Executive Summary

1. Context of the Study

Save the Children’s Community Based Rehabilitation programme (CBR) has the aim of improving the situation of children with disabilities through the fulfillment of child rights.

The CBR programme has worked with partner NGOs (PNGOs) in Eastern and Central Nepal to implement the CBR programme in Biratnagar, Resource Center for Rehabilitation and Development (RCRD) in Bhaktapur, CBR in Patan and CBRP in Palpa. CBR programme from 1990 to 2009 has reached 141 VDCs, 7 Municipalities and 7 Districts e.g.; (Bhaktapur, Palpa, Lalitpur, Morang, Kathmandu, Nuwakot, Kavre) with 30 additional districts receiving training support to implement their CBR programs. After integration of Save the Children Organizations into Save the Children Nepal (SCN), the CBR projects were handed to local organizations under its phase out policy. In connection to this phase out, SCN wanted to learn about the status of CBR program in Nepal. This evaluation study is therefore an attempt in this direction.

2. Objectives

The main purpose of the evaluation is to assess how far the program has met the stated goal of improving the situation of children with disabilities through the fulfillment of child rights.

The specific objectives of the evaluation are to:

1. Assess how far the program design of the project has proved to be appropriate
2. Assess the impact of the program on the beneficiaries and surrounding communities
3. Appraise the sustainability of the program
4. Assess the efficiency and effectiveness of the project's modality of implementation
5. Identify lessons learned and best practices of the project, suggesting reasons for particular successes and failures

3. Methods and procedures of the study

As per the SCN TOR, the evaluation team prepared a field visit plan together with a set of study tools for the field work. Prior to this, related literature was reviewed for information and content to be incorporated in the tools. The monitoring and evaluation section reviewed these tools and provided relevant feedback. The revised tools, together with the field study plan, were forwarded to the concerned organizations in the districts to facilitate the smooth conduction of the field work. The research team then visited all the CBR project districts and collected relevant information from the respondents by administering the tools.

A set of tools as institutional profile, interview guidelines for key informants and district officials, focus-group discussion guidelines for beneficiaries, families, and PNGO staff
and field notes were used to collect the data from the field by contacting the key respondents and officials in the districts. The collected information was grouped under key themes and analyzed mostly qualitatively to draw conclusions and findings. Some of the lessons learnt from the project were also recorded and presented.

4. Discussion of the Results

Program design

The program design was just like the CBR model in other developing countries which adopted holistic and integrated approach to disability. The program was targeted to address problems of persons with disabilities in their respective areas by enabling the local community to conduct and own the programme. SCNN established partnership with partner organizations at the grassroots level which initially started awareness and advocacy programs in resource lack situations.

The CBR program was designed in such a way as to empower the local communities to work toward the rights of children and youth with disabilities in a phased manner for the sustainability of services, campaigns, movements and advocacy activities aimed to empower the target population.

Problem under address

People with disability, particularly children and youth, are, in majority cases, denied of their rights and neglected. Most often, they are discriminated and excluded in the families, communities and organized sectors without being able to enjoy equal opportunities and rights as other children and citizens.

Little awareness on disability and rights of PWDs in family, community and even in PWDs, poor rehabilitative, curative and corrective services, poor scholarship arrangement for C/PWDs, charity based approaches adopted by disability related organizations, lack of data, information and research study reports on disability and disability issues were some of the factors taken into consideration by SCNN when it started its support to CBR programme in Nepal.

Approach taken to address the problem

CBR approach was popular in developing countries including Nepal. Later, it was recommended as a viable and suitable approach by WHO to rehabilitate persons or children with disability even in the most marginalized community and family. Inclusion of disability issues in the agenda of development at all levels and provision of replicable & sustainable programme as ways to ensure disabled children's rights to survive, develop, and be socially included marked the genesis of CBR approach.

CBR programme in Nepal adopted the approach of relying on multiple partnerships in order to make the CBROs sustainable in the long run. The CBROs also adopted the approach of lobbying with other likeminded stakeholders to advocate for and influence suitable policy changes and resource allocation in order to address the problem.

Appropriateness of the program approach
CBR approach was developed for the countries with limited resources and political will. It was considered to be appropriate as program intervention for developing countries marked with the shortage of sufficient resources for the cause of people with disability.

The SCNN started to work with its partners almost from a vacuum with several unmet needs of people with disabilities. Lack of resource, policy, plans and programs towards persons with disability were the major constraints at the time of program start in Nepal. Such situation obviously demanded the adoption of most cost effective approach like the CBR approach whose appropriateness was justified with SCNN support indicating that PWDs can make their lives as contributory as that of others.

**Other contributory strategies**

The use of multi-sector approach and multiple partnerships with similar organizations has been taken as the other major contributory strategy to address the problems of persons with disabilities. Coordination and networking of the service providers and working with multiple funding partners to ensure better quality services for persons with disabilities have contributed toward the success of the CBR programme.

**Impact of the program**

The first and the foremost impact of the program can be observed in the adoption of the CBR program by the government all over the country against a few human resources and the resource crunch.

Of 116 VDRCs established in the CBR districts, VDCs are now allocating certain amount of budget to them ranging from Rs 20,000 to 1, 00,000 as these VDRCs are recognized as grass roots level committees to ensure the rights of PWDs.

Inclusion of deaf and intellectually disabled students in schools of various CBR districts is taken as another major achievement. The combined advocacy of SCN partners and others has resulted in the provision of disability scholarships and allowance by the government of Nepal. In the same way, Disability Identity Card distribution has been started by the WCO and this has directly contributed to the recognition of persons with disability in order to ensure their rights and provide subsidies, allowances and other reservation preferences.

System of digital data development has been started in the form of data base in all districts through WCO. The national disability data software is supposed to make the data base effective for planning, monitoring and evaluation of all programs for PWDs.

Social awareness towards disability is on the rise and social stigma towards PWDs has been reduced. This is due to the continuing effort made by CBROs and other disability related organizations through their awareness and advocacy programme.

**Beneficiaries and their families**

The beneficiaries of the CBR program are the children with disability and their families. The contribution of CBR program has been observed in different forms ranging from their independence in daily activities to advocacy of their rights through organised efforts in terms of self help organisations.
Children with disabilities have received education (not all though) in integrated mainstream schools. It was also observed that in many cases, children with severe and multiple disabilities improved their ADLS and acquired mobility through therapeutic services such as physio-therapy.

Some youth with disability are actively engaged in income generation and Vocational trainings and occupational support are meaningfully used by them. As a program impact, participation of the CWDs/PWDs has increased in organisations such as VDRCs, Child Clubs, DPOs, and other social organisations and activities.

The attitude of the families towards their children with disabilities has been more supportive and assuring one, a significant change over the years of CBR intervention.

**Relation between intervention and impacts**

The CBR intervention programmes were strategically related to capacity development of the government organizations, communities, civil society and the institutions, direct support to the CWDs/PWDs to improve their life, and creation of supportive environment for promoting the participation of CWDs at different levels.

Trainings, orientations, seminars for the awareness and prevention of disability, identification, medical intervention and referral to other service provider institutions, operation and medication like curative measures, distribution of assistive devices, leadership development and income generation as part of capacity development were the intervention activities bearing good impact.

The roles of CBR partners in assisting and influencing the government and related organisations to develop policies and programs for persons with disabilities in relation to the CBR program were both visible and crucial.

**Achievement of expected program results**

One of the major achievements of the CBR programme can be related with the exposure and acceptance disability received both in the families and communities.

About 35,000 children with disabilities increased their functional capacities in mobility, speech and communication, learning and applying knowledge and progressing towards a self-reliant life.

More than 10,000 children with disabilities are enjoying their right to education through 734 inclusive, regular and special schools in a child friendly, non-discriminative, conducive teaching-learning environment.

A total of 250 youths with disabilities are pursuing their higher education and 1500 youths with disabilities are engaged in job oriented technical/ vocational education to be self reliant.

Educational performances of children with disabilities are found comparatively well with 90% promotion rate, many of them falling in the top 10 list: they are articulate, diligent, and resilient; the dropout rate is significantly decreased.

More than 50,000 children have benefited from preventive health facilities for early detection and prevention of disabilities from jointly organized immunization camps health
and early identification camps, clinics, eye and ear camps, and referral services provided by CBR organizations every year.

**Effect of the project on other stakeholders**

- Local and national level government agencies have started supporting disability issues by allocating budget. In this regard, significant resource was mobilized by RCRD partners which amounted to Rs. 39,95,648.35. This amount represents 52.5% contribution of SCNN including government resources.
- VDCs and DDCs have started allocating budgets for the cause of disability and mobilizing Village Disability Rehabilitation Committee (VDRC).
- Most of the VDRCs are led by PWDs or their family members and they have started to plan and implement disability program in the VDCs. They have already started mobilizing the VDC fund, supporting CWDs in education, conducting surveys, taking initiatives for distribution of Disability ID Card, raising awareness and conducting vocational trainings.
- The four different categories of scholarship to enroll children with disability in school are in operation and 50% subsidy on ground transportation as well as 30% subsidy on air transportation is in effect.
- The Legislative Parliament of Nepal has ratified United Nations Convention on the Rights of Persons with Disability (UNCRPD) to the great advantage and rights of people with disability.

**Sustainability of the programme**

Ratification of the CRPD (2006), policy guidelines for allocating the budget to disability related programmes to VDCs and DDCs and initiation taken by the government to start CBR programmes in the districts are such measures that will make the CBR programme sustainable.

Similarly, a growing number of VDRCs and increasing support from the VDCs to the programme are such achievements that have significant impact on its sustainability. Most of the resource teachers supported by SCN are now supported by the government and the overage teachers too are supported by DEO through CBROs.

**Sustainability of the groups**

Some of the former beneficiaries of the CBR programs have actively participated in the already existing self-help groups; some have formed their own groups. The credit goes to CBR partners who have worked hard to empower persons with disabilities by encouraging them to form their own groups.

Morang deaf association is a good example of sustainability of CBRO which has won bidding from Morang sub-Metropolis to manage the traffic and collect the parking fee from the vehicles. Consequently, bus counters and theaters have given priority to deaf people, especially for ticket checking job.
Sustainability of organizations

Nearly all CBR organizations have demonstrated their potential for growth even after the phase out of the support from SCN. A slight increase in programme budget and focus areas was noticed due to multiple funding partners and the effort made to make their organization sustainable. Nearly all these organizations have their own buildings or they are in the process of owning them in the near future.

Biratnagar CBR has been operating orthopedic workshop since 1997 for manufacturing mobility aids and appliances and special shoes including maintenance service. This stands as a good example of income generation for other CBROs as well.

RCRD Bhaktapur has been developed as a regional information and resource center for disability with CBR approach as its operational strategy. SCN has been continuously supporting CBROs through RCRD which is making continual efforts to make it sustainable despite some difficulties in retaining the qualified and experienced staff.

Sustainability of initiatives

Government of Nepal is convinced about the need and appropriateness of CBR service, as a result, national CBR program is implemented all over the nation with budget of around 150 thousand rupees per year for one district.

The CBR guidelines have directed the District Development Committees and the Village Development Committees to allocate certain percentage of their budget for the cause of people with disabilities.

VDRCs were formed in all village development committees of the CBRO working areas and the mandatory provision to provide financial assistance to VDRCs stands as a sustainable move to continue the CBR program for the greater benefit of people with disabilities.

Sustainability of the project impact

Increased awareness of the community and the family toward disability, attitudinal and behavioral change towards persons with disabilities, functional improvement in performance of individuals with disabilities, building self respect and confidence of the disabled etc are the impacts of the CBR programmes.

Community workers and the physiotherapy facilitators are still asked to do their job by the community and the family of the disabled children even after they have changed their profession or remained unpaid for their job for a long time. The quality of service in itself is an indication of the positive impact of the program.

The persons with disabilities with assistive devices or wheel chair under the CBR assistance are living a better social life with economic gains toward their independence.

Potential sustainability of better results

Significant achievement has been noticed in physical rehabilitation in the program area which has, however, not been matched by economic rehabilitation of persons with disabilities.
Economically gainful activities together with social inclusion of persons with disability have remained the challenging concerns for all, especially for persons with disabilities and their family members.

For the intended sustainability of better results, the CBROs must engage themselves in pertinent issues as advocacy of the rights of PWDs, income generation activities, formation of self-help organizations and networking of services. They are also expected to truly work as resource centers.

**Efficiency and effectiveness of project’s modality of implementation**

The CBR programmes are cost effective as compared to the other projects. The CBR projects, because of their community based nature, are seen better than the institutional based rehabilitation model. Since family members are at the core of the CBR programme, it has become a cost effective model for the rehabilitation of persons with disability.

Inclusion of children with different abilities in the child clubs, civil society institutions, NGOs, DCWCs and SCN partner organizations, building technical capacities of academic institutions for relevant human and material resource development, and inclusion of CRC and the issues of prevention and rehabilitation of childhood disabilities in the relevant curricula of the academic institutions provided thrust to the CBR programme.

Acceptance of RCRD and CBRO's influential role in advocacy of appropriate policy for children with disability along with the safeguarding of their rights by the government and the stakeholders further indicates their role effectiveness.

The government of Nepal's plan for extending financial support to the CBR programme in 50 districts, formation of 116 VDRCs in the program districts under technical support from CBR programme and RCRD, a total of 39 VDRCs already handed over to the local communities and all the VDRCs receiving fund from the government, all these stand as evidence to the success of the CBR programme.

All the VDRCs formed so far have members consisting of P/CWD. As discrimination towards CWDs has been on decrease, their participation in educational and societal activities has been on the increase.

**Achievement of planned project outputs and outcomes**

All VDRCs are initiating small scale activities on childhood disability in collaboration with community and government line agencies. Full participation of people with disabilities to voice their concern and become a part of the development process is increasing indicating the accomplishment of one of the outputs of the CBR program.

RCRD’s success to establish itself as a resource center has been recorded as an outcome of the CBR program. Its technical support to Save the Children partners is continuing even after the phase out of the SCN support. RCRD support to the CBR program in 75 districts run under the Ministry of Women, Children and Social Welfare is going well.

The other outcomes of the CBR program can be highlighted in terms of the increasing number of “Of” and “For” organizations related to disability. The increasing number of disability related organizations has posed a positive challenge to the CBROs to become competitive in their strategic approach and service delivery pattern.
Improvements of the functional abilities of the children with disabilities, exposure of these children to the society, changed attitude of the family and the community toward disability, pressing and influencing the government and related organizations to formulate policies in favour of persons with disability are some such activities that have resulted from the active involvement and advocacy of the CBROs.

**Quality and type of trainings and supports received by the beneficiaries and other stakeholders**

RCRD Bhaktapur, as the product of the CBR programme, has remained the only organization with high quality of expertise, knowledge and skills to impart trainings to the CBR workers, volunteers and therapists. Besides, its influential role to influence the government to make policy and programmes for persons with disabilities for their rehabilitation has been highly recognized.

Therapeutic trainings, orientation and awareness are the basic trainings received by the parents of the disabled children. The needy persons have been provided with assistive devices and appliances, and some are provided treatment as well as corrective surgery. The beneficiaries were satisfied with the therapeutic services but worried about the impact of the phase out of the SCN support on home visit programme.

**Collaboration of NGOs with other stakeholders**

All the four CBR partners and RCRD, Bhaktapur have been collaborating with the concerned NGOs, GOs and INGOs with good networks at the central and local levels to share common goals and issues on the rights of people with disability.

Government organizations are becoming the major partners of the CBR organizations. CBROs are therefore working in close collaboration with government bodies as Women and Children's Office, District Education Office, District Development Committee Office, and Public Health Office.

Women and Children's Office has a responsibility for the implementation of the government CBR programme in the district. Likewise, District Education Office provides incentives/scholarship to the children with disabilities. District Development Committee plans district level programmes together with CBROs and collaborates with them for the implementation of disability related programmes.

**Effectiveness**

Multiple partnerships with GOs and I/NGOs has remained to be one of the key strategies of the CBR programme to sustain the efforts of the CBROs even after the phase out of the support from major partner like SCN.

Collaboration with health organizations, DEO, DDC and WCO has proved to be effective in order to provide services under the umbrella of the CBROs. It is effective because of its joint ownership and shared responsibility.

CBR programme has proved itself to be effective as an authentic source of expertise and cooperation for both government and non-government offices in order to provide PWDs with social, economic, educational and other forms of rehabilitative services.
**Added value to the quality of outputs and outcome**

The quality of CBR outputs and outcome was appreciated by the stakeholders and this added value to the CBR programme. Moreover, collaboration with various stakeholders has further enhanced the quality of the services.

As the capacity of the CBR organizations has been strengthened, more and more reliability on their services indicates that people have developed a good amount of trust and confidence in their activities.

**Socially inclusive delivery of service by PNGO**

The CBR programme is considered to be popular due to its holistic approach. It supports for the rehabilitation of all types and kinds of disabilities without being confined to certain groups or class of people. The CBR partner NGOs are efficient and successful in coordinating the service providers with the people in need of services.

The inclusive delivery of services has avoided both duplication and repetition of services to the same people by various organizations. The programme is socially inclusive in its delivery as it has reached all types of people with disabilities from various backgrounds.

**Capacity building of partner NGOs**

RCRD, Bhaktapur was established and strengthened to develop the capacity of the CBR partner NGOs. Human resource development was one of the key foundation objectives of the RCRD under the SCN support.

RCRD also conducts organizational management trainings for the partner organizations. It is clear that the purpose of these trainings is the development of capacity of the partner organizations and the community workers for the whole CBR programmes.

It is with the support from Save the Children and its partner NGO - RCRD, the government has planned to establish a database of disabled people and children in each district of the country. To the effect of this plan, capacity building workshop was held for the staffs of both the government and NGOs.

**Extent of capacity building**

Local government has accepted CBROs as their development partners. The attitude of local people toward CBROs has been very welcoming and receptive in that they have accepted these organizations as helping hand for people with disabilities and the organizations they represent.

All CBROs are capable of providing education and rehabilitation services to persons with physical disability, blindness, deafness, intellectual disability and multiple disabilities. However, their present knowledge and capacity has been challenged by the demanding and ever increasing complexities associated with the rehabilitation of people with disabilities.
Utilization of capacity building training

Most of the community workers and therapists are using their knowledge gained through capacity development training. The PNGOs staff and the rural disability rehabilitation facilitators are also successfully using their trainings and knowledge to make the life of people with disability better.

The training provided under the CBR programme has been fully utilized in identifying people with disabilities, categorizing disabilities, selecting and using appropriate training services, and providing disability ID card along with referral services.

Most effective capacity building activities

The basic (100 days) CBR trainings provided by RCRD are better known as most effective capacity building activities. These trainings have contributed to develop the capacity, professionalism and good understanding in the PNGO staffs, Village rehabilitation facilitators and the teachers of CWDs.

Another effective capacity building activity of the CBR programme has been its whole staff support strategy due to which the CBROs have proven themselves as knowledge based organizations for the cause of disability in the district.

Development of functional capacity of persons with disabilities, use of assistive aids and appliances and primary rehabilitation therapy have been very effective to give space for persons with disability.

Stakeholders' view on project implementation

The parents, family members and the CWDs/PWDs expressed their satisfaction regarding the implementation modality of the project. The CWDs/PWDs accepted that they were there because of the CBROs in their areas.

The officials of different government organizations have felt that the initiatives taken by the CBR organizations and the ways the activities are implemented are highly appreciable.

Self-help organizations of persons with disabilities felt the need of CBRO like organizations to facilitate the rehabilitation process technically because of their technical activities like rehabilitation.

Stakeholders are of the opinion that CBR projects' implementation modality to enlist the cooperation from the grass roots level people and organizations is a praiseworthy attempt.

Lessons learnt and best practices of the project

Major lessons:

- Collaboration and networking of related stakeholders is effective to influence the government for policies, programmes and resources.

- Multiple partnership approach with different development partners is the key for sustainability. Continuation of programmes by CBROs even after the phase out from SCN is based on this approach.
• PRT of the home visit programme is the most popular programme with a sustainable impact on children with multiple and severe physical disabilities such as CP.

