parts and establishing the PR centred within their reach.

³ www.who.int

3.4 Objective wise major findings

Objective 1: Strengthen sustainability of physical rehabilitation services with improved quality and accessibility at the five project supported rehabilitation centres. (Physical Rehabilitation)

Following three partners including NGMC, implementing the PR component, were visited by the team. The brief analysis of each partner is presented below

3.4.1. National Disabled Fund (NDF)

National Disabled Fund was established on 31st December 1981 by Social Welfare Council (SWC) on the occasion of IYDP. NDF is managed by a committee formed under SWC. NDF currently provides physiotherapy service, prosthetic and orthotic service, mobility aids, counselling, capacity Building and training programmes, award and prize distribution, scholarship distribution, talent award. The partnership between NDF and HI was initiated in the year 2005 to increase access to PR services. Since then NDF has become one of the important centres for providing physical rehab services in province number 3.

Besides HI, NDF is getting financial support from the Ministry of Youth and Sports, Ministry of Women Children and Senior Citizens and Social Welfare Council and discussion with Ministry of Health and Population is going on. NDF provides its services for free. The assessment criteria is developed which categorise beneficiaries from A to D as per their capacity to pay for the services. However, people rarely pay for NDF services as NDF is also regarded as government agency and people think that state provides such services free of cost.

NDF has trained human resources on PR, disability rights and social inclusion but finding it difficult to retain them once HI support is terminated. The machines and equipment are old and in need of replacement, the space is narrow, and no sources are secured to cover the funding gap. If NDF can secure support from Ministry of Health or from any other agencies, NDF can continue its services without compromising the need and quality of services.

3.4.2. Nepalgunj Medical College (NGMC)

As stated above NGMC is a private institution and HI has made a service contract with NGMS for the purpose of providing PR services to people with disability in province 5. Being a Teaching Hospital the PR centre based in NGMC has very good scope as the hospital can provide assessment, medical treatment, surgical intervention, PT & OT services and P&O services. The hospital is interested to continue the services, but a bit confused at the moment. The director of the hospital said “ the service is essential for people with disability- the PR has become an integral part of the hospital and hospital will provide PR services based on the principle of “no loss no gain” to the patients requiring those services but the outreach activities i.e. camps will be continued until we get outside support”.

HI was covering 100% of the outreach activities. NGMC also gets support from the Ministry of Women Children and Senior Citizens (MoWCSC) but it goes through DEC, as a private institution NGMC cannot not get direct funding from the ministry and therefore, DEC is working as intermediary. Therefore, government does not acknowledge the work performed by NGMC which is acknowledged as the work done by DEC. The demand is created in the community, people know that NGMC provides such services and the supply side seems to be affected after termination of funding by HI. Therefore, appropriate solutions need to be worked out so that service need of people is not compromised. As per the information provided by NGMC 72% people in need of PR service are still out of reach in province 5.

3.4.3. Nepal National Social Welfare Association (NNSWA)

NNSWA is nationally well recognized social organization working in the Far Western Province. NNSWA works not only with people with disability. In short, they refer it as 3D community which stands for Dalits, Disabled and Deprived. The partnership with HI was started in 2005 and by now NNSWA has become one and only rehab service providers and referrals institution in the Far Western Province. During the project period NNSWA received referrals from 4 districts besides the districts of Sudur Paschim Province. The machines and equipment are old but do not need immediate replacement. NNSWA has competent human resource to continue the PR services. NNSWA has good relationship with province and local government and therefore has good opportunity to mobilise local resource to sustain the rehab services including PR centre.

The co-ordinators of PRERANA and Biratnagar CBR was contacted over the phone. Both of them mentioned that cost recovery rate in P&O devices is less than 5%. Retaining trained staff is difficult with the reduced funding. Therefore, termination of HI funding meant reducing the staff and activities. Both organisations are trying to mobilize resources from the local government. Biratnagar has been successful to get some funding but PRERANA has no success up to now. Both organisations expressed their concern over the old machines and equipment needing to be replaced in few years' time which are expensive and not available in the country. Consolidated Summary of target verses achievement of PR component is presented in the table below

3.4.4. Target verses Achievement PR

S.No.	Indicators	Target	Achievement
1	Total number of beneficiaries receiving physical rehabilitation services	15,000	17,906
2	Total number of treatment session received by the beneficiaries	45,000	55,909
3	Total of assistive devices fitted to the beneficiaries	6,375	7,171

4	<i>Total of orthopedic devices fitted to the beneficiaries</i>	3716	3,818
5	<i>Total of mobility aids provided to the beneficiaries</i>	2659	3,353
6	Total number/event of mobile camps conducted	90	95
7	<i>Assessment Camp</i>	30	34
8	<i>Fitment Camp</i>	30	30
9	<i>Follow up Events/Visits</i>	30	31
10	Total number of beneficiaries receiving services at mobile camps	3,600	4,230
11	Total number of clients who have access to reconstructive surgery	200	188

Table 1: Target and achievement of PR sector 2016-18, all partners

3.4.5. General Observations

1. Trained human resources are available in the PRCs but some of the centres are finding it difficult to retain them after the termination funding from HI
2. Co-ordination with government and non-government stakeholders including DPOs is good but partners are finding difficult in accessing resources to continue the project activities
3. Most of the partners are in confusion on how to plan ahead after termination of support from HI and they are expecting that HI will get other funding and to continue the project
4. The project focused on remote districts for organizing the outreach mobile camps and mobilization of community resources to the extent possible
5. Rehab Management System (RMS) was endorsed by the partners and regularly reviewed the rehab centre using different indicators that contributed to the sustainability of PRCs.