• Adequate preparation for the phasing out of the project activities is required for the smooth transition of the project as most VDRCs were handed the responsibilities without adequate preparation.

• Orthopedic Unit of Biratnagar CBR is very much effective for quality artificial limbs and assistive devices. However, PWDs alone cannot afford for this without external support.

• Adoption of co-operative principles in DPOs can make them sustainable.

• People with disabilities can be gainfully employed for their self dependence (Deaf community given the job of managing traffic by Biratnagar Sub Metropolis).

• Gap between the policies and actual implementation of the programmes for people with disabilities exists as perceived in negligence of discount in public transportation, health institutes, tax exemption etc. Policy consideration is needed for the employment and education of PWDs to ensure equitable access to available opportunities.

**Best practices:**

**Innovative initiative:**

Home visit activity as an essential component of the CBR programme has proved to be the most effective activity because of increased level of awareness toward disability and its acceptance by the family and community.

Parents and PWDs have realized that PRT can make a difference in the life of a child with disability.

**Diversified services:**

CBROs are highly successful in providing diversified services to CWDs/ PWDs. Bhaktapur CBR is running ear clinic with audiogram assessment facility and organizes frequently ear operation clinic and mobile eye camp in urban and rural areas of Bhaktapur district.

Similarly, immunization and family planning programmes and disability survey along with other regular CBR activities are the functions of Bhaktapur CBR. It has thus set a replicable example on providing quality diversified services.

**CBRO as resource center:**

All CBROs are now established as the resource centers on disability and disability related information. The national disability data software is now being used by these organizations to create their own data base with support from MWCSW.
**Sustainability approach:**
The new programme initiatives (Bhaktapur and Biratnagar CBR) of the CBROs are expected to make their activities sustainable. As the government has started the CBR program in 50 districts along the spirit of sustainability, continuation of CBR activities in diversified form is expected.

Other best practices of income generation for the economic freedom of the PWDs/CWDs have appeared in the forms of goat lending (bakhra paicho), microfinance and cooperatives.

**Inclusive education:**
CBR Biratnagar has set an example of inclusive education for the deaf students at Janata Namuna higher secondary school. Integrated setting is the practice that stands out as a model for the integration of students in regular education setting.

**Community mobilization:**
Community mobilization through VDRCs/ self help groups has been a successful experience in various CBR and non CBR districts. Overall, VDRCs in Bhaktapur district are more successful for resource mobilization and program implementation. Palpa CBR is able to form VDRCs in all villages of the district and Tansen municipality.

5. Findings and Recommendations

**Findings:**
- The CBROs are continuing their services irrespective of the phase out policy from its funding partner - SCN.
- In most cases, programs, targets and working areas and budget are increased because of partnership with government agencies, local donors and INGOs.
- Some CBROs have created the “Trust Fund” and are able to receive attractive interest from it.
- CBROs are providing necessary programme support, service and assistive devices for the CWDs/PWDs under the coordination of multiple donors and partners through the inclusive delivery of services.
- CBROs are well recognized for continuing referral, corrective and curative services and preventive treatment for PWDs.
- SCN’s phase out policy has affected the full fledge function of CBROs with a direct impact on home visit programme.
- VDRCs’ capacity need to be strengthened with an increase in the VDC budget.
- All CBROs are in the process to complete disability survey which will have a major contribution to the future plans and programs for persons with disabilities.
- CBR organizations are well recognized for their expert services, collaborative efforts and district based networking.
After the phase out, CBROs are even more trusted with the responsibility to work for persons with disability, senior citizens and single women by Women and Children Office (WCO).

**Replicable practices / lessons**

- Home visit activity is recognized as the most effective strategy for raising awareness on disability, providing PRT, counseling service, identification and classification of disability for CWDs.
- Multiple partnership approach has been accepted to be effective for resource identification and mobilization, mainstreaming the disability issue, sustainability of services and advocacy of disability rights for PWDs.
- Networking and coordination of services with different government bodies, parents, teachers, social workers, health institutes, DPOs, NGOs and INGOs has been an effective practice for identification of needs, service delivery and referral services of PWDs.
- Joint advocacy campaign of CBROs and related organizations has been a strong strategy to influence policy change in favour of CWDs/PWDs.
- Inclusive education for the deaf students in integrated setting has been made possible as a rewarding practice which can be easily replicated from Janata Higher Secondary School, Morang as an exemplary practice.
- Physiotherapy clinics are successfully run by most of the CBROs as popular activity of PWDs. The clinics have not only served the CWDs/PWDs but also generated income as it is getting popular even among the senior citizens.

**Recommendations for sustainability**

- As the government of Nepal has ratified (UNCRPD, 2006) in December 2010, the policies and programmes for PWDs should be revisited in line with the spirit of the Convention.
- Mandatory provisions for allocation of certain percentage of budget for the programmes on disability should be initiated by the government under clear cut disability guidelines.
- As the government has adopted inclusive education approach as the main strategy to achieve “Education for all by 2015”, this approach should be matched with visible programmes for the inclusion of children with multiple and severe disabilities.
- The charity based approach to disability should be replaced by rights based approach for ensuring their rights to live a dignified life as other citizens of the country.
- Disability issues should be recognized as developmental issues and Ministry of Local Development, instead of MWCSW, should be given the responsibility of managing disability related programmes.
The essential health service policy for persons with disability, developed by SCN in partnership with the government in 2008, should be implemented to make available medical facilities free of cost for people with disability.

There is an immediate need of making provision of special programmes targeting doubly disadvantaged groups such as women with disabilities and multiply disabled people.

SCN should have at the core of its programmes the issue of rights of children with disability as inseparable child rights issue in order to translate its "child first" vision into reality.

VDRCs are in need of capacity building so that they can be empowered to perform their newer responsibility quite effectively.

Vocational education should form an integral part of the income generation activity for persons with disability which should be started after intensive research on the appropriateness and relevance of skill development programmes.

Continuity of capacity development of CBROs, DPOs, and community disability workers should be given priority in order to increase technical capacity of orthopedic workshop and technical persons involved in CBR activities.

Micro finance activities together with the co-operatives should be promoted to help increase the economic freedom of PWDs.

Social security of people with severe intellectual disability, physical disability and multiple disabilities should be institutionalized in order for taking care of them after the death of their parents.

Provision of village disability workers and rehabilitative facilitators must be expanded to all over the country by also increasing their facilities in order to motivate and sustain their commendable services.

An inbuilt monitoring system should be there in the CBR programme in order to ensure its effective implementation and reaching the targeted beneficiaries.

Female community health volunteers are to be mobilized and trained more for early identification and referral service. CBR should provide regular refresher training to the sub-healthpost workers together with them.

To develop disability responsive society in new Nepal, incorporate disability issues and agenda in academic and nonacademic courses including the trainings across different types of stakeholders such as teachers, security personnel, Red Cross workers, social workers, health professionals, scouts, volunteers and political workers.

Develop and implement disability friendly infrastructures with a focus on public places and enforce policies to provide discount and subsidies in equipment, facilities and loan provisions.

Emphasize on prevention and safer delivery service before and during birth of a child in order to prevent him/her from being affected by any disabling environment.
Acknowledgements

This evaluative study on 'Community Based Rehabilitation Programme' was undertaken to record and assess the status of CBR program under SCN support in Nepal. SCN's CBR program has the aim of improving the situation of children with disabilities through the fulfillment of child rights. As the CBR program under SCN support was there for nearly two decades with its phase out policy made effective from December 2009, this study was assigned to us to make its rapid evaluation for lessons and practices that can be replicated in the remaining parts of the country. We would therefore like to acknowledge and appreciate the decision made by SCN to entrust us with this responsibility.

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Basu Dev Kafle
Team Leader
Table of Contents

Executive summary
Acknowledgements
Table of contents
Abbreviations

Chapter I: INTRODUCTION

1.1 The context of the study
1.2 Objectives
1.3 Rationale of the study
1.4 Methods and procedures of the study
1.4.1 Selection of the samples
1.4.2 Study tools
1.4.3 Data collection and analysis procedures

Chapter II: DISCUSSION OF THE RESULTS

2.1 Program design
   2.1.1 Problem under address
   2.1.2 Approach taken to address the problem
   2.1.3 Appropriateness of the program approach
   2.1.4 Other contributory strategies

2.2 Impact of the program
   2.2.1 Beneficiaries and their families
   2.2.2 Relation between intervention and impacts
   2.2.3 Achievement of expected program results
     2.2.4 Effect of the project on other stakeholders
     2.2.5 Unintended outcomes of the project

2.3 Sustainability of the program
   2.3.1 Sustainability of the groups, organizations and initiatives
   2.3.2 Sustainability of the project impacts
2.3.3 Potential sustainability of better results

2.4 Efficiency and effectiveness of project’s modality of implementation
   2.4.1 Achievement of planned project outputs and outcomes
   2.4.2 Quality and type of trainings and supports
   2.4.3 Collaboration of NGOs with other stakeholders
       2.4.3.1 Effectiveness
       2.4.3.2 Added value to the quality of outputs and outcome
   2.4.4 Socially inclusive delivery of service by PNGO
   2.4.5 Capacity building of partner NGOs
       2.4.5.1 Extent of capacity building
       2.4.5.2 Utilization of capacity building training
       2.4.5.3 Most effective capacity building activities
       2.4.5.4 Stakeholders' views on project Implementation

2.5 Lessons learnt and best practices of the project
   2.5.1 Major lessons learnt
   2.5.2 Best practices of the project
   2.5.3 Reasons for the successes and failures

Chapter III: FINDINGS AND RECOMMENDATIONS

3.1 Findings

3.2 Replicable practices / lessons

3.3 Recommendations for sustainability

References:
Annexes:
Annex 1. The Study team
Annex 2. List of the tools
Annex 3. Selected cases
Annex 4. Profile of Partner NGOs
Annex 5. List of the respondents
Annex 6. TOR of the study
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>ADLS</td>
<td>Activities for Daily Living Skills</td>
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<tr>
<td>C/PWD</td>
<td>Children or Person with Disability</td>
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<td>CAHD</td>
<td>Community Approach to Handicap in Development</td>
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<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<td>CBRO</td>
<td>Community Based Rehabilitation Organization</td>
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<td>CDSP</td>
<td>Childhood Disability Support Program</td>
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<td>CPP</td>
<td>Country Programme Policy</td>
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<td>CRC</td>
<td>Convention on the Rights of Children</td>
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<td>CS</td>
<td>Corporate Sector</td>
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<td>CSO</td>
<td>Civil Society Organisations</td>
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<td>CTEVT</td>
<td>Council for Technical Education and Vocational Training</td>
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<td>MLD</td>
<td>Ministry of Local Development</td>
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<td>CWD</td>
<td>Children with Disability</td>
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<td>DCC</td>
<td>Day Care center</td>
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<td>DCWB</td>
<td>District Child Welfare Board</td>
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<td>DCWC</td>
<td>District Child Welfare Committee</td>
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<td>DDC</td>
<td>District Development Committee</td>
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<td>DDCC</td>
<td>District Disability Coordination Committee</td>
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<td>DEO</td>
<td>District Education Office/ Officer</td>
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<td>DFE</td>
<td>Disability Friendly Environment</td>
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<tr>
<td>DHO</td>
<td>District Health Office/ Officer</td>
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<tr>
<td>DPO</td>
<td>Disabled Person’s Organization</td>
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<td>EFA</td>
<td>Education for All</td>
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<td>GO</td>
<td>Governmental Organization</td>
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<td>GRT</td>
<td>Group Transcluture Italy</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>INGO</td>
<td>International Non Governmental Organization</td>
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<tr>
<td>MWCSW</td>
<td>Ministry of Women, Children and Social Welfare</td>
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<td>MR</td>
<td>Mental Retardation</td>
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<td>CP</td>
<td>Cerebral Palsy</td>
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<td>MD</td>
<td>Multiple Disability</td>
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<td>NDCC</td>
<td>National Disability Coordination Committee</td>
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<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>NFDN</td>
<td>National Federation of the Disabled Nepal</td>
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<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>OU</td>
<td>Orthopedic Unit</td>
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<td>PRT</td>
<td>Primary Rehabilitation Therapy</td>
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<td>PHO</td>
<td>Public Health Office</td>
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<td>PWD</td>
<td>Person with disability</td>
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<td>RCRD</td>
<td>Resource Center for Rehabilitation and Development</td>
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<td>SCNN</td>
<td>Save the Children Norway</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
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<td>GTZ</td>
<td>Deutsche Gesellschaft fuer Technische Zusammenarbeit</td>
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<tr>
<td>UNCRPD</td>
<td>United Nation's Convention on the Rights of Persons with Disability</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>UMN</td>
<td>United Mission to Nepal,</td>
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<td>VDC</td>
<td>Village Development Committee</td>
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<td>VDRC</td>
<td>Village Disability Rehabilitation Committee</td>
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<tr>
<td>VDMC</td>
<td>Village Disability Management Committee</td>
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<tr>
<td>WCO</td>
<td>Women and Children Office</td>
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<td>WDO</td>
<td>Women Development Officer</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>YWD</td>
<td>Youth with Disability</td>
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<tr>
<td>ONQ</td>
<td>Human Resource Australia</td>
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<td>UDLE</td>
<td>Urban Development through Local Effort Programme</td>
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CHAPTER I: INTRODUCTION

1.1 Context of the Study

Save the Children’s Community Based Rehabilitation programme (CBR) has the aim of improving the situation of children with disabilities through the fulfillment of child rights.

The CBR programme has worked with partner NGOs (PNGOs) in Eastern and Central Nepal to implement the programme: Community Based Rehabilitation (CBR) in Biratnagar, Resource Center for Rehabilitation and Development (RCRD) in Bhaktapur, CBR in Patan and CBRP in Palpa. To address the miserable situation of C/PWD in Nepal Save the Children Norway-Nepal (SCNN) started supporting CBR program as country specific priority in 1990, first partnership with CBR Bhaktapur starting in the same year. Similarly, partnership with CBR Biratnagar, CBR Patan and CBR Palpa was started in 1992. In addition, SCNN supported the initiation and development of the Resource Centre for Rehabilitation & Development in Bhaktapur to involve in human resource development in the field of disability and in national level advocacy work for influencing policy and legal changes in favor of persons with disabilities in Nepal.

CBR programme from 1990 to 2009 was expanded to 4 districts of Nepal reaching 141 VDCs, 7 Municipalities and 7 Districts e.g.; (Bhaktapur, Palpa, Lalitpur, Morang, Kathmandu, Nuwakot, Kavre); and 30 additional districts are receiving training support to implement their CBR programs to usher positive changes in the life of thousands of children with disabilities in Nepal.

CBR focuses on holistic CBR approach with a challenging role to make children and youth with disability functional, self-confident, organized, and capable of leading an independent life. Inclusive child clubs in the school and community are also working to ensure equal rights of participation for children with disability (CWD).

The primary target for rights holder groups are children and youth with disabilities including their parents. The other targets include caregivers, village disability rehabilitation centres and organizations interested to work on disability issues. Similarly, the secondary target groups are VDCs/ DCWB (District Children Welfare Board) / government, civil society organisations, the corporate sector, individuals and media.

CBR programs work through units as Orthopedic Unit, Education Unit, Primary Rehabilitation Therapy Unit, and Unit of Resource Center to ensure the rights of children with disability.

Save the Children Norway, Nepal (SCNN) had supported the CBR projects since 1990 in partnership with the district based CBR organizations until 2009. SCNN has now become an integrated component of Save the Children Nepal (SCN) which stands as a representative body for all Save the Children Organizations in Nepal.

Government of Nepal has recognized children and persons with disabilities as one of the most disadvantaged groups. However, this recognition and realization has yet to be translated into vibrant and comprehensive programs that address the needs and necessities of persons with disability (PWD) in a disability friendly environment. The near absence of prevalence rate of disability combined with a discriminatory environment, social stigma, inadequate information on disability, weak political will, all have contributed to the inequitable situation that persons with disability are confronted with.
Save the Children Norway-Nepal started supporting CBR program as country specific priority in 1990 with CBR Bhaktapur and eventually with its subsequent expansion in other parts of the country till 2009. Support for initiation and development of the Resource Centre for Rehabilitation & Development (RCRD) in Bhaktapur aimed at developing human resources in the field of disability and national level advocacy for influencing policy and legal changes in favor of persons with disabilities in Nepal.

Save the Children Norway-Nepal was the only Save the Children Organization in Nepal to address the issues of children with disabilities. As per the country programme policy on childhood disability support program and integration of Save the Children Organizations into Save the Children Nepal (SCN), the CBR projects were handed to local organizations under its phase out policy. Therefore, the support for CBR projects was virtually discontinued after December 2009. In connection to this phase out, SCNN wanted to learn about the status of CBR program in Nepal. This evaluation study is therefore an attempt in this direction.

1.2 Objectives

The main purpose of the evaluation is to assess how far the program has met the stated goal of improving the situation of children with disabilities through the fulfillment of child rights.

The specific objectives of the evaluation are to:

- Assess how far the program design of the project has proved to be appropriate
- Assess the impact of the program on the beneficiaries and surrounding communities
- Appraise the sustainability of the program
- Assess the efficiency and effectiveness of the project's modality of implementation
- Identify lessons learned and best practices of the project, suggesting reasons for particular successes and failures

1.3 Rationale of the study

The rationale of the study is justified because of the following:

- No comprehensive evaluation of the CBR project was carried out before covering all the project districts
- It is very much reasonable to know what went right and wrong with the CBR project input in the area of disability.
- Also justified is the reason to collate information that will eventually feed the policy and programme at the national level.
- SCN with its new stature has to review its policy and programmes based on the information validated by field findings.

1.4 Methods and procedures of the study

SCN decided to assign the task of evaluating the CBR programme to an evaluation team comprising the team leader and two researchers. The team was given a TOR to initiate and complete the study from November to December 2010. The team leader of monitoring and evaluation section, SCN prepared the TOR for this purpose. As per the TOR, the evaluation team prepared a field visit plan together with a set of study tools for the field
work. Prior to this, related literature available at the SCN office was reviewed for information and content to be incorporated in the tools. The monitoring and evaluation section reviewed these tools and provided relevant feedback. The revised tools, together with the field study plan, were forwarded to the concerned organizations in the districts with the purpose to facilitate the conduction of the field work effectively. The research team then visited all the CBR project districts and collected relevant information from the respondents by administering the tools. The CBR offices and partner organizations cooperated with the research team to collect the field data in an organized manner as per the plan sent to them before the start of the field visit.

A set of tools as institutional profile, interview guidelines for key informants and district officials, focus-group discussion guidelines for beneficiaries, families, and PNGO staff and field notes were used to collect the data from the field by contacting the key respondents and officials in the districts.

The institutional profile sought information on the details of the CBR organizations including their budgetary provision. The interview guidelines for CBR coordinators intended to collect relevant information on partnership with CBR programme including its impact on the target group with a focus on sustainability. Parent interview guidelines contained information on disability and disability experience in relation to their children's education and disability friendly environment. The focus group discussion for children aimed at seeking information relating to their experience about the support services and changes resulting from them.

Interview guidelines for the stakeholders such as District Public Health Officer, Women Development Officer, Local Development Officer, Assessment Coordinator, Resource Persons / Resource Teachers and Village Development Rehabilitation Committee members focused on information pertaining to type of children with disability, support services, prevention of disability and early intervention, health and therapeutic services, role of stakeholders, accessibility to services as resource centres and assessment centres, contribution of various organizations to disability friendly environment, sustainability and networking measures.

Lastly, interview guidelines for PNGO representatives had contents related to partnership goals, estimated budget, performance gaps, differences between pre-post SCN support, advocacy campaign and impact of CBR on family and children.

The collected information was grouped under key themes and analyzed mostly qualitatively to draw conclusions and findings. Some of the lessons learnt from the project were also recorded and presented. These lessons worked out as bases for identifying replicable and sustainable practices.
CHAPTER II: DISCUSSION OF THE RESULTS

2.1 Program design

The program design was just like the CBR model in other developing countries which adopted holistic and integrated approach to disability. The program targeted to address problems of persons with disabilities in their respective areas by enabling the local community to conduct and own the programme. Also, SCNN established partnership with two CBRÖs in Kathmandu Valley, one in eastern region and one in western region of the country. These partner organizations were established as non government organizations mainly at the grassroots level. Initially such organizations started awareness and advocacy programs in resource lack situations. SCNN supported Bhaktapur CBR in 1990 as a pilot project and later expanded the support to the CBRÖs of the other regions as well.