Objective 2: Foster integration of the persons with disabilities including ex-combatants with disabilities into the community. (Inclusive Livelihood)

The Disabled Empowerment and Communication Centre (DEC) is the main inclusion partner of HI for the duration of evaluation. Therefore, the team visited the DEC, Kohalpur and also made home visits of three people supported for livelihood. DEC implemented this project in Banke, Bardiya and Salyan districts. During the project period 750 people from Banke, 600 people from

bardiya and 350 people from Salyan get benefit through livelihood support. Most of these beneficiaries earn more than 10,000/- rupees per month.

The idea here is to provide support to individual person with disability to access training and livelihood opportunities that are already available in the community but not to provide financial support directly through HI or its partner organisation. The team appreciated the approach employed for inclusive livelihood and the impact it has made in the life of the people. However, the team was a bit disappointed what we observed in the home visit⁴.

3.4.6. Target verses Achievement Inclusion

Activities	Total target	Total Achievement	Percentage
sensitization sessions organized for livelihood stakeholders (MFIs, WCs and employers) on inclusion of people with disabilities	42	50	119%
MoUs established between inclusion partners and local government and livelihood stakeholders (MFIs, VTCs, DAO, District Women and Children Office, and DLSO etc.)	20	26	130%
livelihood stakeholders adapted reasonable accommodation for offering their services to persons with disabilities	14	16	114%
People with disabilities, including ex-combatants with disabilities benefit from social integration through PSS for livelihood.	3000	3014	100%
At least 70% of beneficiaries are retained in the livelihood services / programs / support mechanisms that they have been introduced.	2100	2463	117%
Beneficiaries are retained in active income generation one year after the completion of training or mentorship period.	1470	1785	121%
Sensitization meetings at ward, VDC and district level including VDC secretaries on issues related to disability	40	47	117%

Table 2: consolidated target and achievement 2016-2018 all partners inclusion

3.4.6. General Observations

1. The Personalised Social Support (PSS) is a good strategy to sensitise communities to include people with disability.

⁴ Detail of the home visits is given in the annex

2. People have found means to be involved in some sort of income generation activities though their earning is small.
3. It was difficult to assess whether people supported are making any benefit as none of them maintain the record of income, expenditure and stock.
4. To some extent the project has increased the access to soft loan by linking them with local cooperatives.
5. Awareness raising on disability rights/issues, service provisions, rehabilitation and support in income generation at local levels has fostered inclusion in the community

Objective 3: Access the effectiveness of training government health workers and FCHVs on detection and referral for treatment of selected impairments in children below 5 years of age. (Early Detection)

This objective was led by Leprosy Control Division. A Technical Committee was formed consisting of representatives of Leprosy Control Division, Child Health Division, Family Health Division, National Health Training Center, Autism Care Nepal Society and Down Syndrome association of Nepal

Coordination with Local Stakeholders in Jajarkot and Rukum- District Health Office, District Tuberculosis Leprosy Officer was established.

The training was carried out as planned and the findings of the research is positive for creating positive attitude towards disability, early detection of disability and referral to appropriate institutions for intervention.

Coordination with Referral centers- Nepalgunj Medical College, Kohalpur (NGMC) , Hospital and Rehabilitation center for Disabled children (HRDC), Nepalgunj, Cleft and burn center, Kirtipur was established for smooth referrals. The training materials and curriculum and other resources are useful to replicate the training in other areas also.

3.5. Coordination and Networking.

HI has been regularly organizing the CPAC meeting at a central level and ensuring DPAC at local level through the partner organizations. The partner organisations have established with coordination with local government in their palikas and line agencies in the district. Most of the partners have received financial support from the central and local government and some of their partner organisations are supporting government as resource organisation to develop regulations and directives.

Partner organisations have also maintained good relationship and networking with local disability groups, community-based organisation (CBOs), and co-operatives which has been instrumental for inclusion of people with disability in the mainstream development activities, collective advocacy for the rights and social inclusion.