CBR program was primarily designed to deal with disability prevention and rehabilitation of people with disabilities in the developing countries in mid 80s. It has evolved to become a multi-sectoral strategy to empower persons with disabilities to access and benefit from education, employment, health and social services. It is implemented through the combined efforts of people with disabilities, their families, organizations and communities, relevant government and non-government health, education, vocational, social and other services. It is focused on enhancing the quality of life for people with disabilities and their families, meeting basic needs and ensuring inclusion and participation.

The strategy of CBR program is to develop the local community through community development strategy so that the community will be able to participate and be involved in the implementation of the program. CBR and the community are closely related because the basic resources of CBR programs are the community. It is then clear that CBR works as a strategy within community development for the rehabilitation, equalization of opportunities, and social integration of all people with disabilities. It believes in the utilization of local communities as units of action, combines outside assistance with organized local self-determination and effort, and seeks to stimulate local initiative and leadership as the primary instrument of change. As per SCNN Country Programme of 4 Year Plan 2006 – 2009 developed in 2006, Childhood Disability support program was considered as CBR phase out strategy. Under this strategy, CBR projects were handed over to the Village Disability Rehabilitation Committees (VDRCs) after December 2009.

Thus the CBR program was designed in such a way as to empower the local communities to work toward the rights of children and youth with disabilities in a phased manner for the sustainability of services, campaigns, movements and advocacy activities aimed to empower the target population.

2.1.1 Problem under address

Government of Nepal has recognized the WHO estimation of 10 % of people with some kind of impairment and disabilities as the prevalence rate of disability in the absence of its own authentic data. People with disability, particularly children and youth, are, in majority cases, denied of their rights and neglected. Most often, they are discriminated and excluded in the families, communities and organized sectors without being able to enjoy equal opportunities and rights as other children and citizens. A person with disability has
less or no access to health, education, rehabilitation, employment and other opportunities related to socialization process.

The situation analysis of disability (2001) showed that a huge number of people with disability were out of educational access with low health and rehabilitation services. The analysis further indicated that they faced problem to live with self-respect as they were economically dependent on their family. Lack of appropriate knowledge and information of health care, lack of health facilities and intervention in time, poverty, lack of appropriate policy and implementation, lack of appropriate human resource in place, all these marked the causes of disability. The Department of Education (2009) indicated that of 4,900,663 students at the primary level, only 1.1 percent students were with different kinds of disabilities.

Little awareness on disability and rights of PWDs in family, community and even in PWDs, poor rehabilitative, curative and corrective services, poor scholarship arrangement for C/PWDs, charity based approaches adopted by disability related government and nongovernment organizations, lack of data, information and research study reports on disability and disability issues were some of the factors taken into consideration by SCNN when it started its support to CBR programme in Nepal.

2.1.2 Approach taken to address the problem

CBR approach was popular in developing countries including Nepal. Later, it was recommended as a viable and suitable approach by WHO to rehabilitate person or children with disability even in the most marginalized community and family. Inclusion of disability issues in the agenda of development at all levels and provision of replicable & sustainable programme as ways to ensure disabled children's rights to survive, develop, and be socially included marked the genesis of CBR approach. Thus the CBR approach was one of the less resource consuming, locally affordable, accessible, durable, awareness raising and effective approaches to address the issue/problem of children and people with disability in Nepal.

In late nineties, Bangladesh came up with Community Approach to Handicap in Development (CAHD) approach which also was based on CBR approach but widened to larger stakeholders on right based concept. It stresses on the need to involve all the stakeholders in the CBR programme in their own area in order to ensure access of persons with disability to their rights.

In Nepal, it was realized in the 90s that collaboration with government agencies as DDC, VDC, DEO, DHO, WDO would be both necessary and effective to promote services for C/PWD and get regular support from the concerned stakeholders.

Based on these concepts, CBR programme in Nepal also adopted the approach to rely on multiple partnerships in order to make the CBROs sustainable in the long run. The CBROs also adopted the approach of lobbying with other likeminded stakeholders to advocate for and effect suitable policy changes and resource allocation.

Thus the CBROs are expected to grow and sustain even after the phase out of the support from major development partner like SCN.

2.1.3 Appropriateness of the program approach
It is clear from the above discussion that CBR approach was developed for the countries with limited resources and political will. It was considered to be appropriate as program intervention for developing countries marked with the shortage of sufficient resources to allocate for the cause of people with disability. This approach has been widely accepted as an appropriate approach to provide various types of services and programs for persons with disability in their family and community. The ultimate goal of CBR intervention is to ensure full rights of persons with disability and facilitate their living in the society with full self esteem and satisfaction as other persons.

The SCNN started to work with its partners almost from a vacuum with several unmet needs of people with disabilities. Lack of resource, policy, plans and programs towards persons with disability were the major constraints at the time of program start in Nepal. There are still a few or no specific service delivery institutions for persons with disability. Such situation obviously demanded the adoption of most cost effective approach like the CBR approach. Its appropriateness was justified with SCNN support as the field findings of this study indicated that PWDs can make their lives as contributory as that of others. Achievements of the CBR programme stand as a testimony to this.

2.1.4 Other contributory strategies

The use of multi-sector approach and multiple partnerships with similar organizations has been taken as the other major contributory strategy to address the problems of persons with disabilities. Coordination and networking of the service providers and working with multiple funding partners to ensure better quality services for persons with disabilities have contributed toward the success of the CBR programme. Along with this, adoption of participatory approach by the CBROs has been another contributory strategy.

2.2 Impact of the program

The CBR program supported by SCN and its partners has not gone without its impact. The first and the foremost impact of the program can be observed in the adoption of the CBR program by the government all over the country in spite of the fact that only a few human resources and the resource crunch are there.

There are altogether 116 VDRCs established in the CBR districts and the VDCs are now allocating certain amount of budget to such VDRCs ranging from Rs 20,000 to 1, 00,000 as these VDRCs are recognized as grass roots level committees to ensure the rights of PWDs. This can certainly be highlighted as one of the impacts of the SCN supported CBR program (Bhattacharya, 2008).

Inclusive approach to education has been widely accepted as a suitable approach to education of children with disability all over the world and Nepal could not remain an exception to this. Inclusion of deaf and intellectually disabled students in schools of various CBR districts is taken as a major achievement. The Interim Constitution 2007 has recognized persons with disability as one of the most disadvantaged groups and treated them as equal citizens. The combined advocacy of SCN partners and others has resulted in the provision of disability scholarships and allowance by the government of Nepal. In the same way, Disability Identity Card distribution has been started by the WCO and this has directly contributed to the recognition of persons with disability in order to ensure their rights and provide subsidies, allowances and other reservation preferences.
System of digital data development has been started in the form of data base in all districts through WCO. The national disability data software is supposed to make the data base effective for planning, monitoring and evaluation of all programs for PWDs.

Similarly, a strategy to provide health services for PWDs has been developed and approved by ministry of health under its 20 year Health for All programme.

The United Nations Convention on the Rights of People with Disability (UNCRPD, 2006) has been ratified by the legislative parliament of Nepal as a result of combined and untiring lobbying and advocacy made by people with disability and their organizations which received support from SCN through the CBR programme.

Social awareness towards disability is on the rise and social stigma towards PWDs has been reduced. This is due to the continuing effort made by CBROs and other disability related organizations through their awareness and advocacy programme. The CBR programme can be said to have contributed to this output. The study team did not find any use of offensive words towards persons with disabilities in CBR areas.

### 2.2.1 Beneficiaries and their families

The beneficiaries of the CBR program are the children with disability and their families. The contribution of CBR program to change the lives of CWDs/PWDs in the community and surrounding areas has been observed in different forms ranging from their independence in daily activities to advocacy of their rights through organised efforts in terms of self help organisations. The program helped both the beneficiaries and their families to get exposure to the outside world. The resultant outcome has been the development of self esteem and self confidence in these people.

Children with disabilities have received education (not all though) and many of them are integrated in the mainstream schools. It was also observed that in many cases, children with severe and multiple disabilities improved their ADLS and acquired mobility through therapeutic services such as physio-therapy. Many persons improved their body functions through the use of assistive devices as well as through the curative and corrective services.

Some youth with disability are actively engaged in income generation activities after the completion of their study. Vocational trainings and occupational support are meaningfully used by some PWDs. As a program impact, participation of the CWDs/PWDs has increased in organisations such as VDRCs, Child Clubs, DPOs, and other social organisations and activities.

The attitude of the families towards their children with disabilities has been more supportive and assuring one, a significant change over the years of CBR intervention. They are now neither over protective nor under- caring. Some parents expressed their feelings that they are now actively involved in social activities due to CBROs and their own child with disability. In addition to this, some families are getting the seed money and goat as a source for income generation activities. The increased level of understanding of the families toward their children with disability and a sense of satisfaction expressed by the beneficiaries towards the services received from CBROs are an indication of satisfactory performance of the CBR programme.
2.2.2 Relation between intervention and impacts

All the CBR programmes and activities (interventions) intended to bring the desired impact on the life and living conditions of children and youth with disabilities. Appropriate intervention is therefore sought for to effect positive impact through the desired activities. The relation between intervention and impact gets stronger when the desired impact is achieved through the programmes and activities.

The CBR intervention programmes were strategically related to capacity development of the government organizations, communities, civil society and the institutions, direct support to the CWDs/PWDs to improve their life, and creation of supportive environment for promoting the participation of CWDs at different levels. These interventions aimed at empowering the related organizations and persons with disability so that they can articulate their concerns, problems and issues and strongly stand for ensuring their rights.

CBR partners organized various programmes and activities in the forms of awareness raising, prevention of disability, rehabilitation, promotion of preventive measures, education, capacity development, advocacy, networking with stakeholders’ organizations, and income generation programmes. These entire programme activities were developed according to the specific country situation of Nepal. It is therefore natural to expect a good relation between the intervention and the impact sought from it.

Trainings, orientations, seminars for the awareness and prevention of disability, identification, medical intervention and referral to other service provider institutions, operation and medication like curative measures, distribution of assistive devices, leadership development and income generation activities as part of capacity development etc were the intervention activities. Similarly, inclusive education is the major strategy for the education of children with disability. It is evident from the field findings that these strategies contributed to bring the desired impact on the intended beneficiaries. The relation between the intervention and the impact is therefore established.

The roles of CBR partners in assisting and influencing the government and related organisations to develop policies and programs for persons with disabilities in relation to the CBR program were both visible and crucial. These policies and programs towards persons with disabilities were implemented to voice the concerns and issues raised by the CBR partners and other stakeholders. This stands as a testimony to the expected relation between the intervention and the impact there of.

2.2.3 Achievement of expected program results

The CBR program very much intends to change the lives of people with disability from the uncared, unattended and ignored state to a fully respected and caring situation. Few years ago, disability was kept from being visible; resultantly, children with disability were treated as the hidden lot in the families and communities. One of the major achievements of the CBR programme can be related with the exposure and acceptance disability received both in the families and communities. This is quite an achievement of the expected CBR programme result. More specifically, the following achievements are outlined as the CBR programme results:

- About 35,000 children with disabilities increased their functional capacities in mobility, speech and communication, learning and applying knowledge and progressing towards a self-reliant life. This has been possible through devoted and
active family members, especially mothers, by supporting them in physical rehabilitation.

- More than 10,000 children with disabilities are enjoying their right to education through 734 inclusive, regular and special schools (community as well as private schools) in a child friendly, non-discriminative, conducive teaching-learning environment. Children with deafness, for instance, are included in regular classes of two pioneer schools, which indicates a new direction and option for creating educational opportunities for children with deafness.
  - 1504 children with disabilities (154 new) are enrolled in 508 schools
  - 15 deaf children are studying in 3 inclusive mainstream schools in Morang and Bhaktapur.

- More than 3,000 children with disabilities are enjoying their right to participation with dignity and self-esteem by participating in social and extra-curricular activities each year. Inclusive child clubs have included more than 141 children with disabilities in 35 child clubs and some of them are leading the child clubs.

- A total of 250 youths with disabilities are pursuing their higher education and 1500 youths with disabilities are engaged in job oriented technical/vocational education to be self reliant.

- A total of 550 children with hearing impairment are studying together with hearing children and performing well in classes from Grade 4 to 9.

- About 400 parents and teachers developed their communication skills on sign language so as to communicate with their children through their language - sign language.

- Educational performances of children with disabilities are found comparatively well with 90% promotion rate, many of them falling in the top 10 list: they are articulate, diligent, and resilient; the dropout rate is significantly decreased.

- More than 50,000 children have benefited from preventive health facilities for early detection and prevention of disabilities from immunization camps initiated jointly by DHO, health and early identification camps, clinics, eye and ear camps, and referral service provided by CBR organizations every year.

- A total of 8,966 stakeholders were sensitized and 1,220 persons developed and enhanced their knowledge and skills on disabilities.

- Parent groups, self help groups, disability organizations and district networks were strengthened.

A study reported that nearly all families and communities are creating equal opportunities (at times special opportunities) for their children with disabilities by providing them with a non-discriminative, loving and understanding environment in order to grow and develop their optimum potentials. Parents have learnt about the possible risks their children are under and to protect them from sexual and other abuses & HIV/AIDS (CBR report, 2009).

2.2.4 Effect of the project on other stakeholders

page 29 of page 103
The CBR programme had also spread its effect beyond the defined targets and scope of its work. This snowball effect could be seen in areas and organizations that the CBR programme did not have direct linkage with. Specifically, the effect of the CBR project was noticed in the following areas and activities which could be termed as other stakeholders' concern:

- Local and national level government agencies have started supporting disability issues by allocating budget. In this regard, significant resource was mobilized by RCRD partners which amounted to Rs. 39,95,648.35. This amount represents 52.5 % contribution of SCNN including government resources.
- Local & national level government agencies have started implementing existing legal provisions and policies in favor of CWDs/ PWDs. Scholarship provided by the government to CWDs is one of such example.
- VDCs and DDCs have started allocating budgets for the cause of disability and mobilizing Village Disability Rehabilitation Committee (VDRC).
- Small and cottage industry office has started consultation with CBR programmes to provide vocational trainings for youths and persons with disability; District Women's Office (DWO) have started taking lead role in organizing International Disability Day and CBR programme is implemented in 13 more districts.
- The Interim Constitution (2007) has recognized people with disability as a marginalized group of people in Nepal. Representation of PWDs in Constitutional Assembly is a crucial issue and a very strong advocacy is in process to include PWDs in the inclusive list of the assembly.
- Most of the VDRCs are led by PWDs or their family members and they have started to plan and implement disability program in the VDCs. They have already started mobilizing the VDC fund, supporting CWDs in education, conducting surveys, taking initiatives for distribution of Disability ID Card, raising awareness and conducting vocational trainings.
- CBR approach to disability has been expanded to 13 more districts under the initiation of government and NGOs. Likewise, government has started CBR program in 25 districts in close coordination of RCRD and 50% of these districts are doing well.
- The four different categories of scholarship to enroll children with disability in school are in operation and 50% subsidy on ground transportation as well as 30% subsidy on air transportation is in effect.
- The Legislative Parliament of Nepal has ratified United Nations convention on the rights of persons with disability (UNCRPD) to the great advantage and rights of people with disability.

2.2.5 Unintended outcomes of the project

The CBR programme has a number of benefits which were not originally intended by it. These benefits as the following appeared later as the components of the programme:

- A number of local, national and international organizations are involved in the CBR programme in different forms ranging from providing financial support to making available technical expertise. The CBR organizations raise about 35% to 50%
additional budget and mobilize it for the cause of disability in and beyond their work areas. It was even after the phasing out of support from SCN, these organizations are relying on the support received from both the government and national/international organizations.

♦ Though SCN’s focus was not on income generation activities, the CBR organizations are running a number of trainings and microfinance programmes for parents and people with disabilities.

♦ After the phase out of the support from SCN, the target groups were expanded from children to adults and senior citizens' disability groups.

♦ The CBR programme has gone beyond village and municipality level to involve district level efforts in the operation of its programme.

♦ Some of the CBROs have established Day Care centers as part of their service delivery system linking them to some extent to income generation activities.

♦ Clinical support for PWDS for the prevention and surgical correction of disability (ear and eye camps for deaf and blind and other clinical support in terms of assistive devices for physically disabled people) is made available.

2.3 Sustainability of the programme

The CBR programme was initially started with the assumption that the SCN support to the CBROs will be withdrawn within a predefined time framework once they can go on their own with their defined activities without the support. The ultimate goal was to make the rehabilitation programme run as a self driving and self reliant mechanism of the community. It was also expected that the government will take responsibility to protect the rights of people with disabilities by rehabilitating them with active and full support of the community. Various studies have indicated that sustainability has, however, remained to be one of the major challenges of the CBROs.

There are some significant measures taken towards the direction of sustainability of the CBR programme initiatives. Ratification of the CRPD (2006), policy guidelines for allocating the budget to disability related programmes to VDCs and DDCs and initiation taken by the government to start CBR programmes in the districts are such measures that will go a long way to make the CBR programme sustainable. Similarly, growing number of VDRCs and increasing support from the VDCs to the programme are such achievements that have significant impact on its sustainability. Most of the resource teachers supported by SCN are now supported by the government and the overage teachers too are supported by DEO through CBROs.

2.3.1 Sustainability of the groups, organizations and initiatives

Sustainability of the groups

Some of the former beneficiaries of the CBR programs have actively participated in the already existing self-help groups; some other beneficiaries have formed their own groups. The credit goes to CBR partners who have worked hard to empower persons with disabilities by encouraging them to form their own groups with people having similar types of disabilities. In the case of children with intellectual disability, parents have
formed organizations to safeguard the rights of their children. Though these "For" and "Of" groups are working mostly voluntarily, their role to increase understanding and awareness about the rights of persons with disabilities has been instrumental, especially, in the advocacy of their rights. These self-help groups are being more and more vocal to demand the government for increasing budgetary allocation on disability. These groups are therefore marching toward the path of making themselves sustainable through their initiatives.

However, sustainability of these groups is to be ensured through concrete support, among other types of initiatives, from organizations that work for safeguarding the rights and dignity of people with disability. The major challenge lies in forming groups to represent only one category of disability. In doing so, they may lose the sight of the holistic approach and their lack of technical expertise on disability may add further difficulty.

A good example of sustainability of CBRO can be given from Morang deaf association which has won bidding from Morang sub-Metropolis to manage the traffic and collect the parking fee from the vehicles. This association has proved itself successful to perform such activities. Consequently, bus counters and theaters have given priority to deaf people, especially for ticket checking job. This is good and can be made a replicable initiation for other groups as well based on their strengths.

**Sustainability of organizations**

Nearly all CBR organizations have demonstrated their potential for growth even after the phase out of the support from SCN. A slight increase in programme budget and focus areas was noticed due to multiple funding partners and the effort made to make their organization sustainable. Nearly all these organizations have their own buildings or they are in the process of owning them in the near future. Respective municipalities or other representative organizations have either provided or demonstrated their commitment to provide the land for the buildings. Such an effort is expected to pave way toward the sustainability of the organizations.

Palpa CBR initiated paper refining project for producing stationery materials. The project however remained nonfunctional due to lack of operational cost. District level government offices are ready to buy the products under a condition that the stationery materials must be manufactured by persons with disabilities. An operational cost of around thirty thousand rupees per month was needed for initial few months along with an appropriate business plan and quality assurance mechanism. All the other CBROs in Biratnagar, Patan and Bhaktapur have their own physiotherapeutic clinics that generated some income, though inadequate to make the clinics self reliant. There are qualified therapists and these clinics are recognized for their cheaper services even for the non disabled people in need of such services.