3.6. Relevancy of the Project Activities

People with disability are one of the most marginalised group in Nepal. Despite ratifying the UNCRPD and developing subsequent policies government of Nepal is not paying enough attention to implement those policies and allocating enough resources to address the rehabilitation need of people with disability. HI Nepal with its global experience in the area of physical rehabilitation has designed and implemented the PR project through partners organisations by building their own capacity and providing services in universal standard. Mobility is first and foremost need of people with disability to access other opportunities i.e. education, training and employment and to be active in the family and society. Therefore, the services provided by HI is very relevant in our context where other, many people with disability would remain immobile and unproductive.

3.7. Efficiency

The project is implemented very smoothly and successfully. Most of the targets are over achieved within the same cost which is good. Systems and procedures are well developed. Tools like RMS and PSS are well taken by the partners. The cost sharing approach and gradual reduction of funding from HI's side seems working well and created local ownership.

3.8. Sustainability of project activities

Since 2005 HI has invested quite a significant amount of fund and efforts to sustain the PR centres. At present the centres are well equipped, some of them reported to be old and need replacement soon, they have trained human resources mainly P&O, and PT, process, procedures and guidelines are available. They have competent and efficient management with well-developed systems in the organisation. Partner organisations have also good co-ordination and networking with relevant stakeholders and have accessed some funding from the local and central government. This gives a solid background for any organisation to be sustained in the long run. Therefore, there should not be any doubt about the sustainability of the 5 PR centres supported by HI since 2005.

However, not all partners seem confident to be able to cater the services at the same scale after the termination of funding from HI. Some of them have already reduced their staff and mainly outreach activities. The cost recovery through service charges is less than 5%. The fund received from the local government is mostly one off and does not cover staff salary and office administration. The machines and equipment provided by HI are expensive and some of them need to be replaced soon and partners think without any outside support replacement would not be possible. Retaining trained staff is already a problem to some of the partners. Therefore, despite having a very good foundation, the sustainability of the centres is not yet fully ensured which will impact to people directly. The devices need regular repair and need to be replaced when they get old. Some of the people visited by the team already expressed their concern that they need replacement and cannot afford to pay the cost.

Section IV
Financial Analysis

4.1. Financial analysis

4.1.1. EVALUATION OBJECTIVES

The evaluation of "Strengthening the Sustainability of the Physical Rehabilitation Sector for Greater Access to Services in Nepal" project was conducted in accordance with the Standards and prevailing laws and included such tests as considered necessary to obtain reasonable assurance that:

- i. Efficiency of the Projects/ Cost Effectiveness
- ii. Compliance with General Agreements/ Projects agreements
- iii. Compliance with tax laws
- iv. Review of fixed assets records
- v. Evaluation of Internal Control System
- vi. Financial reporting framework
- vii. Comparison of the budgets and actual with the committed project cost

4.1.2. EVALUATION SCOPE

The scope of our evaluation included the following general procedures:

- An examination and testing of the books and records to confirm that the booked expenses are in compliance with the objectives of the project and in accordance with project agreement.
- Examination of booked expenses to ensure their relevancy, appropriateness and propriety.
- Field visit for interaction with the accounting team setup at each place and review the financial transactions directly.
- Verification of the booked expenses to determine as to whether they are in compliance with the statutory regulations, which could imply financial risks to the program.
- While preparing this report, the comments and suggestion provided at the time of discussion with the concerned officials have also been duly considered.
- Holding meetings with project officials.
- Reviewing policies, procedures, and manuals, reports, meetings minute and relevant laws and regulations.
- Obtaining an understanding of the accounting, administrative and internal control system of the project.

- Devising and performing appropriate tests on the transactions and balances recorded in the financial statements.
- Designing the appropriate audit steps and procedures to provide reasonable assurance of detecting errors and irregularities that could have direct and material effect on the results of our audit.
- Testing on sample basis, the effectiveness of administrative controls applied by management to ensure compliance with the applicable laws, regulations, agreement terms and project's policies and procedures.
- Designing the appropriate audit steps and procedures to provide reasonable assurance of detecting errors and irregularities that could have direct and material effect on the results of our audit.
- Testing on sample basis, the effectiveness of administrative controls applied by management to ensure compliance with the applicable laws, regulations, agreement terms and project's policies and procedures.

4.1.3. LIMITATIONS

Because of the tests nature and other inherent limitations of an audit, together with the inherent limitations of any accounting and internal control systems, there is an unavoidable risk that even some material misstatements may remain undiscovered.

The design, development, implementation and operation of control systems are the responsibilities of the executing agencies. They are accountable for ensuring that adequate control system exists and they should not rely solely on periodic audit visits as a means of monitoring adherence to controls. Our work as evaluators does not in any way diminish the responsibility of the project management.

4.2. EFFICIENCY OF PROJECT/ COST EFFECTIVENESS INCLUDING BUDGET VS ACTUAL

4.2.1. PROJECT FINANCIAL BACKGROUND

The project "Strengthening the Sustainability of the Physical Rehabilitation Sector for Greater Access to Services in Nepal" is a project agreement with Social Welfare Council and Handicap International with overall objective of "Persons living with disabilities in Nepal are functionally independent and participate in all sectors of society with enjoying their rights and benefits."

The duration of project has been set from the date April 2016 to March 2019. The total budget of this project is NRs. 198,360,534. Previously the budget was signed for NRs. 188,195,146 but later on a new component was added with a budget of NRs. 10,165,388.

4.2.2. SOURCE OF FUNDING AND FUNDING ROUTE

The project is funded through the Handicap International Federation France headquarters in Lyon (Sources: Individual Sponsors and Institution Funding Agencies).

4.2.3. BANKING ARRANGEMENT

The banking arrangement is tabulated below:

S.N.	Bank Name	Organisation
1	NABIL BANK A/C 0210017507226	Handicap International
2	GLOBAL IME BANK A/C 0701010000301	PRERANA
3	NABIL BANK A/C 2901017500018	NNSWA
4	NABIL BANK A/C 0701017500776	CBRB
5	NEPAL BANGLADESH BANK A/C 001040571S	NDF
6	BANK OF KATHMANDU A/C 051500003088	DEC

Table: Banking Arrangement

4.2.2. BOOKS OF ACCOUNTS

HI

HI has maintained its books of accounts following double entry book keeping system on accrual basis for all overheads and cash basis for Grant Income and Bank Interest Income. The organisation uses accounting software called “Microsoft Navision”.

PARTNERS

Partners provide bimonthly report to the Handicap International on the format specified on the Partners Agreement.

a. NNSWA

NNSWA has manual system for keeping books of accounts.

b. NDF

NDF maintains its books of accounts using software “Creative Account Management System 2005”

Observations:

- Handicap International do not have separate accounting and books of account for the project. Hence the data provided by Handicap International for this project could not be ascertained by any means.
- Handicap International do not keep the books of accounts as per the budget line

mentioned in the Project Agreement with Social Welfare Council. Also the agreement with Partners are not signed as per the budget line mentioned in Project Agreement. Thus the expenses reported by Handicap International and Implementing Partners could not be ascertained as per the budget lines mentioned in Project Agreement with SWC.

- Software used by Handicap International do not generate basic report like trial balance.
- The Implementing Partners do not provide the signed bimonthly financial report to the Handicap International. Only soft copy are shared. Hence the validity and legality of the financial report could not be ascertained.
- Books of accounts of NNSWA was incomplete. The ledger books are also not updated.
- NDF does not maintain different books of accounts for this project.

4.3. ANNUAL ACCOUNTS AND AUDIT

Statutory audit of Handicap International and Partners are being conducted by external auditors on a regular basis.

There is no internal audit system placed in Handicap International.

4.4. BUDGET VS ACTUAL EXPENDITURE

Total Budget of the Project is NRs. 198,360,534. Handicap International breaks down its expenses in different components in order to assess the proportion of its administrative and program expenses. The data provided by Handicap International shows the following pattern of program and administrative expenses in different years.

4.4.2. Year wise break up of Budgeted Program cost and Administrative costs are as follows:

Particulars	1st Year	2nd Year	3rd Year	Total	Percentage
A. Admin. Cost:	6,555,460	7,054,186	7,054,186	20,663,832	10%
B. Program Cost:	55,828,255	62,465,223	59,403,223	177,696,702	90%
Total Budget in NPR.	62,383,715	69,519,409	66,457,409	198,360,534	

Table: Summary of Budgeted Expenditure

4.4.3. Year wise break up of Actual Program Cost and Administrative Expenses are as follows:

Particulars	1st Year	2nd Year	3rd Year	Total	Percentage
A. Admin. Cost:	6,365,546	6,276,033	10,087,722	22,729,301	11%
B. Program Cost:	51,583,463	67,810,256	56,597,346	175,991,065	89%
Total Budget in NPR.	57,949,009	74,086,289	66,685,067	198,720,366	

4.4.4. Budgeted and Actual Expenditure

Year	Budget Head	Budget		Actual		Variance	
		Amount	%	Amount	%	Amount	%
Year 1	Administrative Cost	6,555,460	11%	6,365,546	11%	189,914	3%
	Program Cost	55,828,255	89%	51,583,463	89%	4,244,792	8%
	Total Cost	62,383,715	100%	57,949,009	100%	4,434,706	7%
Year 2	Administrative Cost	7,054,186	10%	6,276,033	8%	778,153	11%
	Program Cost	62,465,223	90%	67,810,256	92%	-5,345,033	-9%
	Total Cost	62,465,223	100%	74,086,289	100%	-4,566,880	-7%
Year 3	Administrative Cost	7,054,186	11%	10,087,722	15%	-3,033,536	-43%
	Program Cost	59,403,223	89%	56,597,346	85%	2,805,877	5%
	Total Cost	66,457,409	100%	66,685,068	100%	-227,659	0.3%
Total	Administrative Cost	20,663,832	10%	22,729,301	11%	-2,065,469	-10%
	Program Cost	177,696,701	90%	175,991,065	89%	1,705,636	-1%
	Total Cost	198,360,533		198,720,366		-359,831	-0.2%

Table: Summary of Budgeted and Actual Expenditure

From the above table we have

- Total Project Expenditure varied by 0.2% than the budgeted expenditure as per the Project Agreement. The Project was over spent by NRs 359,831.
- Administrative Expenses was over spent by 10% than the budgeted expenditure which is NRs 2,065,469.
- Program Expenses was under spent by 1% than the budgeted expenditure which is NRs 1,705,636.