Biratnagar CBR has been operating orthopedic workshop since 1997 for manufacturing mobility aids and appliances and special shoes including maintenance service. This stands as a good example of income generation for other CBROs as well. Interest from bank on deposit and donations from multiple organizations and individuals are some other sources for the sustainability of these organizations. Local resource mobilization has been increased and budgetary contribution from local governments such as VDC and DDC have contributed toward the sustainability of the CBR programme. This indicates that the immediate survival of the organizations may eventually lead them to be sustainable in
their activities. RCRD Bhaktapur, for instance, has been developed as a regional information and resource center for disability with CBR approach as its operational strategy. SCN has been continuously supporting CBROs through RCRD which is making continual efforts to make it sustainable despite some difficulties in retaining the qualified and experienced staff.

Multiple funding partners together with efficient local resource mobilization skills have contributed to the survival of the CBROs. Similarly, disability friendly industries are needed to enable the people with disabilities to be self dependent. Initial financial assistance to such industries is needed to keep them going for some time till they become capable to be self reliant.

Sustainability of initiatives

Government of Nepal is convinced about the need and appropriateness of CBR service because of its community based and owned model which intends to improve the situation of persons with different disabilities. As a result, national CBR program is implemented all over the nation with budget of around 150 thousand rupees per year for one district. The women and children office is responsible for the implementation of the government CBR program in each district. This can be considered as a right beginning and contributory effort toward the sustainability of the CBR programme initiatives. Palpa and Bhaktapur CBRO, for instance, receive whole budget for their CBR activities while Patan and Biratnagar CBROs share the budgetary allocation with other self help organizations. The CBR guidelines have directed the District Development Committees and the Village Development Committees to allocate certain percentage of their budget for the cause of people with disabilities along with other under privileged groups of people. Continuous government support, among others, in the form of regular budgetary provision, is therefore a requisite to ensure the continuation of CBR programme initiatives.

It was under the phase out policy of Save the Children Norway that VDRCs were formed in all village development committees of the CBRO working areas. Currently, they are getting annual budget of minimum 30,000 to 1,00,000 rupees from VDCs depending upon their program, activities and negotiation capacity. Palpa CBR, for instance, has helped to form 64 VDRCs covering the whole district. Similarly, the number of VDRCs in Biratnagar, Patan and Bhaktapur districts is 22, 13 and 16 respectively. Some of these VDRCs are contributing actively to safeguard the rights of people with disabilities. The local government is allocating the budget according to the guidelines provided by the government of Nepal. Such mandatory provision to provide financial assistance to VDRCs can be a sustainable move to continue the CBR program for the greater benefit of people with disabilities. This is also suggestive of the fact that formation of the VDRCs covering the whole VDC and the municipality as well as metropolitan city is a necessary step toward sustaining the CBR program.

2.3.2 Sustainability of the project impact

The impact of the CBR programmes can be seen over a period of time and it is of long lasting nature. Increased awareness of the community and the family toward disability, attitudinal and behavioral change towards persons with disabilities, functional improvement in performance of individuals with disabilities, building self respect and confidence of the disabled etc are the expected impacts of the CBR programmes. These
impacts are often tied up with the positive changes that contribute to create a sustainable environment by bringing favorable changes in the mindset of the society and the individuals.

Increasing numbers of the family, especially mothers, have been migrating into areas where their children with disability can have access to educational opportunities. Such conscious and concerned parents can pave way to reach and realize the creation of a sustainable environment- the intended impact of the CBR programmes. Community workers and the physiotherapy facilitators in Palpa district, for instance, are still asked to do their job by the community and the family of the disabled children even after they have changed their profession or remained unpaid for their job for a long time. The quality of service in itself is an indication of the positive impact of the program.

The persons with disabilities with assistive devices or wheel chair under the CBR assistance are living a better social life with economic gains toward their independence. It was observed that persons with severe disabilities lacking mobility in the past could now perform their daily living activities independently. Some of them are even able to continue their schooling up to higher level. Home visit programs have brought hope among the family and the community members of the severe to profoundly disabled children. The changes brought within them may not be highly visible to the common people; however, their family, neighbors and the professionals have accepted these changes as sustainable impacts of the CBR program.

There are some achievements quite visible to all which go a long way in ensuring the sustainability as the impact of the CBR project. However, great challenge still lies ahead to increase positive impacts on the life of people with disability. More importantly, economic independence of people with disability, which is still to be ensured for the many, mostly remains to be addressed.

2.3.4 Potential sustainability of better results

The potential sustainability of the CBR programme for better results can be seen in terms of the improved life style of CWDs and YWDs as well as the increasing awareness toward their rights. Significant achievement has been noticed in physical rehabilitation in the program area. Physical rehabilitation has, however, not been matched by economic rehabilitation of persons with disabilities. Income generation activities and employment (economic independence) opportunities have remained the key issues as lessons for potential sustainability of better results for CBR partner organizations. It is indicative of the fact that income generation plan for the employment of persons with disabilities holds the key to the success of the CBR programme for its sustainability. Micro finance programmes and establishment of co-operative institutions can work as the suitable potential programmes for ensuring the desired results which will make the CBR programme a sustainable activity. There is an urgent need to empower economically the parents and family members of the child with severe intellectual disability.

A micro and in-depth analysis of the failure of the practices such as paper recycling project of Palpa CBR programme is to be carried out to find out what stopped the project from being sustainable. In the same way, a detailed fact based study can be conducted to explore potential areas of income generation for people with disability.

Equally important is the need to build capacity of VDRCs and self help groups along with the CBROs. The CBR model intends to prevent the worsening conditions, promote
functional abilities and make PWDs self reliant, self respecting and independent for their quality of life. As achievements vary as per the types and degrees of disabilities, the knowledge and use of technology can help minimize the impact of disability. Sustainability of better results is also tied up with rapidly expanding technology which then should be used to better the life conditions of people with disability.

Thus, economically gainful activities together with social inclusion of persons with disability have remained the challenging concerns for all, especially for persons with disabilities and their family members. The concern of intellectually challenged children and their guardians is very much to be taken into consideration for their sound rehabilitation. To this effect, not only their parents but also the CBR workers and teachers must be trained. Alternative measures as the establishment of day care centers and income generation program for parents, especially for the mothers, is necessary.

For the intended sustainability of better results, the CBROs must engage themselves in pertinent issues as advocacy of the rights of PWDs, income generation activities, formation of self-help organizations and networking of services. They are also expected to truly work as resource centers so that they can use and sell their expertise to the people in need in the other parts of the country as well. CBROs thus can concentrate on certain areas of organizational sustainability as appropriate vocational trainings, meaningful inclusive education and sustainable income generation activities for C/YWDs in the country.

2.4 Efficiency and effectiveness of project’s modality of implementation

The CBR projects, because of their community based nature, are seen better than the institutional based rehabilitation model. As the child remains in the family with the shared responsibility of the community, parents and family members, the cost of these programs can be lowered to maximize the gains. Since family members are at the core of the CBR programme, it has become a cost effective model for the rehabilitation of persons with disability. Field data have supported this preliminary finding that the CBR programmes are cost effective as compared to the other projects.

The purpose of the CBR partnership with other organizations was to improve the quality of life of children with disability through advocacy and dissemination of child rights, prevent disabling conditions and activities, emphasize rehabilitation activities, and lobby with different organizations for the formulation of policies for these children. Inclusion of children with different abilities in the child clubs, civil society institutions, NGOs, DCWCs and SCN partner organizations, building technical capacities of academic institutions for relevant human and material resource development, and inclusion of CRC and the issues of prevention and rehabilitation of childhood disabilities in the relevant curricula of the academic institutions provided thrust to the CBR programme.

Influencing the government’s action plan along with its implementation and monitoring and organization of workshops/ discussion meetings to strengthen both National Disability Coordination Committee and District Disability Coordination Committee remained as strong agenda of the CBR programme for the cause of people with disability.
SCN’s financial support to the CBROs (4) and RCRD has been contributory to capacitate them to deliver the services to children and youth with disability. Though the financial support was not huge, the assistance was significant to help them reach and realize the potentials of children with disability.

SCN provided Rs. 5,24,428 to Bhaktapur CBR in 1990, Rs. 7,00,000 to Biratnagar CBR in 1993, Rs. 2,63,000 to Palpa CBR in 1995 and Rs. 2,30,000 to Patan CBR in 1995 during the initial years of the implementation of the CBR programme. In the phase out year (2009), the CBR partner organizations received the grant of Rs 36,45,000 by Bhaktapur, Rs22,10,000 by Birtanagar, Rs18,00,000 by Palpa and Rs 23,42,615 by Patan. Similarly, for the development of Resource Center on Rehabilitation and Development (RCRD), the initial budget provided was Rs 12,49,000 in 1997 which reached to Rs 31,00,000 in 2010. The total grant amounted Rs 1,52,61,874 in 15 years to Palpa, Rs. 1,82,60,827 in 15 years to Patan, Rs. 2,62,71,000 in 17 years to Biratnagar and Rs. 4,19,95,046 in 20 years to Bhaktapur CBR programmes. In the same way, total grant to RCRD, Bhaktapur reached Rs 2,75,74,000 in 13 years time. Hence, the direct total grant to all CBROs and RCRD amounted Rs.12,93,62,747 till the phase out time. SCN has, however, been providing continuous support to RCRD till the date.

The details of the yearly budget allocation to different CBR partners are as follows:

Table 1: Yearly budget support to the CBR partners by SCN.

<table>
<thead>
<tr>
<th>Year</th>
<th>Bhaktapur CBR</th>
<th>Biratnagar CBR</th>
<th>Palpa CBR</th>
<th>Patan CBR</th>
<th>RCRD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>5,24,428</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td>7,20,572</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td>12,40,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td>10,90,000</td>
<td>7,00,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>9,00,000</td>
<td>7,26,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>11,47,000</td>
<td>6,94,000</td>
<td>2,63,000</td>
<td>2,30,000</td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td>15,93,000</td>
<td>9,00,000</td>
<td>4,56,000</td>
<td>5,25,000</td>
<td></td>
</tr>
<tr>
<td>1997</td>
<td>18,87,222</td>
<td>10,00,000</td>
<td>5,04,000</td>
<td>6,14,275</td>
<td>12,49,000</td>
</tr>
<tr>
<td>1998</td>
<td>23,19,000</td>
<td>12,73,000</td>
<td>5,32,778</td>
<td>3,67,000</td>
<td>14,00,000</td>
</tr>
<tr>
<td>1999</td>
<td>22,78,776</td>
<td>12,98,000</td>
<td>9,00,000</td>
<td>8,27,290</td>
<td>13,50,000</td>
</tr>
<tr>
<td>2000</td>
<td>27,61,000</td>
<td>15,01,000</td>
<td>9,66,000</td>
<td>11,00,214</td>
<td>15,99,000</td>
</tr>
<tr>
<td>2001</td>
<td>23,97,000</td>
<td>11,89,000</td>
<td>9,00,000</td>
<td>8,89,990</td>
<td>20,14,000</td>
</tr>
<tr>
<td>2002</td>
<td>23,97,000</td>
<td>15,22,000</td>
<td>9,00,000</td>
<td>11,07,210</td>
<td>14,00,000</td>
</tr>
<tr>
<td>2003</td>
<td>25,10,800</td>
<td>17,00,000</td>
<td>9,00,000</td>
<td>12,95,286</td>
<td>15,26,000</td>
</tr>
<tr>
<td>2004</td>
<td>25,00,000</td>
<td>20,00,000</td>
<td>9,00,000</td>
<td>16,98,514</td>
<td>17,39,000</td>
</tr>
<tr>
<td>2005</td>
<td>29,59,248</td>
<td>21,00,000</td>
<td>14,10,000</td>
<td>16,08,624</td>
<td>22,59,000</td>
</tr>
<tr>
<td>2006</td>
<td>29,85,000</td>
<td>22,63,000</td>
<td>15,10,096</td>
<td>17,85,000</td>
<td>23,58,000</td>
</tr>
<tr>
<td>2007</td>
<td>30,30,000</td>
<td>22,92,000</td>
<td>16,10,000</td>
<td>19,59,809</td>
<td>24,60,000</td>
</tr>
<tr>
<td>2008</td>
<td>31,10,000</td>
<td>29,03,000</td>
<td>17,10,000</td>
<td>19,10,000</td>
<td>25,60,000</td>
</tr>
<tr>
<td>2009</td>
<td>36,45,000</td>
<td>22,10,000</td>
<td>18,00,000</td>
<td>23,42,615</td>
<td>25,60,000</td>
</tr>
<tr>
<td>2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>31,00,000</td>
</tr>
<tr>
<td>Total</td>
<td>4,19,95,046</td>
<td>2,62,71,000</td>
<td>1,52,61,874</td>
<td>1,82,60,827</td>
<td>2,75,74,000</td>
</tr>
</tbody>
</table>
Increasing financial assistance to the CBR partners by SCN is indicative of the fact that these organizations have made attempts to keep their promise in order to reach and realize the potentials of PWDs. Also, the increasing volume of their work together with the target groups of people they are dealing with suggests that their efficiency of work and the result there of are perceived as being satisfactory. Acceptance of RCRD and CBRO’s influential role in advocacy of appropriate policy for children with disability along with the safeguarding of their rights by the government and the stakeholders further indicates their role effectiveness.

The government of Nepal’s plan for extending financial support to the CBR programme in 50 districts, formation of 116 VDRCs in the program districts under technical support from CBR programme and RCRD, a total of 39 VDRCs already handed over to the local communities and all the VDRCs receiving fund from the government, all these stand as evidence to the success of the CBR programme.

The post phase out plan developed by all CBROs and continuation of RCRD’s support to them point out the fact that CBR programme continues to draw attention from the concerned toward the issues of disability in Nepal. Numerically speaking a, total of 3,868 CWDs are continuing their study in general and special schools. Similarly, a total of 2,071 CWDs were registered and all of them received the certificate of disability. In the same way, a total of 2,076 CWDs received curative support and improved their body structure, 7,762 children received health check up services, 1,450 CWDs improved their ability to perform activities of daily living through PRT process and 449 CWDs improved their body functions or movement through assistive aids and appliances. This scenario speaks of the increasing access the CWDs have to rehabilitation services which in turn can be related to the efficiency of the CBR project initiatives (CBR reports, 2009).

Case studies of CWDs getting access to the improved services in Biratnagar and success of the program of Palpa district, children with multiple disabilities having access to basic care and support services from CBR, youths with disabilities completing job oriented vocational skill training, positive behavior of family, community and teachers towards CWDs, all these have a reference to the effectiveness of the CBR programme.

All the VDRCs formed so far have members consisting of P/CWD. As discrimination towards CWDs has been on decrease, their participation in educational and societal activities has been on the increase. A total of 1,699 CWDs are members of inclusive child clubs, a total of 1,860 CWDs participate in extra-curricular activities and 548 schools have developed code of conduct for making the schools not only disability-friendly but also free from physical and humiliating punishment. The children involved in child clubs are able to describe and advocate more than 3 means of protecting themselves from HIV/AIDS and more than 90% child club members can describe abuse, exploitation and ways of responding to people (CBR reports, 2009). When we compare the achievements over the budgetary support provided by SCN to its NGO partners, the efficiency and effectiveness of CBR program can be said to have high cost effective value.

2.4.1 Achievement of planned project outputs and outcomes
Discussion on achievements made by CBROs against the SCN support indicates that the planned project outputs and outcomes have been accomplished to a greater extent. The table below presents the scenario on the targeted achievements:

Table 2: Expected and actual achievement of the CBR project

<table>
<thead>
<tr>
<th>Strategic Objective(s)</th>
<th>Major target results (2006 to 2009)</th>
<th>Results achieved (2006 to 2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Government institution/structure/organization, civil society and community will be capable on fulfilling responsibilities to ensure the rights of Children With Disability (CWD)</td>
<td>- Budget Allocation for VDRCs and program on disability.</td>
<td>- CBR and RCRD receive government fund</td>
</tr>
<tr>
<td></td>
<td>- All 5 CBR partners provide technical support on disability issues to 77 VDRC, government structure and other organizations</td>
<td>- Government support CBR programs in 50 districts</td>
</tr>
<tr>
<td></td>
<td>- Policy of allocating minimum Rs. 25,000 annually from VDC and municipality budget to all VDRCs/MDRC.</td>
<td>- 116 VDRCs formed are supported technically by CBR and RCRD. 39 VDRCs handed over to communities.</td>
</tr>
<tr>
<td></td>
<td>- At least 20 most successful case examples of VDRCs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- CBR Partners will continue their activities after phasing out of SCNN support</td>
<td>- All the 116 VDRCs are getting fund from the government.</td>
</tr>
<tr>
<td></td>
<td>- All VDRCs will take responsibilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 500 disabled friendly schools in SCNN districts</td>
<td>- Phase over plan developed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- RCRD is continuing support to CBROs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 116 VDRCs taking responsibilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 1918 CWDs are in different 700 schools.</td>
</tr>
<tr>
<td>2. The lives of CWDs will be improved through direct support</td>
<td>- More than 15000 CWDs will receive disability registration certificate in CBR districts.</td>
<td>- A total of 2,071 CWDs were registered and got certificate.</td>
</tr>
<tr>
<td></td>
<td>- 80% school enrolled CWDs will receive scholarships</td>
<td>- A total 2,076 CWDs received scholarship support.</td>
</tr>
<tr>
<td></td>
<td>- 3500 CWDs receive curative/corrective support(referral)</td>
<td>- A total of 2,272 children received curative/corrective service</td>
</tr>
<tr>
<td></td>
<td>- health check up, early detection program for 8,000 children</td>
<td>- A total of 7,762 children received health check up services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- More than 3,000 CWDs will be in general and special schools.</td>
<td>- 3,868 CWDs are continuing their study.</td>
</tr>
<tr>
<td></td>
<td>- 80% of school aged CWDs will be enrolled in schools.</td>
<td>- No data available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 4000 CWDs improve ADLs through PRT</td>
<td>- 1,450 CWDs improved ADLs through PRT</td>
</tr>
<tr>
<td></td>
<td>- 1000 CWDs will improve movement through assistive aids and appliances.</td>
<td>- 449 CWDs improved body function or movement through assistive aids and appliances</td>
</tr>
<tr>
<td></td>
<td>- 40 best example case studies of CWDs with improved access to service after getting technical aids and appliances</td>
<td>- 17 case studies in Biratnagar and 5 different articles published in newspapers covering the successes of the program of Palpa district.</td>
</tr>
<tr>
<td></td>
<td>- 250 CWMD receive basic care and support services from CBR.</td>
<td>- 45 Children with multiple disabilities received access to basic care and support services from CBR.</td>
</tr>
<tr>
<td></td>
<td>- Hand over to govt. transit care and development centers</td>
<td></td>
</tr>
</tbody>
</table>
Achievement of the strategic objectives of the CBR program: government institutions, civil society and communities will be capable of fulfilling their responsibilities to ensure the rights of CWDs, the lives of CWDs will be improved through direct support, and a supportive environment will be created for promoting the participation of CWDs at different levels to articulate their issues, is indeed a challenge. The CBROs, however, seem to be prepared to respond to these challenges despite their limited resources.

All VDRCs are initiating small scale activities on childhood disability in collaboration with community and government line agencies. Each VDRC has at least one member of P/CWD. Full participation of people with disabilities to voice their concern and become a part of the development process is increasing indicating the accomplishment of one of the outputs of the CBR program. RCRD initially played its role to promote, develop capacities and coordinate CBR programs in Nepal. Its technical support to Save the Children partners is continuing even after the phase out of the SCN support. RCRD support to the CBR program in 75 districts run under the Ministry of Women, Children and Social Welfare is going well. RCRD's success to establish itself as a resource center has been recorded as an outcome of the CBR program.

Establishment of CBROs has in fact been a motivational force to raise disability issues for the wider knowledge of the general populace who otherwise were in darkness about disability. Persons with disabilities were either hidden by the family or they kept themselves from the public. It is the contribution of CBR that they were brought into the limelight with a message that disability is not something to be feared of but a subject to be understood. The children and youth who were kept out of education have now received high school and college level education. The contribution CBR program has made to this effect stands as an exemplary output of the CBR activities.
The outcomes of the CBR program can be highlighted in terms of the number of “Of” and “FOR” organizations related to disability. At the time of establishment of the CBR Biratnagar, it was the only NGO working in the disability sector. Now there are 11 organizations in Biratnagar related to disability. The increasing number of disability related organizations has posed a positive challenge to the CBROs to become competitive in their strategic approach and service delivery pattern.

Improvements of the functional abilities of the children with disabilities, exposure of these children to the society, changed attitude of the family and the community toward disability, pressing and influencing the government and related organizations to formulate policies in favour of persons with disability are some such activities that have resulted from the active involvement and advocacy of the CBROs. Biratnagar CBR, for instance, is serving the PWDs through orthopedic work shop from all 16 districts of the eastern development region. Similarly, Patan CBR is working in some parts of Kathmandu and Nuwakot districts and Palpa CBR stands as a great hope for thousands of persons with disabilities in the western and mid western region. Also, the CWDs, YWDs and PWDs are able to advocate themselves for their rights citing examples from the nearest CBROs. Government officers and offices are becoming more responsible and positive towards persons with disability. These are indeed some of the outcomes of the CBR program that nobody can ignore.

2.4. 2 Quality and type of trainings and supports received by the beneficiaries and other stakeholders

The quality and type of trainings and supports received by the beneficiaries and other stakeholders depend on the strength of the organization that produces the human resources and provides the support. RCRD Bhaktapur, as the product of the CBR programme, for instance, aimed at fulfilling the increasing demand for the well trained human resource. This has remained the only organization with high quality of expertise, knowledge and skills to impart trainings to the CBR workers, volunteers and therapists. Besides, its influential role to influence the government to make policy and programmes for persons with disabilities for their rehabilitation has been highly recognized.

Therapeutic trainings, orientation and awareness are the basic trainings received by the parents of the disabled children. The needy persons have been provided with assistive devices and appliances, and some are provided treatment as well as corrective surgery. The beneficiaries were found satisfied with the therapeutic services but they are worried about the impact of the phase out of the SCN support on home visit programme. Similarly, physiotherapy unit or clinics have served the needy persons with disabilities free of cost in order to improve their situation.

Palpa, Biratnagar and Patan CBR organizations initiated the “goat lending” programme for income generation of persons with disabilities and their family. For this, they receive one goat and they become its owner when they return back one offspring, “able” for reproduction, to the lending organization. Thus it works in a sustainable way and is more effective in rural areas.

The other type of training for youths with disabilities is related to job-oriented vocational skill training. Some have received sewing machine and interlock machine free of cost. Other vocational trainings are mobile repairing, candle making, and chalk making trainings. Similarly, trainings on crutches making, walker making, special toiletries,
special shoe making, screen printing and soap making are provided and practiced in different CBR organizations.

The rehabilitation facilitators have received the basic CBR training and the CBR Coordinators received training on CBR management for its sustainability. CBR orientation trainings, disability specific technical trainings on intellectual disability, Portage training, training on CP, disability awareness training, physiotherapy training, training on multiple disability, speech and early identification, organizational management trainings and Basic Nepali Sign language trainings to the teachers and village disability facilitators are the types of trainings that are popular among the stakeholders.

Parents of the children with disabilities have also received primary rehabilitation therapeutic trainings. Capacity building of the partner NGOs took place in the form of training to the staffs, rehabilitation facilitators and volunteers. Besides, several other trainings such as scheduled trainings of SCN were provided to the staffs of the PNGOs. Other development partners also provided training on fund raising, report writing, and so on.

Staffs of some PNGOs claimed that they are well trained but due to lack of sufficient budget their expertise is not fully utilized. However, teachers of the inclusive schools and the resource teachers are demanding more refresher and inclusive education training.

Managing children/youth with disability is both challenging and highly technical task. Subject teachers like mathematics, Science and English have realized that higher level of expertise to teach deaf and other students with disabilities is needed. Similarly, parents of the severely and multiply disabled children are expecting more support. Parents of the intellectually disabled children are worried about their teenager kids, especially the daughters. Daycare centers and residential homes are, therefore, common demands of the parents of severely and multiply disabled children.

2.4.3 Collaboration of NGOs with other stakeholders

One of the features of the CBR programme is networking and collaboration with organizations of similar nature. The CBR approach therefore stresses on collaboration with all the stakeholders including NGOs and the government organizations. Resultantly, all the four CBR partners and RCRD, Bhaktapur have been collaborating with the concerned NGOs, GOs and INGOs with good networks at the central and local levels that share common goals and issues on the rights of people with disability through different means.

Government organizations are becoming the major partners of the CBR organizations. CBROs are therefore working in close collaboration with government bodies as Women and Children's Office, District Education Office, District Development Committee Office, and Public Health Office. Women and Children's Office has a responsibility for the implementation of the government CBR programme in the district. Likewise, District Education Office provides incentives/scholarship to the children with disabilities. The Office also provides Rahat (relief) quota for CBROs to teach children with disabilities both in inclusive settings and resource class settings. District Development Committee plans district level programmes together with CBROs and collaborates with them for the implementation of disability related programmes.
Currently, Handicap International is a funding partner for all CBROs. They are collaborating with local NGOs, CBOs, and DPOs. Schools and inclusive child clubs, local health institutes and hospitals, and vocational training institutes are the other partners in collaboration.

Palpa CBR, for example, has three local partner NGOs for mainstreaming the issue of disability and providing technical assistance on the issue of social mobilization (BES, ISK and SRHC). UDLE/ GTZ, German Embassy, DED Nepal, Tansen municipality, CP Centre, United Mission Hospital, Lumbini Medical College & Research Center, District Government Hospitals of Regional & National Level with rehabilitation services are the donors of Palpa CBR.

Specific partners of Biratnagar CBR are NLR and Rotary Club. Similarly, specific partners for Patan CBR are ONQH Australia, Rotary Club, and Patan Jaycees. In the case of Bhaktapur CBR, Group Transcluture Italy (GRT) and other self help organizations are the specific partners. SCN is continuing to be the partner organization of RCRD, Bhaktapur.

2.4.3.1 Effectiveness

Multiple partnerships with GOs and I/NGOs has remained to be one of the key strategies of the CBR programme to sustain the efforts of the CBROs so that their continuity even after the phase out of the support from major partner like SCN can be ensured. This approach of partnership with other stakeholders has been proved to be an effective strategy both for the sustainability of the organization and consolidating the voice as well as advocacy on the issues of disability rights.

Collaboration with health organizations, DEO, DDC and WCO has proved to be effective in order to provide services under the umbrella of the CBROs. It is effective because of its joint ownership and shared responsibility. Persons with disabilities are getting better services due to this collaborative effort with various stakeholders as CBROs are coordinating these services in most of the cases. In cases of disability, more often than not, CBROs are consulted for their expertise.

CBR Palpa and CBR Bhaktapur, for instance, are the authentic organizations to provide technical advice to the government agencies to categorize the types of disabilities in order to provide the disability identity card. Collaboration has also proved to be effective for need identification and for providing necessary services to improve the quality of life of persons with disabilities. For instance, there is nobody in the district education office (DEO) as a technical expert to help identify and categorize the students with disabilities for the scholarship purpose.

CBR programme has thus proved itself to be effective as an authentic source of expertise and cooperation for both government and non-government offices in order to provide PWDs with social, economic, educational and other forms of rehabilitative services. Also, CBROs have established themselves as an authentic source of information for various issues and aspects of disability. Based on this information, many related organizations and even individuals have provided services to PWDs. “Individual sponsor for individual child with severe disability” like approach, for instance, adopted by Patan CBR, has been highly effective to secure collaboration and cooperation of national and international partners for the cause of disability. Preventive and corrective services, assistive devices and appliances, and referral services provided to PWDs are perceived to be effective for their
rehabilitation under the collaborative approach. The following table presents a scenario about budgetary contribution made by collaborative partners:

Table 3: Budgetary contribution by SCN and other partners to the PNGOs
(In 2009)

<table>
<thead>
<tr>
<th>Name of the PNGO</th>
<th>Budget contribution from SCN (Rs)</th>
<th>Budget contribution from Other (Rs)</th>
<th>Total Budget (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palpa CBR</td>
<td>18,00,000 (2009)</td>
<td>20,00,000</td>
<td>38,00,000</td>
</tr>
<tr>
<td>Patan CBR</td>
<td>23,42,000 (2009)</td>
<td>18,47,000</td>
<td>41,89,000</td>
</tr>
<tr>
<td>Biratnagar CBR</td>
<td>22,10,000 (2009)</td>
<td>16,30,000</td>
<td>38,40,000</td>
</tr>
<tr>
<td>Bhaktapur CBR</td>
<td>36,45,000 (2009)</td>
<td>30,81,300</td>
<td>67,26,300</td>
</tr>
<tr>
<td>RCRD</td>
<td>31,00,000 (2010)</td>
<td>16,00,000</td>
<td>47,00,000</td>
</tr>
</tbody>
</table>

Chart 1: Budgetary contribution by other collaborative partners
(In 2009)

The CBROs are usually in difficult situation from resource point of view. The expected services by PWDs from CBROs are not always in match with the available resources. The problem of this resource crunch is to some extent addressed by collaboration and partnership with other stakeholders and organizations. This has directly contributed to ensure effectiveness of the CBR programme.
2.4.3.2 Added value to the quality of outputs and outcome

The quality of CBR outputs and outcome was not questioned by the stakeholders (Field observation) and this added value to the CBR programme. Moreover, collaboration with various stakeholders has further enhanced the quality of the services. CBR Patan, for example, acquired information through VDRCs about particular village situation on disability. Rotary club, in collaboration with teaching hospital and other stakeholders, organized a free eye camp in one of the remote southern areas of Sankhu village development committee in 2009 based on the information supplied by Patan CBR. Through this camp, more than 200 persons were benefited and some persons got the new life after corrective surgery. Increased awareness of the community can be taken as an outcome of that camp and thus the collaboration was found to have added value to the CBR outcome.

Dignified life with equitable access to available opportunities is the expected outcome of the CBR programme. As the capacity of the CBR organizations has been strengthened, more and more reliability on their services indicates that people have developed a good amount of trust and confidence in their activities. These achievements have positively contributed to the sustainability of the CBROs.

National disability software database was prepared in collaboration with SCN partners-RCRD and MWCSW. A survey on disability has been carried out in all CBR districts which has worked as a resource and information base to the stakeholders as well as the relevant organizations. This is indeed one of the valuable achievements with great potential for its contribution to the future planning and programs for all people with disabilities. This data base has added value to make the planning, implementation and delivery of the programs as realistic to the needs and services of persons with disability in Nepal. This will also add value to the tracking system of all registered children and persons with disability for monitoring purpose. Thus duplication of services from government and non-government organizations can be avoided in order to make the services effective and needs based.

2.4.4 Socially inclusive delivery of service by PNGO

The CBR programme is considered to be popular due to its holistic approach. It supports for the rehabilitation of all types and kinds of disabilities without being confined to certain groups or class of people. The CBR partner NGOs are efficient and successful in coordinating the service providers with the people in need of services. This has greatly contributed to the inclusive delivery of services avoiding both duplication and repetition of services to the same people by various organizations. The programme is socially inclusive in its delivery as it has reached all types of people with disabilities from various backgrounds. The CBR program is inclusive of all types of disabilities ranging from mild to profound conditions.

<table>
<thead>
<tr>
<th>Table 4: Service receivers by types of disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical disability</td>
</tr>
<tr>
<td>M</td>
</tr>
</tbody>
</table>
The table 5 presents a picture of the delivery of services as received by the disabled and ethnic people from Palpa CBR:

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dalit</td>
<td>138</td>
<td>103</td>
<td>403</td>
<td>292</td>
<td>6</td>
<td>7</td>
<td>67</td>
<td>53</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Janajati</td>
<td>241</td>
<td>695</td>
<td>13</td>
<td>120</td>
<td>10</td>
<td>2</td>
<td>426</td>
<td>2</td>
<td>1507</td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>20</td>
<td>19</td>
<td>110</td>
<td>92</td>
<td>8</td>
<td>9</td>
<td>64</td>
<td>55</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Chhetri</td>
<td>113</td>
<td>112</td>
<td>502</td>
<td>446</td>
<td>11</td>
<td>12</td>
<td>69</td>
<td>61</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Thakuri</td>
<td>16</td>
<td>17</td>
<td>88</td>
<td>89</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>11</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Brahmin</td>
<td>2</td>
<td>2</td>
<td>11</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>224</td>
<td>202</td>
<td>1</td>
<td>1</td>
<td>843</td>
<td>664</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>965</td>
<td>102</td>
<td>137</td>
<td>168</td>
<td>135</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Source: Farak Chhyamata, Palpa CBR-2010)

The above information clearly shows that the delivery of services by PNGO is socially inclusive as the services have reached across different people with disabilities and ethnicities.

2.4.5 Capacity building of partner NGOs

The CBR programme also aims at building the capacity of the partner NGOs so that they could better deliver the intended services to the target groups. RCRD, Bhaktapur was established and strengthened to develop the capacity of the CBR partner NGOs. Human resource development was one of the key foundation objectives of the RCRD under the SCN support.

RCRD has developed the capacities of 2206 persons by organizing various training courses including 100 days residential training (191 persons in Community Based Disability Rehabilitation Facilitators/Community Disability Workers) for different organizations from more than 45 Districts of Nepal. The areas of training for building the capacity of partner NGOs by RCRD include CBR Basic course, CBR coordinators training, CBR Orientation training, Disability specific technical trainings as training on intellectual disability, Portage training, CP training, disability awareness training, Physiotherapy training, Multiple disability training, Speech training, and trainings on early identification of disabilities.

In addition to these trainings, RCRD conducts Organizational Management trainings for the partner organizations. It is clear that the purpose of these trainings is the development of capacity of the partner organizations and the community workers for the whole CBR programmes.

The field findings and case studies of the PNGOs along with their beneficiaries indicate that these trainings have worked as the foundation stones for the implementation of the CBR programmes all over the country. It is with the support from Save the Children and its partner NGO - RCRD, the government has planned to establish a database of disabled people and children in each district of the country. To the effect of this plan, capacity building workshop was held for the staffs of both the government and NGOs. All CBRO districts are using this software where disability surveys have been almost completed.

Page 45 of 103
2.4.5.1 Extent of capacity building

All CBROs are well recognized for their services in the working areas by the stakeholders because of their capacity to deliver the expected output. Local government has accepted them as their development partners. The attitude of local people toward CBROs has been very welcoming and receptive in that they have accepted these organizations as helping hand for people with disabilities and the organizations they represent. There are worries about the future of these organizations as their working area, target groups and budget have exceeded their financial and human resource capacity. In this context, the contribution of the government budget is significant to further develop their capacity.

There are trained resource teachers, therapists, and occupational therapists associated with the CBROs. It is due to their training, expertise and capability that they are highly recognized for their technical contribution by the disability organizations, the disabled themselves and their groups, concerned government offices and other development partners. CBR Biratnagar, for instance, has provided one staff to women and children office in order to assist them in providing disability identification card. Palpa and Bhaktapur CBR have played a major role in categorizing disability in their respective districts for the same purpose.

All CBROs are capable of providing education and rehabilitation services to persons with physical disability, blindness, deafness, intellectual disability and multiple disabilities. However, their present knowledge and capacity has been challenged by the demanding and ever increasing complexities associated with the rehabilitation of people with disabilities. This indicates that capacity building of PNGOs is to be reviewed against the increasing and new challenges of disability.

CBR Basic Course, recognized as a short term training course by CTEVT, has been in operation since 1997 and a total of 243 persons from 37 districts have received this training. RCRD has conducted 6 batches of CBR Coordinators training to improve CBR management for the sustainability of the CBR programme. CBR Orientation training has been given to 1184 persons from 75 districts on the basics of CBR and inclusive education so as to mainstream disability in development work. Disability specific technical trainings were received by 782 persons from various organizations and districts. Similarly, organizational management training was given to 664 persons of various organizations and districts to capacitate them to better manage their organizations and programmes at community level.

2.4.5.2 Utilization of capacity building training

As one of the strategic objectives of the CBR programme was to develop the capacity of government institution/organization, civil society and community to help them fulfill their responsibilities in order to ensure the rights of children with disability, capacity building training has always remained as one of its priorities. It is therefore obvious that capacity development of the PNGOs has always been an important priority of the programme.

All CBR organizations were in high priority for all kinds of trainings from RCRD in order to enhance their organizational and professional capacity. Most of the community workers and therapists are using their knowledge gained through capacity development training.
The PNGOs staff and the rural disability rehabilitation facilitators are also successfully using their trainings and knowledge to make the life of people with disability better.

VDRCs are required to take their responsibility of ensuring the rights of people with disabilities as per the phase out strategy. However, most of them are still in need of strengthening their capacity. Some VDRCs are already taking their responsibilities successfully. As all VDRCs get VDC as well as DDC level budgetary support, they need to build their capacity to further generate and mobilize resources to meet the goal of reaching and realizing the potentials of people with disabilities. The field findings indicate that some local volunteers and rural disability rehabilitation facilitators are looking out for better paying job due to economic problems. It may also be due to the fact that their potentials are not fully utilized as per the needs and necessities of PWDs.

The long term sustainability of the programme initiatives demands continuous capacity development of the programme staff. Utilization of such training is also contingent on a number of factors ranging from appropriacy of the training to creation of a favorable environment for its use. It is undoubtedly true that the CBR workers have utilized their training to the fullest extent possible as the demand for the application of their training is high.

The training provided under the CBR programme has been fully utilized in identifying people with disabilities, categorizing disabilities, selecting and using appropriate training services, and providing disability ID card after its identification. The rehabilitation facilitators and CBROs are utilizing their training for the referral services as they are the only resources in the field of disability and the rehabilitation of people with disabilities. The above discussions indicate that CBR trainings that aimed at building the capacity of its staff were utilized to a great extent to the benefits of people with disabilities.

2.4.5.3 Most effective capacity building activities

The basic (100 days) CBR trainings and other related trainings provided by RCRD are better known as most effective capacity building activities. These trainings have contributed to develop the capacity, professionalism and good understanding in the PNGO staffs, Village rehabilitation facilitators and the teachers of CWDs. They are now able to manage even different difficult cases and have proven themselves as the asset of the CBR organizations. It is due to this effective capacity building activities of the CBR programme that their staff can sell themselves widely in the market. CBR organizations are thus taken as the technical and knowledge resource centers by the districts.

Another effective capacity building activity of the CBR programme has been its whole staff support strategy. It is because of this strategy, the CBROs have proven themselves as knowledge based organizations capable enough to contribute to the cause of disability in the district. Their present status is an outgrowth of the effective capacity building activity of the CBR programme. The CBROs are sustaining themselves even without any support from other organizations meaning that their training and services have worked well to earn them a reputation in the community.

Similarly, another effective capacity building activity of the CBR programme has been the development of functional capacity of persons with disabilities. Use of assistive aids and appliances and primary rehabilitation therapy has been very effective to earn name for persons with disability. Moreover, education of people with disability has proved to be an effective instrument to develop the capacity of persons with disability.
2.4.5.4 Stakeholders' view on project implementation

The parents, family members and the CWDs/PWDs expressed their satisfaction regarding the implementation modality of the project. The CWDs/PWDs accepted that they were there because of the CBROs in their areas. They have compared their life with those in the surrounding areas without an access to CBR services.

The officials of different government organizations have felt that the initiatives taken by the CBR organizations and the ways the activities are implemented are highly appreciable. They further added that no other organizations with such limited resources would achieve better than what the CBROs have achieved.

CBROs' success story on community mobilization to ensure the rights of CWDs and PWDs has been well recorded. CWDs expressed their satisfaction over the CBR organizations’ services and activities. However, they still expect good learning environments and facilities in the inclusive schools.

The resource teachers felt about the need for more skills and training to manage students with disabilities in integrated setting. Successful inclusion of deaf students was observed in Janata Higher Secondary School, Biratnagar. Both deaf and hearing students expressed their satisfaction over this integrated placement. However, both the school and CWDs demanded the expansion of school facilities for more meaningful inclusive education. Furthermore, the need of hostel building to serve more children was pointed out. Also, existing level of skills and knowledge was not enough to train and educate both the intellectually challenged and multiply disabled children. Their parents have demanded provision of residential facility for such children.