4.4.5. Total Budget and Expenditure of Implementing Partners

Partner	Expenditure(NPR)
CBRB	19,263,765.87

NDF	10,569,989.30
DEC	8,683,531.90
NGMC	8,084,525.02
NNSWA	20,864,356.02
PRERANA	21,781,674.61
Total Expenditure of Implementing Partners	89,247,842.72
Total Expenditure of the Project	198,720,366.00
Percentage of Fund used by Partners	45%

Table: Summary of Expenditures of Implementing Partners

Observations:

- *No fund reconciliation made for Partners.*
- *It was observed that only 45% of the total project expenditure has been made through the partners whereas 55% of the project expenditure has been made by the Handicap International.*

4.5. ECONOMY IN PROCURING GOODS AND SERVICES

During the visit of Handicap International, Nepal Disability Fund (NDF) and Nepal National Social Welfare Association (NNSWA) we found that the organizations have detailed procurement policy for procurement of goods and services.

Fixed Assets are procured as per approved budget.

Details of fixed assets acquired by both HI and partners for project are maintained by HI Nepal. Records of fixed assets with partners are also maintained by the partner.

Observations

- *Handicap International do not have the system of taking legal documents of vendor during procurement process.*

4.6. ASSESSMENT OF THE EFFICIENCY OF THE PROJECTS/ COST EFFECTIVENESS

The project has completed smoothly and achieved its targeted goal. All the governing body of HI Nepal and Implementing Partners are aware of basic principle of financial management and importance of maintaining financial accountability through adaptation of transparent financial management system with adequate internal control. Hence, it is observed that the project is reasonably efficient and cost effective in implementing its activities.

4.3. COMPLIANCE WITH GENERAL AGREEMENTS/ PROJECT AGREEMENTS

1. Actual amount V/S Committed amount

The Project has committed to float budget of NRs. 198,360,533 during the period of 3 years. Total expenditure reported and fund received during the project period is NRs. 198,720,366.

2. Expenditure in non-budgeted areas,

During the review of financial data and transactions we have not found any expenses which are out of the budgeted areas.

3. Submission of Reports

As per the General Agreements an activity report will be submitted to the SWC on a six monthly basis and financial report will be submitted to SWC on an annual basis.

Observations

- *During the visit of HI we did not find any evidence of submitting activity report and audited financial statements to SWC.*

4.4. COMPLIANCE WITH TAX LAWS

4.4.1. COMPLIANCE WITH INCOME TAX

HI has obtained Tax Exemption Certificate from Inland Revenue Department. HI has submitted its audited financial statement and Income Tax Return on timely basis. HI has renewed its tax exemption certificate.

NNSWA has obtained Tax Exemption Certificate from Inland Revenue Department. NNSWA has submitted its audited financial statement and Income Tax Return on timely basis. NNSWA has renewed its tax exemption certificate.

4.4.2. COMPLIANCE WITH TAX DEDUCTION AT SOURCE

As per Section 87 of Income Tax Act tax should be deducted on any payment of salary, wages and other similar payments to the employee of the organization at the prescribed slab rate.

Similarly, as per Section 88 of Income Tax Act, 2058 tax should be deducted at source on payment related to interest, natural resource payment, royalty, rent, service charge, commission or sales bonus and retirement benefits as per prescribed rates.

Similarly as per section 89 of Income Tax Act, 2058, Tax should be deducted at source on contractual payment above 50,000 made within past 10 days at the rate of 1.5% of total taxable amount.

Further, According to the Section 90 of the Income Tax Act, 2058 the Taxes deducted at source during the month should be paid into account of Nepal Government Inland Revenue Department within 25th of the next month. Otherwise a fine @ 15 % per annum shall be imposed.

During the sample checking of transactions we found that HI, NNSWA and NDF have complied with such rules and has deposited TDS amount within the due date.

4.4.3. FIXED ASSETS

- During the visit of HI, NNSWA and NDF we found that fixed assets registers were maintained properly. Time to time all the organization has physically verify the fixed assets and make amendment if any needed. We have physically verified the fixed assets on sample basis and no irregularities have been found on physical status of fixed assets.
- While physically verifying the fixed assets of HI, NNSWA, and NDF we found that all the fixed assets were properly coded.

Observations:

- *Normally Fixed assets should be purchased in the early stage of the project so that those assets could be used during the project period. In one instance it was found that NNSWA purchased fixed assets at the end of the project (December 2018).*

4.4.4. EVALUATION OF INTERNAL CONTROL SYSTEM

- HI, NNSWA and NDF have formulated and implemented the various policies and rules for day to day operation of the organization like financial policy, procurement policy etc.
- HI, NNSWA and NDF has conducted its AGM on yearly basis and submits AGM documents to different stakeholders including government of Nepal and SWC.
- HI has conducted the CPAC meetings on a regular basis.
- HI, NNSWA and NDF have qualified and skilled personnel in right place for implementation of project and capable of taking responsibilities, which gives good control over the project. Delegation of authority and responsibilities founds to be reasonable.

4.4.5. FINANCIAL REPORTING FRAMEWORK

1. Financial reporting framework for the project is found satisfactory as each report is passed and examined by the various authorities.

2. Implementing Partners prepare bimonthly report and send to the HI in the format prescribed by HI.

SECTION V CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

HI is one of the largest actors in disability worldwide and has presence in Nepal since 2000. HI has been active mostly in promoting, strengthening and sustaining the PR services in Nepal. Since 2005 HI has been implementing PR activities through local partner organisations from eastern to far western part of the country. The impact of the project on people with disability is very significant. Thousands of people have become mobile and active in various walks of life who otherwise, would have been confined within their home as unproductive and burden of the family and society.

The project under evaluation has been concluded successfully with over achievement made in almost all areas. The PR sector capacity is well developed and though not fully ensured, but sustainable to the greater extend. PO still need to make their own effort to make the centres fully sustainable.

The livelihood project component has been quite important for promoting social inclusion but there are areas to be improved as the impact of the interventions seems negligible.

The third component of the project quite unique and innovative and is in line with the WHO idea of including rehabilitation within the health care system. As recommended by the study, the training should be continued and further extended to other parts of the country and other areas of the impairment should also be covered.

4.2. Recommendations : programme

1. The PR services including mobility devices provided by HI and its partners is very important and should be continued and further extended.
2. HI and partner organisation can organise a co-ordination meeting at national level and provincial, present their project with the stakeholders with funding gap in order to generate interest of national and provincial level stakeholders
3. Most of the centres visited mentioned that the machines and equipment are old and in need of replacement. Therefore, it is recommended to make thorough assessment of the existing equipment, their life span and replacement plan
4. People using wheelchairs and other mobility devices also need accessible environment within home and other public places which is not considered in the project. Therefore, it is recommended to consider accessibility in any future PR projects.

5. HI should consider supporting partners to develop their business plan
6. The idea of PSS is good, but the livelihood support is very negligible. Out of 5 people visited 3 are hardly making any income. Two of them are making reasonable income but they themselves were capable to invest in their business even without the support of HI and partners. Therefore, it is recommended to make proper economic assessment of the family and individual before providing support for livelihood and make sure that needy people are getting appropriate support.
7. We found that none of the people provided with livelihood support keep record of income, expenditure and stock. Therefore, it was difficult to assess if they are making any income. It is recommended that people who are supported for livelihood development should also be provided with simple record keeping training and closely follow them up.
8. Public participation and social audit have been promoted so far, it should be continued to ensure transparency and accountability of the organization.
9. Co-ordination with local government seems good and POs are getting support and participating in local government decision making in some cases however, co-ordination with other stakeholders and service providers i.e. CBR , hospitals, training centres etc. should be further strengthened.
10. Learning-sharing should be encouraged amongst stakeholders i.e. project partners, DPOs, other service providers, hospitals including eye hospitals
11. Training to health workers and FCHVs on early identification and referrals should be continued and further extended in partnership with the LCDMS National Health Training Centre (NHTC) and other relevant stakeholders

4.3. Recommendations Finance

12. Handicap International should maintain separate accounting and books of account for individual project separately.
13. Handicap International should maintain books of accounts as per the budget line mentioned in the Project Agreement with Social Welfare Council. Also the agreement with Partners should be made as per the budget line mentioned in Project Agreement.
14. HI is recommended to take approval from SWC for the over budget spent than mentioned in Project Agreement.
15. Handicap International should prepare Fund Reconciliation for the Project and the fund reconciliation should also be maintained for the Partners.

16. Software used by Handicap International should generate trial balance separately for each project.
17. The Implementing Partners should provide the signed bimonthly financial report to the Handicap International and the same should be kept by the Implementing Partners.
18. Partners should have proper books of accounts for recording its transactions. Further separate books of accounts should be maintained for the individual projects by the Partners.
19. Internal audit system should be placed in Handicap International.
20. Major portion of the expenses should be made by the Implementing Partners. So it is recommended to Handicap International for conducting its program through Implementing Partners.
21. Handicap International should have the system of taking legal documents like PAN Certificate, Tax Clearance, Registration documents etc. of vendor during procurement process.
22. Handicap International should keep the evidence regarding the submission of activity report and audited financial statements to SWC.
23. Handicap International and Implementing Partners are advised to purchase the fixed assets in the early stage of the project rather than at the end of the project.
24. HI is recommended not to bring original invoices from the Implementing Partners.