Success story of an integrated school: Janata Higher Secondary School, Biratnagar

Janata Higher Secondary School, Biratnagar is a model inclusive school, successfully integrating 60 deaf students in the regular classroom. The head teacher, Shanker Pokhrel, has expressed his satisfaction over the educational performance of the deaf students. CBR Biratnagar worked for long time to make this happen. There are two resource classes for the newly enrolled deaf students. After learning the sign language, they are placed in the integrated class room. Government and CBR Biratnagar together are paying the salary for the 4 resource teachers.

CBR made the arrangement for sign language training for all teachers and staffs of the school. This has contributed significantly to the successful inclusion of the deaf students by doing away with negative attitude of the teachers and the students. Consequently, all the students of the school are familiar with sign language and they are studying together in a friendly school environment.

Hearing students have largely expressed their satisfaction and happiness toward the approach taken by the school. Teachers indicated that the sign language training received by them was not sufficient but the students, overall, are getting more benefit since they have to repeat the lesson for the deaf students. The school has been receiving Rs.55000 for
extra coaching class per year. As a result, three deaf students have already passed the SLC examination with good scores. Mostly, deaf students are leading the other students. Teachers have claimed that the performance of the deaf students from inclusive school at higher level is much better than the performance of students from special school schools after the school level education. The school has a hostel facility for 22 deaf students who are below the age of 12. However, teachers are raising their voice for minimum extra support and training to make inclusive education meaningful and more successful. Math, Science and English are the challenging subjects for the deaf students. Immediate action is necessary to address this challenge.

Self help organizations of persons with disabilities claimed that their organizations are more effective than other organizations so far as the advocacy of their rights is concerned. However, they still feel the need of the CBRO like organizations to facilitate the rehabilitation process technically. They claimed that they can better do advocacy and awareness activities but not the technical activities like rehabilitation.

The view of District education officers, focal persons and the district assessment coordinators was that the INGOs should give financial aid to DEO through Ministry of Education. Monitoring of the programme will be effective and the implementation cost will be lessened if such approaches are adopted. Local development officers also focused on the need of strong monitoring system in order to ensure the effectiveness of the programme. Stakeholders think that national guidelines should make mandatory allocation of at least 60% of the budget to the actual target groups in order to reduce the increasing administrative cost.

To conclude, it is the view of the stakeholders that CBR projects' implementation modality to enlist the cooperation from the grass roots level people and organizations is a praiseworthy attempt of the programme. However, close and regular monitoring of the implementation of the project activities is necessary to ensure that project benefits reach the target groups, they added.

2.5 Lessons learnt and best practices of the project

The CBR project has many good lessons to be learnt and good practices that can be replicated in areas where the CBR programme has not reached yet. It, however, does not go without the following challenges:

- Inadequate resource and weak leadership and management capacity of the VDRCs are in the way of effective implementation of CBR programme with implications for its sustainability.
- Difficulty to manage the salary of rehabilitation facilitators within the allocated budget by VDC due to obscurity of government policy.
- Delayed budget release from DEO for the approved teachers' quota.
- Lack of policies and programs for the inclusion of persons with severe and multiple disabilities in education system.
- Focus on school enrollment program rather than on retention of children.
- Insecure feeling of parents of CWDs about their children’s future (possibility of being victim of various kinds of abuses).
- Attitude of the government officials and maintenance of the institutional memory.
- Insufficient budget for disability allowance and scholarships (quota on allowances and scholarships).
- Physical barriers in public places and government office buildings (ramps, toilets, drinking water, lifts etc).
- Weak political commitment towards the CBROs and the DPOs.

2.5.1 Major lessons learnt

The following lessons are the major ones:

- Collaboration and networking of related stakeholders is effective to influence the government for policies, programmes and resources.
- Multiple partnership approach with different development partners is the key for sustainability. Continuation of programmes by CBROs even after the phase out from SCN is based on this approach.
- PRT of the home visit programme is the most popular programme with a sustainable impact on children with multiple and severe physical disabilities such as CP.
- A thorough and objective analysis on the use of income generation programme for sustainability is necessary (paper recycling project of Palpa CBR).
- Close and regular monitoring and evaluation of the CBR activities is necessary to make the PNGOs more responsible and accountable toward the outcome.
- Adequate preparation for the phasing out of the project activities is required for the smooth transition of the project (Most VDRCs were handed the responsibilities without adequate preparation).
- Orthopedic Unit of Biratnagar CBR is very much effective for quality artificial limbs and assistive devices. However, PWDs alone cannot afford for this without external support (difficulty in adopting business model by NGOs).
- There is a possibility of the drainage of the skilled human resource of Biratnagar CBR due to "one region one orthopedic work shop" policy of the government which has gone in favor of BP memorial hospital, Dharan.
- Support programme for home bound CWDs or school dropouts is necessary as for those in schools. Comprehensive researches are to be carried out to identify causes of high dropout rate of CWDs.
- Very little skills obtained through vocational trainings are transferable to the income generation activities. Also, back up support for the initiation of income generation activities is needed (paper recycling project of Palpa CBR).
- Adoption of co-operative principles in DPOs can make them sustainable.
- People with disabilities can be gainfully employed for their self dependence (Deaf community given the job of managing traffic by Biratnagar Sub Metropolis).
- Gap between the policies and actual implementation of the programmes for people with disabilities exists as perceived in negligence of discount in public transportation, health institutes, tax exemption etc. Policy consideration is needed.
for the employment and education of PWDs to ensure equitable access to available opportunities.

- Municipalities and metropolitan cities do not have specific disability related programmes. Guidelines for budgetary support towards such programmes are nonexistent in their development agenda.

2.5.2 Best practices of the project

CBR project has many practices that are considered worth replicating because of their viability in making opportunities available to the most disadvantaged people - the disabled, in less expensive and equitable ways. CBR programme was started in Bhaktapur as a pilot project with extended co-operation between other CBR organizations and SCNN. The cooperation resulted in the development of CBR model programme that could be replicated and expanded all over the country with minimum resources. Some of the best practices of the CBR programme are briefly outlined below:

**Innovative initiative:** Home visit activity as an essential component of the CBR programme has proved to be the most effective activity because of increased level of awareness toward disability and its acceptance by the family and community. Home visit has changed the life of many children with disabilities (case study on higher education by CP).

Parents and PWDs have realized that PRT can make a difference in the life of a child with disability: CWDs are enabled to go to their nearest possible schools; it has contributed for the identification of persons with disability; the PRT training to mothers of persons with disability has been most effective and it has brought obvious change in the transformation of skill.

**Diversified services:** CBROs are highly successful in providing diversified services to CWDs/PWDs. Bhaktapur CBR is running ear clinic with audiogram assessment facility. The organization frequently organizes ear operation clinic and mobile eye camp in urban and rural areas of Bhaktapur district in collaboration with specialists. Besides, it is running deaf unit, day care center for children with multiple disabilities, information and counseling center, sophisticated physiotherapy clinic and home visit programmes to the satisfaction of the target groups.

Similarly, immunization and family planning programmes and disability survey along with other regular CBR activities are the functions of Bhaktapur CBR. It has thus set a replicable example on providing quality diversified services.

**CBRO as resource center:** All CBROs are now established as the resource centers on disability and disability related information. The national disability data software is now being used by these organizations to create their own data base with support from MWCSW. Establishment of data base at the CBROs will help transform them as resource
centers at the district level for reliable information on disability. Palpa CBR is going to transform itself into a resource center within few months. Such a move will directly contribute to make plans and programs for persons with disability.

**Sustainability approach:** The new programme initiatives (Bhaktapur and Biratnagar CBR) of the CBROs are expected to make their activities sustainable. As the government has started the CBR program in 50 districts along the spirit of sustainability, continuation of CBR activities in diversified form is expected.

As Bhaktapur and Biratnagar CBR programmes have their own buildings with running physiotherapy clinic for persons with disabilities, senior citizens and other needy people, the services are made available at affordable price. Biratnagar CBR which owns the orthopedic workshop to supply necessary aids and limbs for eastern region is in a stable condition from the perspective of income generation. Bhaktapur CBR has set up a fixed account of the received grants for generating income and emergency use. It is because of their expertise and experience, the CBROs are receiving budgetary support from the government.

Other best practices of income generation for the economic freedom of the PWDs/CWDs have appeared in the forms of goat lending (bakhra paicho), microfinance and cooperatives which are getting popular among the target groups of people.

**Inclusive education:** CBR Biratnagar has set an example of inclusive education for the deaf students at Janata Namuna higher secondary school. As around 50 deaf students are successfully receiving education in integrated setting (inclusive), this practice has worked out as a model for the integration of students in regular education setting.

**Community mobilization:** Community mobilization through VDRCs/ self help groups has been a successful experience in various CBR and non CBR districts. Overall, VDRCs in Bhaktapur district are more successful for resource mobilization and program implementation. Palpa CBR is able to form VDRCs in all villages of the district and Tansen municipality. Also, Palpa CBR has been able to motivate and mobilize other local partner NGOs for the cause of disability.

### 2.5.3 Reasons for the successes and failures

CBR programme has more successes than failures because of its unique and community owned approach. It is because of the concept of community participation for the cause of disability that the CBR approach has gained momentum, especially in developing countries like Nepal. Briefly outlined below are the reasons for the successes and (little) failures of the CBR programmes:

**Reasons for success:**

- Partnership with relevant stakeholders for advocacy and service delivery has been result oriented.
 Coordination between political parties and local stakeholders to gain their moral support has paid off well.

Dedication and strong involvement of the rehabilitation facilitators is at the background for the success of the programme.

SCN supported the human resources of the CBROs on continuous basis.

Delivery of quality trainings to CBR facilitators has made them more professional so as to utilize their expertise for the greater cause of PWDs.

The CBR programme is more focused to the grass roots level for its service delivery.

The targets and services thereof are defined holistically by avoiding fragmented approaches to disability.

Disability awareness programme is conducted together with service delivery to effect a desired impact on the life of CWDs.

**Reasons for failure:**

- Inclusive education approach is little understood by both the CBROs and stakeholders. Also, attitudinal transformation is perceived to be a difficult task.

- Over burden of responsibility toward severe intellectually and multiply disabled children by the CBRO has been aggravated due to:
  - Lack of government programme and enough resource centers in schools to address such children.
  - Lack of family support programme including parental training to handle such children.
  - Less priority given to the disability issue by government’s line agencies and development partners.

- VDRCs' responsibility is not matched with their capacity to deliver the intended services.

- Income generation program and activities are inadequate qualitatively and quantitatively on one hand and micro analysis, study and researches before the start of such programme are not carried out on the other.

- Quality, relevance, resources, and marketing of the products and trainings are little considered as ingredients of project activity (paper recycling project of Palpa CBR).

- Scanty human resources and inadequate refresher trainings to the teachers have contributed to the little understanding of inclusive education.

- The essential health service policy for persons with disability, developed in coordination with MOH in 2008, has not been implemented due to resource limitations.
CHAPTER III: FINDINGS AND RECOMMENDATIONS

As the CBR programme was started as a pilot programme in Bhaktapur, its experience was replicated to Biratnagar, Patan and Palpa in partnership with SCNN and respective CBR organizations. Now, MWCSW has adopted the CBR model throughout the country on the basis of its replicable practices.

This chapter presents briefly the findings and recommendations with respect to the CBR programme.

3.1 Findings

- The CBROs are continuing their services irrespective of the phase out policy from its funding partner - SCN.
- In most cases, programs, targets and working areas and budget are increased because of partnership with government agencies, local donors and INGOs.
- Most of the CBR organizations have started nominal fees for their services like physiotherapy services.
- RCRD has increased training frequencies for government as well as other organizations with an increase in lodging, feeding and training charge etc. (sustainability of RCRD).
- Some CBROs have created the “Trust Fund” and are able to receive attractive interest from it.
- CBROs are providing necessary programme support, service and assistive devices for the CWDs/PWDs under the coordination of multiple donors and partners through the inclusive delivery of services (wheel chair, eye camp, ear camp, medical camp, surgery, distribution of other assistive aids and disability identity card etc.).
- CBROs are well recognized for continuing referral, corrective and curative surgery, preventive treatment and other services for PWDs.
- SCN's phase out policy has influenced the full fledge function of CBROs with a direct impact on home visit programme.
- Biratnagar CBR's orthopedic and special shoe making workshop has a significant budgetary and reputational contribution.
- VDRCs' capacity need to be strengthened with an increase in the VDC budget.
- Palpa CBR has completed the household survey using “National disability database software”. All CBROs are in the process to complete the survey which will have a major contribution to the future plans and programs for persons with disabilities.
- CBRO organizations are well recognized for their expert services, collaborative efforts and district based networking.
After the phase out, CBROs are even more trusted with the responsibility to work for persons with disability, senior citizens and single women by Women and Children Office (WCO).

3.2 Replicable practices / lessons

- Home visit activity is recognized as the most effective strategy for raising awareness on disability, providing PRT, counseling service, identification and classification of disability for CWDs.
- Multiple partnership approach has been accepted to be effective for resource identification and mobilization, mainstreaming the disability issue, sustainability of services and advocacy of disability rights for PWDS.
- Networking and coordination of services with different government bodies, parents, teachers, social workers, health institutes, DPOs, NGOs and INGOs has been an effective practice for identification of needs, service delivery and referral services of PWDS.
- CBROs' adoption of the strategy for providing seed money to CWDS/PWDs or their family members for income generation activities has been a successful practice. Goat lending and micro finance for agriculture stand as some successful examples.
- Joint advocacy campaign of CBROs and related organizations has been a strong strategy to influence policy change and implement the CBR programmes for CWDs/PWDs.
- Inclusive education for the deaf students in integrated setting has been made possible as a rewarding practice which can be easily replicated from Janata Secondary School, Morang as an exemplary practice.
- Physiotherapy clinics are successfully run by most of the CBROs as popular activity of PWDS. The clinics have not only served the CWDs/PWDs but also generated income as it is getting popular even among the senior citizens.

3.3 Recommendations for sustainability

- As the government of Nepal has ratified (UNCRPD, 2006) in December 2010, the policies and programmes for PWDS should be revisited in line with the spirit of the Convention.
- Mandatory provisions for allocation of certain percentage of budget for the programmes on disability should be initiated by the government under clear cut disability guidelines.
- As the government has adopted inclusive education approach as the main strategy to achieve “Education for all by 2015”, this approach should be matched with visible programmes for the inclusion of children with multiple and severe disabilities.
• A strong legal base should be enacted by the government and related organizations to safeguard the rights of people with disabilities in order to promote independent living for them.

• The charity based approach to disability should be replaced by rights based approach for ensuring their rights to live a dignified life as other citizens of the country.

• Disability issues should be recognized as developmental issues and Ministry of Local Development, instead of MWCSW, should be given the responsibility of managing disability related programmes. This will help the concerned to internalize and identify disability issues with both rights based and development issues.

• The essential health service policy for persons with disability, developed by SCN in partnership with the government in 2008, should be implemented to make available medical facilities free of cost for people with disability.

• As the government has listed 35 different medicines to be distributed freely, the medicines generally used by people with disabilities should be included in this list of free medicines.

• Separate quota is needed in each VDC for disability health workers so that the VDRCs can be made more effective with implications for their sustainability.

• There is an immediate need of making provision of special programmes targeting doubly disadvantaged groups such as women with disabilities and multiply disabled people.

• SCN should have at the core of its programmes the issue of rights of children with disability as inseparable child rights issue in order to translate its "child first" vision into reality.

• VDRCs are in need of capacity building so that they can be empowered to perform their newer responsibility quite effectively.

• Vocational education should form an integral part of the income generation activity for persons with disability which should be started after intensive research on the appropriateness and relevance of skill development programmes to suit the needs and limitations of PWDs. Establishment of skill development institute should therefore be supported and encouraged by institutions like CTEVT.

• Parental training along with family support programme should be started taking into consideration the conditions and family status of CWDs/PWDs.

• Continuity of capacity development of CBROs, DPOs, and community disability workers should be given priority in order to increase technical capacity of orthopedic workshop and technical persons involved in CBR activities.

• Micro finance activities together with the co-operatives should be promoted to help increase the economic freedom of PWDs.

• Social security of people with severe intellectual disability, physical disability and multiple disabilities should be institutionalized in order for taking care of them after the death of their parents.

Page 57 of 103
• Thorough orientation and guidelines on easy access to facilities for persons with disabilities should be provided to people who work in organizations of greater public interest.

• Provision of village disability workers and rehabilitative facilitators must be expanded to all over the country by also increasing their facilities in order to motivate and sustain their commendable services.

• As girls with disabilities are highly vulnerable to sexual abuse and violence, special social and health measures should be sought and implemented to protect them from vulnerable situation.

• The actual investment on the CBR programme should be directed toward the grass roots level cost by minimizing the administrative cost.

• An inbuilt monitoring system should be there in the CBR programme in order to ensure its effective implementation and reaching the targeted beneficiaries.

• Female community health volunteers are to be mobilized and trained more for early identification and referral service. CBR should provide regular refresher training to the sub-healthpost workers together with them.

• To develop disability responsive society in new Nepal, incorporate disability issues and agenda in academic and nonacademic courses including the trainings across different types of stakeholders such as teachers, security personnel, Red Cross workers, social workers, health professionals, scouts, volunteers and political workers.

• Develop and implement disability friendly infrastructures with a focus on public places and enforce policies to provide discount and subsidies in equipment, facilities and loan provisions.

• Focus on the provisions to address the immediate and basic needs of PWDs along with materials and minimal resources including the supply of extra support materials for people with multiple disabilities.

• Emphasize on prevention and safer delivery service before and during birth of a child in order to prevent him/her from being affected by any disabling environment.

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Annexes:
Annex 1. The Study Team
Annex 2. List of the Tools
Annex 3. Selected Cases
Annex 4. Profile of Partner NGOs
Annex 5. List of the Respondents
Annex 6. TOR of the Study

Annex 1.
The Study Team

Team Leader:
Prof.Dr. Basu Dev Kafle

Research Assistants:
Mr.Ram Chandra Giri
Mr.Padam Jung Thapa

Annex 2. Study Tools
CBR Tools: Preparation Guidelines

Program district:
Name of the organization:
Focus group discussion participants (approx. 5-8 members):
Male/Female:

1. Reasons for launching the CBR programmes.
2. Viability of the design of the project.
3. Problem identified.
4. Approach adopted to address the problems (appropriateness)
5. Objectives and intended results.
6. Situation of the beneficiaries and their families before and after the CBR programme.
7. Relation between intervention and impact.
8. Achievement of expected results.
9. Effect of the CBR programmes on their stakeholders.
10. Areas in need of improvement of the programme.
11. What are the visible changes?
12. Sustainability of the programme impact.
13. Continuity of the programme initiatives.
14. Modality of implementation of the programme (satisfactory/unsatisfactory-reasons).
15. Perception towards quality and type of programme support.
16. Collaboration with PNGOs (Value addition - quality of outputs/impact)
17. Inclusive delivery of services.
19. Perception toward programme implementation.
20. Lessons learnt.