Annex-1 Field visit schedule

Date	Organisation/ programme	Address
30/04/2019	National Disabled Fund. Interaction with the board and staff, observation of the workshop	Bhrikutimandap Kathmandu
30/04/2019	Travel to Nepalganj	Stayed at Krishna hotel , Kohalpur
01/05/2019	DEC visit, interaction with the key staff, home visit of beneficiaries, meeting with local government representatives and government line agencies	Baijanath Nagarpalika and Nepalganj Stayed at Krishna hotel Kohalpur
02/05/2019	NGMC visit, meeting and interaction with hospital director, doctors, physiotherapist and visit to the workshop	Nepalganj Medical College, Kohalpur
02/05/2019	Travel to Mahendranagar from Kohalpur, visited two beneficiaries on the way	Stayed at Opera hotel, Mahendranagar
03/05/2019	Visit to NNSWA, meeting and interaction with the key staff, workshop visit and interview with two beneficiaries	Mahendranagar, kanchanpur
03/05/2019	Travel back to Kathmandu via Dhangadhi	

Annex: 2. List of persons interviewed and contacted during Final Evaluation

SN	Ogranisation/program	Name of person met	Position	Remarks
1.	National Disabled Fund	Gopal Bhandari	President	
2	„	Yam Nath mainali	Secretary	
3	„	Sunita Paudel	Admin Officer	
4	HI	Ritesh Rajbhandari		
5	HI	Yeti Raj Niraula	P&O specialist	
6	DEC	Devidatta Acharya	Director	
7	DEC	Man Bahadur Budha	Chairman	
8	Baijanath Municipality	Sharada Regmi	Deputy Mayor	
9	DEC	Ram Lal Chaudhary	Project co-ordinator	

SN	Ogranisation/program	Name of person met	Position	Remarks
10	„	Deepa Thapa	Vice chair	
11	„	Harikala Thapa	Joint Secretary	
12	NGMC	Dr. Shравan Kumar Chaudhary	Director	
13	„	Hitesh Neupane	Physiotherapist	
14	„	Dr. Sunil Paudel	Dermatologist	
15	„	Sanjaya Paudel	CMO	
16	NNSWA	Ashok Bikram Jairu	Executive Director	
17	„	Tek Bahadur Budha	Out reach	
18	„	Krishna Raj Bhatta	„	
19	„	Amit Kumar Yadav	„	
20	„	Ankita Jairu	„	
21	„	Deepak Pariyar	„	
22	LCDMS	Dr. Rabindra	Section head	Through telephone
23	PRERANA	Kapil Pokhrel	Co-ordinator	„
24	Biratnagar CBR	Ranjana Dahal	Manager	„

2.1. Annex 3: Study tool (Tools for data collection as a reference)

Key informant interview with HI staff at central level / district/ Partner Organizations (POs)

Date of interview:-

District:-

Name of the office:-

Name of the respondent

Designation:-

1. Who are the main stakeholders working with HI? How many staffs and what are the main components of the project?
.....
.....
2. How did you support the service holders to organize awareness raising campaigns regarding disability message/policies?
.....
.....
3. What are the POs strategies implementing for awareness raising campaigns? Which model is the most effective?
.....
4. What are your perception on cooperation from GO, NGO and CBO to plan implement and evaluation of the HRH project?
.....
5. What types of capacity building training support are given to POs facility staffs?
.....
6. Did you have coordination mechanism with GOs for conducting joint planning, monitoring the project activities?

7. What are the challenges and suggestion for effective coordination with GOs?
.....
8. Did you participate and support district annual performance review meeting conducted by Municipality?
.....
9. What are barriers to implement the project activities and Government's policy on disability rights in this district?
.....
10. Could you please describe overall project progress status?
.....
11. Are target activities planned achieved yet or not? If not, what are the constraints and difficulties? What do you suggest to overcome those difficulties?
.....
.....
12. Did you do any joint supervision visit with MOWSC, POs,DPOs,SHGs ?
.....
13. Have you organized and participate in municipality project and management coordination (MPCMC) committee meeting? What are the major outcomes and discussion held in the meeting?
.....
.....
14. Could you please describe about the gaps in essential rehabilitation services and assistive device supply related to this district/PO?
.....
15. What activities are you doing to link POs for disability service network (CDWs, PTs, PTAs-disability volunteers, etc? what are the difficulties and what are your lesson learned?
.....
16. Do you have monitoring and evaluation plan at your district?
.....
17. What activities did the project to build the capacity of CDWs, PTs, PTAs, disability volunteers,?.....
18. What are the promising intervention and practices initiated in the project?
.....
19. In your opinion, is the existing government service addressing the needs of PwDs and hard to reach communities? If yes, how?
.....
20. What coordination mechanism has been developed with project service holders?
21. What are the strategies to sustain the project activities after discontinuation of HI support?
.....
22. Does social audit was organized?
.....
23. Did you get any support from Municipality and other line agencies for the implementation of the project activities?
.....
24. Could you describe the strengths, challenges, opportunity and threats of the project?