CBR Tool 1
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Institutional Profile of CBR Organizations

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cfwfl/t k'g';yf[kgf sfo{qmdsf] d"Noflsg
-;yflgo ;[fem]bf/L ;++;yfsf k|ltig/lwsl nflu cGtj[tf[ lgb[lzsf_
Annex 3. Selected cases

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<td>pRr dfgjfn ePsf z+v/fd sf; 'Nnf</td>
<td>l;=la=cf/= eQmk'/</td>
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<td>ljdnf em]8L, rfKkgfL</td>
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<td>ljdnf]jl em]8L+, rfKkgfL</td>
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<td>%</td>
<td>cfkÉ kl/ro lnPkl5 ;ldtdf ;lqmo</td>
<td>kb; df yfkf, vfgLuPf</td>
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<td>;dfhhs sf{o{df ;xefuL v8u</td>
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<td>;fijqf kl0f0], dbgk[f]v/f</td>
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<td>cfkm[g] Aoj;fodf bx0fLsf laleGg</td>
<td>a;GtL /fql, ItT{'EfWf}</td>
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<tr>
<td>!</td>
<td>cWoog / cfocfh[g; u;+u;+u]</td>
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!= cjl; ;xo[f]u / OR5fzQmL eP ckfEfj st} klg 5}g |

lgs} u+le/ zf/LI/s cfkÉEf ePsf xfn ifj{ (^ ^ st lah}z hj[fr{o{ eQmk'/ gu/kfnsf j8f g+= (, rf][f5]sf jf;Gbf x'g' . pmgL cfkm[gm] klFr hgsf] kl/jf/df j;5g\} . zf/LI/s cfkÉEf]sf;0f lah}z cfh cf'g] b'a} xftsf] k}of]u ug{ }Sbfg\} ;/sf] dfWodjef /d]}f]:Fu ;+rf/ klg u{g }Sbfg\} . t/ s] ef} t < pmgL cfk\mgf\ ;Dk"of{ b}lgs lqmosnfkx] cf'g] v'$sf] ;xo[f]udf ;lhn] ug{ \Sbfg\} . v'$f / cfkm[g] df;ifsf} ;d;fjLsf] xftsf] k}of]u jh]z cfh ;d'bfosf c? gful/s /x ;kmn, ;lsjo / PtkFbznL hLj lg;Of{x]sf 5g\} ;d pmgL / pgst} kl/jf/ Hofb} v'ZL 5g\} . xfn eQmk'/ jx'd'VL SofdKd;f c+u;+u] ;flxof} ;fats ul//xf]sf lah}z ljBfnob}v g} k9fOfd dfq cj}n ljBfylL{ xf}Ogf\} xfto{ ]jgPsf Irax? b)jVbf t Ps k6s t ljZjT}; ug{ klg u{xf}f] x'G5 . cfh]sf} ;'rgf kljwfnfO{ ljhz]n; /f];]L j'em}{sf dfq 5g\} ;/vf]s] ;fxf/ln} pmgL ;lhn];Fu s}dko"6/sf] k}of]u u'/ c? /x Og6/g6\} / Od}nsf] ;fu/df u]t nufpg ;Sbfg\} . ljhz b /Of]lHÉ O[Éin; ;s'ns{df k}ljyfL{x}dWo} lyP / pgf] of] ljBfnofd slff * ;Dd cWoog u]/ slff ;eQmk'/ hzlH :snf cWoog u]/sf] lajx}z ljBfnob}v x}g] P};Nh]= L= kfljzsf kl/lfjyf >]o}0f}d piO0f{ u/ uf}] eg} kb}d pRr dfWolds ljBfnojfeL @ slff piO0f{ u/ L mlpgL xfn eQmk'/ ax'd'VLF SofdKd;f ;d k}lydf jif{ [df cWoog/t 5g\} . ljhz cfkÉEf]sf} ;kmn hLjgfs]} >]o cfkÉEf]sf} k]j/f / eQmk'/ l;=la=cf=/ nfO{ lbg rtxG5g\} |

lah}znfO{ hGd}b]lv dl; tis klf3ft (Cerebral Palsy) ePsfn] zf/LI/s c+ux?n} sfd ug{ }s]gg\} . vf/ uf]/ xft; v'$f / z/L/s cGo df+;kJZLx]d;bf vkf]sf} c/Vf}= s8fgkn] ubf{ ft cf7 aif{ ;Dd klg lx8/8'g} u{g{ xfsf} k}of]u ug{ / lj}Ng ;/f]; lyPgg\} . jTno cj;/yf]c;fdoGo ;d obl ly]k5y kl/jf/n} emf/km's b}jl vJaleGg c;ftndf nuL ;d;ofnfO{ sd ug{ w]/ k}of; uf{/s]sf] lyPof} /o;jf6 s}g} k}l/0f}df cpfg ;s]sf] lyPg . |

;g] !(*& df l5d]sfLsf} dfWodaf6 lah}z / pgst} kl/jf / eQmk'/ l;=la=cf/= âf/ ;+rf}nt ;d'bfosf cfwft/of t/k]g'vf]kg] k}of]sfs] qmdsf] ;Dks}df cfP} To;aj]n} lah}z # aif{ sfy LPG . pgst} xft; v'$f / cGo df+;kJZLx]d;bf cGo df+;kJZLx]d;bf [c/VI]= s8fgkn] ubf{ cfkm} a:g, xftn} s}g} Rlh ;dfTg, aJf]Ng / vfgdf klg ;d'of lyof] . eQmk'/ l;=la=cf=/a6 kl/rf}nt ;xhsf} sfkL; u{x)]e] ;jf/ kl/jf/sf] ;xo[f]udf s8fgk 36fgp] y} /fkL / xfts] k}of]u u/pg] vJaleGg lqmosnfkx] dfkm[t w]/] pTk]/0f]df (Stimulation) u/OfO{ . xhrdf cToGt s8fgk ePsf]n] xfts] k}of]u u{g{ /s]sf klg v'$sf] cj;/yf] s]xL /f]/df ePsfn\} ba]a] v'$f]af6 ;+ej x'g' vJn, snf Rofk} / sfkLdf wsf] ;fGg | page 69 of page 103
% = ckfÊ kl/ro lnPkl5 ;ldtdf ;lqmo
        ktNkf lhNnfsf] vfgLufpF ufll] ;j8f g= % df a;/af; ub]{ cfPsL pdf sfg|h] cljitlxt dlxnf x'g' . pdtsf] kl/j/df pgL , pgf efO{ , efO{a'xf/L / efOsf 5f]/ 5f]/L 5g' . ktNkf ;L=aL=cf/=nf] ckfÊ efPsf JolQmx?sf] j]j[l0f uf] qmddf pdfnO{ klg ckfÊ c;jydf ej]6of] , pgL hQdhtf ckfÊ geO{ c;heGbf @! jiff{ klmn 3IF; sf6;g]} qmddf ?va?6 9L zf/L/s ?kdf ckfÊ x'g k'u]sl/L /lx5g/ . To; b'36{gkZrft pgsf clee[bsn] pgnO{ klfckfÊ tgf;g]g l;y tldL glcktndf NofPsf /xj5g/ . krft/sf] qmddf pgnO{ d]?b08df r]?6ks /x/sf] s'/f clee[bsn] yxf kfP . d'?b08sf] r]?6sf] sf/0f pgnO{ ;Kx0fsf lbgrof{ sf]o[x;df klfj/I /sbo;x'n] ;xofu ub]{ cfPsL IyP ;ckftndf I sfOsfPsf JolOdfx? pgn] jodh klg ug]{ kl/j/sf ;b:o;nx'n] klg u/fpg] ub]{ hlfBf pgL n6;7Lsf] ;xofotf} 3/ ;kJk/L lX+88'n ug]{ / 3/sf ;fdGof sfdfx? ug]{ ;Sg} efOg/ .
        kb\df yfkf, vfgLufpF
        ^= ;fdlhs sfO{df ;xeluL v8u
sg pgn] u{g{[Sg] lyOg/ eGg]} lgi{f{ cfOg]. o; sfo{nfO{;DkGg ug{sf nflu sfo{st{n} sDKo"6/ l;sfpg}{:+yf; xo]f'u h'6pgsf nflu utPF ctfEt f'g:y{f{kg ;ldt, kfnf ;L=aL=cf/= ;+u ; sGJo /;Dks{ [a9tpg ylng\ /;fj} ;Ldf ctkm} klg o; sfo{df nflu{g}. kmn;?k pgn} ut tLg djsxg b]lv sDKo"6/ ;DalGw tl}nd InO/x} s} 15g\ . pgn] sDKo"6/ tl}ndnlO{ [g/Gt/ff lbO{ Jofj;flos ;kdf sDKO"6/ ;Dj]Gw sfd u{g{[i]r agfPsL l5g\ . sDKo"6/ tl}nd lbg} ;+;ynf} pgstf n ugl;ntf b]v]/ sd{r/lsf{ ?kdf ;jj u{g{ [cj;/ lbg} aftfPs 5g\ .

;fljqf kf08{, dbgkfv\f

= kqsf/ algg} >Ldfof cof{n
dbgkfv/f utlj; j8f g+=! df a;f]af; ub{] cfPsfL $$/ jif{of >Ldfof cof{n cf'{gf} ufP3/df eO/x]sf ultljlwsf ;f y} 36}sf 36gf qmdx?nO{ ldl8ofdf NofO{ clxn} ;df/Tt bttsf{ ?kdf lrlGpsL l5g\ . ;f/ jif{ cuf18 s8h Jj[/stf{ s} 0f b}' sf cFvFsf} b[ji6 stdhf/ x'gk'Ubf pgnO{ [tx]} g/dOnf] dxf ]; ePsf] yof}. Ps t dfO TL3/3sf a;f{[cS][lt/ b} sf cFvFdf Go'g b[ji6sf{ ;df ofPsL x'Fbf 5/15d]sn} pgnO{ klxn h:tfl; xo]f]ulJ Jojxf/ u{g{ [5f8]sf lyP . /i kl/k pgd g s}xL ug{ [sG5 eGg]} t dl/ds;sf{ lyP g. To; n]} cfmk" of{ t]; ;df/df k/]k15 ctfEt ljIf=ofd sfuf u{g{ [+;+yf k]k=]lf{ ;L=of A;f{[Lal=cf/] sf {DkOfOg}.

;L=aL=cf/= ;+u6 ;dGjo /;Dks{ a9fpg yfn\g

;L=aL=cf/=n\ ;+rfng u/;sf] cfwf/e"t kqsf/t tl}nddf ;xefuL eO{ ctfEt ePsf guIf/sx?sf cfjfhx?nO{ ;dfh /;hO 'fd' p7pfg ylng\ . ctfEtssf cfjfhx?nO{ cem ;ZSt ?kdf p7tfg u{g{ qmddf kfn kfdf cfof]ht x'g} qksf/t tl}nddf ;xefuL x'g} / cFgf} /Lkdf cem lvfg/ kg Nofpg} qmddf pgl l15g\ . utPF ctfEt f'g:y{f{kg ;ldtO{ cem alnof} agfpg ;ltx;sf{ ]wflg} sfo{sf{ cu]ifO{ u{g{ pgl sFjIfWofW kbdF lgf{[l}t ePsf l15g\ . pgn} o; ;ldtfsf {SfJnf}O{ a9pg cfyl{s ;+sngsf Of[jhfx? ;jyFgO{ ;]sf] kl/krng ;DalGwsf of[hhfx? ;ldtldf kl/z u{g{[a] 7sdf tl o{[hhgfa}/5nkmn u/L sfof{Gjogf Nofpg} ;d[t u/]sL l15g\ .

;fljqf kf08{, dbgkfv/f

(= cfkm\g] Aoj;fodf lrq axfb'/

lrt{a}uwt/f #, 3f]/aGbf kfNkdf a:g] lrq axfb'/ ufxf kmIg{r/ ;DaGwL sfd u5{g\ . km'6an v\n dG k/fpg] lrq axfb'/ a]ZvlF sf{ ;xfdf dxFf, h'g)];s] 7f+pdf k'U5g\ . pgn] cfkm[gl] b][gs lqmofsnfk b]lv InP/ 3/sf] sfd cfkm} u5{g{] . ;fj y} pgL 3/ 15d]sdf x'g} wfl]s tyf ;f;+s[lts lqmofsnfk l]jfx ju{, cf/het]/ tyf utPFsf} SnaSsf] sfo{qmdx?, v]nsb ;df/f]x cfbfldf ;fyl eO{;u] ;xefuL x'G5g\ . Ps eO{[j] f / ckm' /U lTg hgsf] kl/lt/ pgn} g} ;DxNbf] cfPsL 5g\ . li=;@})# ;nfd hIgDpsf lrq axfb'/df hGdhft s}g] {s;sf} ;d; lyP g. pgstf afNosfn ;tdfGd ?kd} laTof]. pglL 3/ glhs]\ ;xsf{ laBfnodf k9g yfn} . ;do laTb} uof]
Annex 4. Profile of Partner NGOs

Institutional profile of CBR Organization

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| !=";:yfsf| gfM | d'bfodf cfwf/t k'g; yf[kg sfo{qmds| d"Nofísg |
| !=#;:yfsf| 7]ufgM | 0[Gb|00fL lk7, v][df, j8f g+=!%| eQm/k'/ gu/kflnsf, eQm/k'/ |
| !$=;:yfkgf lIdtM | ("% |
| !%=;]e b lrN8«j|g | +u cfa4 ePs| lIdtM | !(() |
| !^=;:ynf| sfo{qmd | +rfng ubf{ cflffÉt ePs| afnafínsf| ca:yf -k[d'v d'2fx?
| !&=;:yf kl/ro -Ps Kof/fu|kmd|... |

Vision:...
eQmk'/;d'bfodf ckf-kgsf] ;d:of Go"g x'Gb) hfg] 5 / ckf-kgsf] ;d:of eO;sf afnaflnsf Pj+ aflu[nx?n] c? /x lzIf; ,jf:Yo Pj+ hLjg lglf[xsf c;/x? k|l|Tt u/L ;Ddflt hLjg latfpg ;Sg] 5 .

"n dgFot (Mission):

d'Vo p2zox? -Objectives):
!= hgr\tgfd"ns sfo{qmd dfkm\t ckf-tf k|lt ;/sf/Td Tdf efgfssf] ljsf; .
@= /f)syfdd"ns sfo{qmdx?af6 ;dod} ckf-tfsf k|xrfgf u/L ckf-tfsf 36\gfx? Go"gLs/0f ub]{ hfg] .
$= cGo afnaflnsfsfO{ h:t} pgLx?nfO{ klg lzIf; ;j:f yf lFind / dfg]/–hgf h:t; /dfg cj;/x? pknAw u/fpg] .
%= \xfanDal ;d|x Pj+ /j]s\jnfsf\ ;/Tds efjgfsfsf] ljsf; .

(=

"fllgltM
= ;d'bfodf Aofks?kgf hgr\tgfsf] sfob{qmd ;+rfng ul/g] 5 .
= ;d'bfodf cfwfl/t eO\ laljw k'g:yf[kg sfo{qmd cfuf8 a9fO{g] 5 .
= ;yligo >f] ;fwhg\fO{ a9eGbf a9l kl/lfrng ul/g] 5 .
= ;d'bfodf xsjfnfx?nfO{ ;jjsnDal ;dx?_z;\Qms/0f u/L plgxf?sf] e"ldsfsf / cKgTjkgfsf] efjgfsf] lsl;sf eO\ lhDdJbf/L a9g] 5 .
= ;a sfo{qmd sf vl[f] / k\efjsf/l ?kaf6 ;+rfng x'g] 5 .
= ;d'bfodf cfwfl/t k'g:yf[kg sfo{qmd ;a]sf] ;xeffluTsf ;fy ultlzn sfo{qmdsf] ;kdf cfuf8 a9g] 5 .

!= +;yfsl] sfo{qmd= sfo{qmdAFs/fk M ;r]lTgfsf, \llfTds sfo{qmd, k'g[pTgfsfTds, \;Wf/Td, lzIf, ldfTt clea[4, ;dGjoTfd, k]/la, cGo !!= nlifl \d'xf / \d'xM-Sof6f\u/f]/L \jx_lT
= g \l@)( \d'f/l; \laeT/ eQmk'\n] \lddf \%@@ cKfu+tf ePsf afnaflnsfsfO{ lelaGg Ls;dsf l;lacf/ ;j]fxf k|bfg u/]sfl yP .

cKfu+tf sfo\k|sf/x?

| zfl//Ls | af|4s | aJ6Hd | dfg| \lalx | Go"g \lalx-bf\l | axl/ f | ;>t:j \laf \af nfO | ax' cnk+u \lddf | hDdf |
|---|---|---|---|---|---|---|---|---|---|---|---|
| @ | !@ | @ | ! | % | # | $^ | %* | !@ | @@ | %@@ |

!= xfn nlIflt ;d'x \+VofM g\l@)) (;Dd M
s= k\Tol\fM \%##)@ - afnaflnsf — ###*, o'jf — l\&$ v=cK|Tol\fM !!*() - afnaflnsf—%() , o'jf—($##)_ u=hDdfM \&!(@

page 78 of page 103
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page 79 of page 103
| @! | ;"rgf Aoa: yfkg ;+of]hs | >LdtL /Tgzf]ef 9+ujn | ;"rgf Aoa: yfkg | !(() | ;e b lrN8]«g |
| @ @ | sDKo'6/ ck]/6/ | >L u+ufdof k|hfkL | sDKo'6/ ck]/6/ | !(() | ;e b lrN8]«g |
| @# | clkm; ;xo]uL | >L /fd;'Gb/ b]fn | 8fOleq, clkm; ;xo]uL | !(() | ;e b lrN8]«g |
| @$ | u|fld0f k'g:ylf{k|g :xhstf{ | >L dgf]h a:gt | k'g:ylf{k|g lqmofsfnfk | !(^ | ;e b lrN8]«g |
| @% | u|fld0f k'g:ylf{k|g :xhstf{ | >L k|Xnfnb ag | k'g:ylf{k|g lqmofsfnfk | !(() | ;e b lrN8]«g |
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| @& | u|fld0f k'g:ylf{k|g :xhstf{ | >L uf]s'n bxfn | k'g:ylf{k|g lqmofsfnfk | !(^ | ;e b lrN8]«g |
| @* | u|fld0f k'g:ylf{k|g :xhstf{ | >L t'N;L x|of]h' k'g:ylf{k|g lqmofsfnk, lyld | !(() | ;e b lrN8]«g |
| @( | u|fld0f k'g:ylf{k|g :xhstf{ | >L k'is/ nfld5fg | k'g:ylf{k|g lqmofsfnk | !(() | ;e b lrN8]«g |

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Training compilation-2001-2010


k'g:yf{kg lqmofsnfk / Aofks ?kdf ;f/stfjnf au{x?nfO[ hgr]tgftTds lfdtf clea[4 ug][ sfo{qmdx?n] ub{ ckf+utf ePsF afnafinsfddf ;s/TfTds kl/|{g cfPsF] 5 M
  
  • zfL/|{s ;df ePsF ck/[zg ug' k]j{ afnafinsf w]/} Go"g 5g]}.
  
  • x8L8L ;DaGwL /s/L6 ;d:of w]/} Go"g ePsF] 5.
  
  • sfq kfs]/ axf/| f'xg], b[li6lalxg afnafinsf w]/} Go"g ePsF 5g}.
  
  • ;udofg} sd pdf/df ckf+utf ePsF afnafinsfddf klxrfg / cfjfwL pkrf/,
  k'g:yf{kg lqmofsnfk} ub{ ckf+utf Go"g/lgs/0f ePsF} b[lvG5 . h:tf] ls SnaKm6 ePsF afnafinsf hGd]/} !%, lbgdf} k]lxfrg / ;dodg} ;dfwfg ePsF} 5.

➤ ckf+utf ePsF afnafinsfddf xs clwsfI ;fLy pgLx?sf] hLjgdg; ;s/TfTds kl/|{g Nofpg
  ;d'bodfAofks k]df r]tgfd"ns hgr]tgftg sof/qmd} ;+rfngn} ub{ ;d'bodf ckfÊtf ePsF afnafinsf xs clwsfI ;fLy pgLx?sf] hLjgdg; ;s/TfTds kl/|{g Nofpg ;d'bodfJofks k]df r]tgfd"ns hgr]tgftg sof/qmd} ;+rfngn} ubf{ ;d'bodfsof/l}sf/|nf JolQmx?df ckfÊtf kl/|{g xg}]|{ b[li6sfo0fTdf w]/} ;s/TfTds kl/|{g cfPsF} 5 . eQmk'/ lhNnfdcf ckfÊtf ePsF afnafinsf ljsf;sf] d"nkjfxdf ;dtxt x'g] ultljw a9[stf] 5 . l Bjct/ eQmk'/nfO[ ljsf;sf] ljeGg ;ldtdlxf ;xeflutf ePsf/0f VNg] cj]/ ldn}sf] 5 . h:tf] lhNnf ckfÊtf kl/rokJ qjk l;f1 , cldt, ckfÊtf lzfff;DjgwL ;ldt n[yhjvljy s}Gb], cGo ;ldtx? cflb / lhNnfd cfkÊtfst] xs, clwsf/sf] nflu jsfnt /;j|f kbjerg ug}/ d'Vo lhDdjI/;} +yfLs}? kdf kl/|{yftkt ePsF} 5.