Tool 4. 2. Key informant interview questionnaires with Municipality, government line agencies (optional)

Date of interview:-

District:-

Name of the office:-

Name of the respondent

Designation:-

1. Could you please describe briefly about the project and its activities carried out by HI (PO)?

-
2. How do you assess the contribution of HI(POs) to strengthen the disability services regarding:
 - Availability of quality of disability services
 - Upgrading of physical facilities of the HI(POs)
 - Recruit alternative staff to ensure regular quality service
 - Support in providing training regarding advocacy
 3. What type of training activities conducted by HI(POs) for CDWs/PT/PTA ?
 - Basic CBR training /PT Training/and management to field and technical staff
 - Positive deviance in HI(PO) and practices
 - Identification, management and referral training and follow up to CDWs/PT/PTA and PO members
 - To design and conduct disability support program for prevention, care and support of PwDs
 4. What are the process and key stakeholders to manage?
 - Emergency fund
 - Additional assistive devices and its timely repairs of old supplies
 - IGA programs
 5. Did the Municipality itself or in support of HI conduct awareness raising campaigns regarding key issues on disability and DHR messages/policies?
 6. If yes, what type of campaigns? (e.g. IDDP, children day, education day rally and other campaigns)

.....
 7. What kind of support/involvement was made by HI in organizing those campaigns?

.....
 8. Could you please tell me about support of other stakeholders (e.g. DCC, municipality health, education and social departments etc.) to deliver the disability messages?

.....
 9. How do you coordinate with HI for joint planning, decision making and program implementation?

.....
 10. Do you feel difficulties in effective coordination with HI/Municipality/Wards?

.....
 11. How is HI supporting in different review and planning meeting organized at district and sub-district level?

.....
 12. Have you joint supervision and monitoring visits with HI from district to municipality facilities to observe disability service quality?

.....
 13. Have you regular, effective recording and reporting system from community level to POs/HI?

.....
 14. How many referral centres are established in your district with the support of HI?

.....
 15. What are the problems (Human resource, assistive devices, infrastructure, transportation community support etc.) in HI/POs service functionality?

.....
 16. Are there regular home based rehabilitation service and assistive devices delivery system this district?

.....
 17. Have you participated in MPCMC meeting organized by HI/POs? What are the outcomes of the meeting?

.....
 18. What are the gaps rich and poor groups in receiving the services in HI (PO) policy? if yes ,What are the possible suggestions/solutions to overcome these barriers?

.....
 19. What are the gaps in essential services and assistive devices supply related to HI/POs in this district?

.....
 20. What are the outcomes/impact and changes made by the project in this district?

.....

21. Is there a possibility of replicating and scaling up of any of the existing intervention of the HI/POs project?

 If yes, what can be the modalities (content of training, delivering agent of training, participants, frequency of training and its follow-up) of replicating and scaling up of these interventions?

22. Are you satisfied with project modality, its activities, target Vs. achievement and financial system?

23. In your opinion, are the existing Government services addressing the need of people with disabilities? If yes, how?

24. What activities did the project to build the capacity of CDWs/PT/PTAs/ SHGs and parents?

25. What promising HI/POs interventions/activities have you noticed in this district?

26. What type of research activities conducted by project?
27. Have you received research findings report and participated in dissemination ceremony?
28. What type of policy and strategy formulated by project on disability services?
29. Have you felt any change in community awareness in HI/POs which is due to project contribution?
30. What are the strategies to sustain the project activities after discontinuation of HI support?

31. What are the strengths and challenges and area to improve the program activities?

Annex 4: Analysis of Income Generation Beneficiary visited by the team

Name of beneficiary	Nandakali Giri	Remarks/observation
Address	Baijanath 6, Gadari, Banke	
Disability/Sex	Physical (polio)/Female	
Income before supporting by the project	1000/- month	This figure was given by the partner which was not variable by document.
Types of support provided by the project	PSS, Motivation, Grocery goods, Tricycle, Social participation	She is selling vegetables in a small tanki by the side of the road. She is provided with a tricycle which she rarely used due to inaccessible (narrow) road to her home. Her husband, who is low vision, helps her in bringing vegetables from vendors in his cycle and also brings her in the shop from home. She also has small baby who needs to be taken care. At the time of visit she hardly had goods around 5-6 thousand and quality of vegetables were very poor. She seemed not aware about profit and loss and does not keep any record of her business.
Current income	10,500.00??	She said that her selling is around 4-5 hundred a day and, in an average, she said, she can save Rs. 300 per day which seems good but she does not keep any record of her business i.e. sold, consumed, stock etc.
Status	Client completed,	The team observed that a comprehensive assessment was not made before providing support i.e. accessibility at home and in the community, her ability to make business was not properly assessed. The CDW also did not pay attention to her husband's low vision problem