➤ ckfÊtf ePsF afnafinsfddf xs, clwsf/nfO{ ;"glZr ug' o; ;+yfLs} xsfjnfLs} nfO{ ;jfnDfI ;d"xsf} u7g / ;anLs/0f ug]/ k}lqmofdf 7"nf} ofjubfg u/]sf] 5 . h:tf} !((^ df ;dftgtsf} nflu cfjfh ;+yf , cGo cleejfs ;+yf , ;dfLxt afln ;d"x u7g / k}lTos uflj; df ujfl0d cfkÊtf ;GjO ;ldtx? cflb . h;sf} kl/|{fodf} k}cf} cfLsfsf/sf] nflu cflkm} cfjfh p7fg} / ;yflo lgsoa6h a}6h 5'6;'ofpg nufpgsf nflu ;d}t cufl8 a9g 5L o"jL tyf JolQmxdf ;d}g [Tjsf] ljsf; ePsF} 5. w]/h} tl ;JjnDjI ;d"x?n} g] eQmk'/ lhNnfdcf cflg] xs clwsf/sf] nflu jsfnt ug} ;sf ub}/ cflpsf 5g} . h;sf} kl/|{fodf} ;k}k uf=I=I= ;/ lhNnf ljsf; ;ldta6f 5'6;'ofpg a}6h 6f a9b} uPsF} 5.

➤ o; l;acfl/ eQmk'/n] ;d'bodfL cflfI/t a} 2k]s{sf ckf+utf ePsF afnafinsfddf nflu ;du| lasl; nfO{ Wofgdf /vL/ lalaw sfo{qmdx?} ;+rfng ul/P cg}"f/ o; l;acLs} 0 o; cjwtf/0fJnfO{ g]kndf lalæGg dwoda6f larf/ cfbfg klbjerg , 1fg / l;k, afF8r'B ul/Psf] x'gfn} cflh o; cjwtf/0fJng'?k g]kfln /s/fn] % lhNnfdf l;acf/ ;+rfng u/]sf] cj}/ 5.

I:sfO{ M
  
  • xsjnfLs} nfO{ ;r]tgf / ;anLs/0f ul/Pd cf}g] xs clwsf/sf] nflu cflkm] jsfnt / lhDdjI/L axg ub{5g] . h:af6 lbfu} / lg/Gt/ sfo{qmd} ;+rfngd} dfb k}Ub5 . lle1c6L ;JjnDjI / ;+yf / ;dftgtsf} nflu cfjfh
  
  • ;d'bodf cflfI/t sfo{qmd} ;d'bfo / ;flsf/|nf ju{sf] ;xeflutf, ;dGjO, ;fem}]b/Ldf / DkGg sfo{qmd k}efjsf;Lx/sf] 5.
  
  • :s"nsf /a} lzfs, lBfylL[x'7nfO{ ckfÊtf ;DaGwL ;dftxI lzllfafl/} ;r]tg ul/Pdf sl7g 5L / LDLSYT/ /s/L6 tL ckfÊtf ePsF afnafinsf ;ldtG} :s"nf g}k7gk77g u} /q ;Dej 5.
  
  • ckfÊtf Go"lgs/0f ug' 2a} ju{x?df Jofks 2kdf ckfÊtf ;DaGwL hgr]tgftg sfo{qmdj / ;+rfng u} 'kg]}.
  
  • xsjnfJolQm tyf /d"xdf  ;jfldTj x:tfGt/0f/ ;+u; / ;+u} lfdtf ljsf; ubf{ sfo{qmdf k}efjsf/Lt cfpg].

page 86 of page 103
- clwsf/ ;'iglZrt ug{ ;/sf/jfnf ju(x?nfO( lgoldt ;r]g / lfdf clea[l4 sfo{qmd ;+rfng ug{'kg}{.

@$= sfo{qmds nf fu ljleGg >]talf ck]lft pknAw / k/]kT ;kmntf lar cGt/


- laz]jf u/L ;]g / lfdf clea[14 x'g] sfo{qmd, ckf]Etf sfo{qmd, Assistive devices jlt/0f ug{, cf]ifwL pkrf/ ug{ OToflb .

@+= s] lalg'of/]g /s]d sfo{qmd ;+rfngsf] nf lu k[of{Kt ck'u jf al9 lyof] <.


))))

;d'bfodf cfwfl/t k'g:yf[kg]sf] sfo{qmdsf] d'NofÉsg
Institutional profile of CBR Organization
%e b lrN8<g ;+u cfa4 ePsf] ldltM !(# dfr{
^{=} ;;yfn] sfo{qmd ;+rnf ub[f{ ckfÉtf ePsf afnaflnsfsf] ca:yf -k|d'v d'2fx?_ 
&= ;;yf kl/ro

;d'bfodf cfwl/t k\'g{yk}g {k|;f/ De u/L ckf+utf ef} ao:sx?sf] hLjg:t/df
kl/j{(tg Nofpg ;g\'/(s) dfr{ d\lxfg b]lv ;jff k/f/De u/L ckf+utfsf] l]qdf sfo{t o;
AolQmx? nO{ ;dy{ agfb]{ n}hfg], pgLx?nO{ cf- cfkm/\g{] 3/ kl/j/df ;--;Ddfg
ckf+utfsf] ;d:ofaf6 c;dy{ hLjg:t/df ;\nf/ Nofpg of] ;+yf sfo{/t 5 .
*{ = ;+:yfsf] p4]ZoM-hgr]t\g clea[2L ckf+utf k]ltsf] \f/0fddf ;s/fTds kl/jt{g
k\'{yg{yf(kgf
;3+ ;+yf tyf cGo lgsfox? lar ;dFjo tyf ;+hlfns/0f
)
= ;;yfsf] sfo{qmd s[ofsnfkM
\quad ;r]gTds
\quad ;/lfTds sfo{qmd
\quad k\'g/pTytgfTds
\quad ;\nf/FTds
\quad lzIf
\quad lfdt\ clea[14M
\quad ;dGjofTds
\quad k]/la

!{ = nlfI ;d'xM- -Sof6\juf]/L ;lxt_
\quad ;a]k\{sf/sf ckf+utf ePsf AolQx?
}@{ = xfn nlfI ;d'x ;+VofM
\quad s= k]\TolTM d}/@ \lhNnf \quad v= ck]\TolTM \^ \lhNnf \quad u= \hDdfM
@%!& hgf
!$= sd[rf/L tyf af]8ssf ;b:o

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page 90 of page 103
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| ;b:o | czf{s zdf{ |
| ;b:o | Kjg sGwfO |
| ;b:o | levdrGb ;'n |
| ;b:o | lgd{n l:x+ |
| ;b:o | snfd df[xDdb |
| ;b:o | dGh' l:hfn |

!^= sfo{qmd lg/Gt/tsyf] nfluL lgoldt cfDbfgL x'g] sfo{qmd+ ;DklQM

| qm:=;= | laa/0f | d"No | ;xo/f[u | xfnsf] ca:yl | alif{s cfDbfgL | s}lkmot |
| tTslng | xfnslf d'No |

| ! | ikmlhoj]j/kkl o'lg6 |
| @ | cyf{] js{zk |

!^= xfn ;Ddsf ;fem{]b/L ;:yfx?sf] laa/0f

| q m ;=| ;fem{]b/L ;:yf | alif{ | sfo{qmd | ah]6 | obL km]hcfp6 ePsf] ePsf/0f | s}lkmot |
| @ | XjIG8Sofof OG6/g];gn g]kn |
| @ | Xfn;Dd |
| Zfl//Ls k'g;yfkgf |

| ! | XjIG8Sofof OG6/g];gn g]kn |
| @ | Pg=Pn=cf/+ |
| Zfl//Ls k'g;yfkgf |

| @ | Pg=Pn=cf/+ |
| @ | Xfn;Dd |
| Zfl//Ls k'g;yfkgf |

| @ | Pg=Pn=cf/+ |
| @ | Xfn;Dd |
| Zfl//Ls k'g;yfkgf |

| @ | Pg=Pn=cf/+ |
| @ | Xfn;Dd |
| Zfl//Ls k'g;yfkgf |

| @ | Pg=Pn=cf/+ |
| @ | Xfn;Dd |
| Zfl//Ls k'g;yfkgf |

| ! | XjIG8Sofof OG6/g];gn g]kn |
| @ | Xfn;Dd |
| Zfl//Ls k'g;yfkgf |

| @ | Lh=la;= | la;=:@)^^/\& | ;xfos ;fdfl[L | %))) |
| $ | ;'rgf s]Gb| la;=:@)^^/\& | ;'rgf | ;fdfl[L | %))) |
| % | /j]s[L Sna | ;g\ (@)!| H'Qf | #%^))) |
| ^ | ;e b lRbN8]|g | ;g\ (@)!| ;xfos | ;fdfl[L | !,%^)),) | cknf+utsf] d'4f k|fyldstfdf gk/]sf |
| & | ;e b lRbN8]|g | ;g\ (@)!| ;xfos | ;fdfl[L | !,%^)),) | cknf+utsf] d'4f k|fyldstfdf gk/]sf |
Institutional profile of CBR Organization

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xfn;Ddf d; o; ;:+yf] !&% hgf ckfÈ :d;of ePsf afnaflnsfx?nfO( k'g';yf[kg ;[f
k'¥ofO;s]sf] 5 . o; ;:+yf] 3/3/df uO( k'g';yf[kgfsf l aleGg ;[f lbo)+ cPsf] 5 . ;g\ @))
b]v ax' :d;of ePsf afnaflnsfx?sf] nlflu ljbr[;]f klg ;+rfng ub}{ cPsf] 5 . ckfÈt klxrfg ug]{
;d'bo :t/df hgr[tgf hufpg], ;DalGwt lgfox?df jstnt ug]{h:t sf o(qmd? klg ub}{ cPsf] 5
.

* = ;:+yf] sf p4]ZoM

k[rnt g[kfn sfg"gsf] clwgdf /lx b]xfo adf]hlhsd std ug]{ u/fg' o; ;:+yf] sf p2]Zo
/xg]5 .

s_ ckfÈ tyf ;:t dgMl:yltsf afnaflnsfx?sf] lzflfbLffsf] Joj:yi u/L ;dhdf To:t
afnaflnsfx?nfO( k'g';yf[kg ug]{, u/fg] .

sfo(qmd?) th'[df u/L nlfu" ug]{, u/fg] .

klit7fgx? ;+rfng ug]{, u/fg] .

3_ ckfÈ tyf ;:t dgMl:yltsf afnaflnsfx?sf cleejxs?df cf'gf afnaflnsfx?nfO( k'g';yf[kg ug]{
flu/of Nofpg] vnsf lileGg sfo(qmd? ;+rfng ug]{ .

d;spgsf] nlflu lileGg ;+3 ;:yf]x? dtkm[t tlhdnsf] k]aGw ug]{[ tyf To:t
JolQmx?nfO( /f]huf/L pknAw u/fg cfjZos sf o( ug]{, u/fg] .

agfpg cfjZos sf o( ug]{, u/fg] .

5_ dtg] sNof0fsf] lgldQ sf o( ug]sf] nlflu pRr g[ltsfO JolQmx? pTktdg u/L
xfn g]lts d"No / dftGtdf cfO/x]sf] xlf;nfO( pGd"ng uf cfjZos sf o( ug]{,
u/fg] .

h_ o; afx]s ;:+yf] ldfcg c;f/ k'g';yf[kg;+u ;DalGwt cG'o s'g] klgl sf o(qmd?
;+rfng ug]{, u/fg] .

kl/]o[hlhgsf] d' n p2]Zox? M

s=af]\4s / zf/Ll/s ?kdf :d;of ePsf jfnjflnsfx?sf] lzflfsf] kx'r k'¥ofpg k]efdo ;dflxt

Nofpg ckuf d]Ql ar tyf Cm0f ;xsf/Lsf] ?kdf last; ug]{ .

u = ;:+yf] sf kmf] ejg gePsf] x'b sf o(s\d ;+rfng ug{ / sf o(s]nO[ lbuf]k]bg cfkmf]
5'6) ejg agfpg] .

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3= ckfu+yt l;b dgl:yltsf jfnjflnsfx?sf cleefjsx?df cf`gf
jfnjflnsfx?nfO{ k`g:yfkg ug{ hhuf/0f Nofpg} v`nsf ijleGg sfo{s}d
;+rfng ug} .
9= dfg;ls ?kdf cj:y JolQmx?ntO{ cf}iflwpkrfsf} ;fy} Joj;flos Pj+
;Lkd`ns sfld;sfpgsf] nfju ijleGg ;+3++;yfx? Df`m{t tfindsf} k`j{Gw
ug} tyf To;tf JolQmx?ntO{ /f}huf/L pknJu wpfg cf}jZos sfo{ug}
} u/fpg} .
1= zfl//Ls?kdf ;d:of ePSf dflg;x?sf] nfUL lgoldt lkmlhof[y]f/kL tyf
k/fd[z ;jf s}Gb] ;+rfng ub} hfg} .
5= o; ;+:yfsf] lfdft cg`f/ k`g:yf[kg / lasf;sf] nfUL ckutuf ;DalGw
lhNNff :tl/P ;f[t s}Gbsf]} ?Xsdf :yfkgf .

(=0fJlTM M
ckJÊtf ePSf afnaflnsf tyf o"jfx? n}O{ ;Dk"0f k`g:yf[kg ;jf tyf lzlffsf} ;dXg cj`/ ;hgf ug]} pgst/sf] clwst/sf] nfUL / /f}sydf ug{ Ps ;d[4 ;f[t ;+;yfsf]kdf
l;}la=cff ;+;yf /xg} 5 .
!)=;yfsf] sfo{qmd÷ s}ofsnfkm
u[x e]6 ;jf, lbf} ;jfly;tlx fltf ;r]tgf,g[TG k/]ttof]lutf,lgaw Gk/]ttof]lutf,xf/fh hjfkm
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tfind,;a;]ltof,;xo]lu ;fdu/lf; lat/0f,cf]klw pkrf/,lkmlhof[y]/fkl tyf k/fdz ;}jfl s}Gb], ckJÊtf ;DalGw ;}fl] s}Gb], ckJÊtf dlq ;xsf/L, /dflxt afn sNa , lgtltgod af/] k}/la,lz d`ns tfind,
cfo cfh{g ,

!!=nlflf ;d`xM
  • !=zfl//Ls @af]4/4 =b\h6 $=aflx/f %=af]ln/ ef;f ;^=b\h6 / >j0f &= aX` ;d:of

l@= xflnlflf ;tdx ;t;VofM
s= k[TolfM #^% v= ck[TolfM !% @# u= hDdfM !/@!

l#=nlflf ;d`x, sfo{l]q tyf afl;[s ah]6

| afl{ | sfo{l]q | nlft ;d`x | afl;[s ah]6 | s]l|k
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<td>gu/ktnsf</td>
<td>93 CWDs</td>
<td>90 children &amp; people</td>
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<tr>
<td>!((^</td>
<td>nltnkf</td>
<td>gu/ktnsf</td>
<td>31CWDs</td>
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<td>10489 (Public awareness materials distribution, Orientation, Training, eye camp, health camp)</td>
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<td>8764 (Public awareness materials distribution, Orientation, training to different groups, capacity building, workshop programs)</td>
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Organization Profile-Palpa CBR

1. NAME AND ADDRESS OF THE NGO
Palpa Community Based Rehabilitation Program (Palpa CBR)
Silkhan Tole, Tansen, Palpa
Post Box Number: 07
Phone: 075520593
e-mail: palpacbr@ntc.net.np

2. NAME AND ADDRESS OF THE CONTACT PERSON:
Mr. Dev Bahadur Thapa Magar (Coordinator)
Bhagawati Tole, Tansen, Palpa
Cell no: 9857060189
Mr. Dhan Bdr Dagal (Technical Advisor)
Bhagawati Tole, Tansen, Palpa
Cell no-9847043115

3. REGISTRATION AND ESTABLISHMENT OF NGO:
   Year of establishment: 1995
   Year of Last Audit: 2009

   Registration:
   - DAO: 354
   - SWC: 8542
   - PAN: 300401088
   - Others: NFDN
     - National CBR Network
     - District CBR Program

   Registration number: 354-2055/12/14

4. VISION, MISSION, GOAL OF NGO M
Vision M
We seek a peaceful and harmonious society where poor, vulnerable and socially excluded people specially deprived in the community (people with disability) live with dignity, and their rights are fulfilled. We will be a partner of choice and be recognized for our commitment to social justice.
**Mission M**

We facilitate to empower the vulnerable and socially excluded people such as children & person with disability, living with HIV/Aids to fulfil their basic needs and achieve social justice. This will be attained through:

- Empower the community people that they led the local development with adoption the theme of accountable local government and participatory development.
- Lobbying for awareness raising program with the aim of prevention and positive changes towards the issue of accountability and responsibility.
- Facilitating for Rehabilitating the Children & Person with all types of Disability.
- Contribute to ensure the educational rights of the Children & Person with all types of Disability.
- Address social, cultural and political discrimination where there will be sustainable inclusion of the issues with children and person of disability.
- Support to empower economically to be independent.
- Preparing for disaster risk reduction and emergency responses
- Forging local, regional and global alliances and partnerships
- Promoting conflict sensitive programming
- Mainstream the issue of HIV/Aids, Women, Youth and so on….

**Goal:**

Bringing the positive changes in the lives of community people through their community development after the empowerment, unified presence, rehabilitation, education, inclusion and rights.

**Objectives:**

- Rehabilitate to person and children with disability so they will enjoy their lives by getting the equal opportunities.
- Empower the community people so they could lead the development by joint efforts.
- Train the deprived target groups as well as user groups so they ensure the meaningful regular participation in the development.

**Target groups:**

- Children/Person with disability and their family
- Women, Dalit, Janajaati, Youth, Senior Citizen
- Person with Conflict and HIV Effected

5. **CORE VALUES**

**Respect:** We affirm the dignity, potential and contribution of participants, donors, partners and staffs.

**Integrity:** We act consistently with CBR’s mission, being honest and transparent in what we do and say, and accept responsibility for our collective and individual actions fall under accountable, responsible government and democratic civil society.

**Commitment:** We work together effectively to serve the larger community.

**Excellence:** We constantly challenge ourselves to the highest levels of learning and

We hold ourselves accountable for being consistent with these principles, and ask others to help us do so, not only in our programming, but in all that we do.

6. **PRINCIPLES**

1. **Promote Empowerment**

We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfil their rights, responsibilities and aspirations. We ensure that key participants and organizations representing affected people are partners in the design, implementation, monitoring and evaluation of our programs.

2. **Work with Partners**

We work with others to maximize the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfil rights and reduce poverty through policy change and enforcement.
3. Ensure Accountability and Promote Responsibility
We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify individuals and institutions with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfill their responsibilities.

4. Address Discrimination
In our programs and offices we address discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

5. Promote Non-Violent Conflict Resolution
"We promote just and non-violent means for preventing and resolving conflicts at all levels, noting that such conflicts contribute to poverty and the denial of rights."

6. Seek Sustainable Results
As we address underlying causes of poverty and rights denial, we develop and use approaches that ensure our programs result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.

7. STRATEGIC DIRECTION

| To integrate rights, equity and accountable governance perspectives in CBR programs, to address systemic, structural and policy related causes of poverty and social injustice. |
| To promote and advocate for equitable and sustainable access of poor, vulnerable and socially excluded people specially children and person with disability to basic services and resources for secured livelihoods. |
| To mainstream conflict sensitivity into CBR programming in order to minimize its negative impact, and position ourselves to engage in peace building. |
| To build strategic alliances and accountability among social sector partners as well as CBR, partners and communities for disaster risk reduction and emergency response. |

8. Enabling Strategic

| To develop a diversified funding portfolio to strengthen CBR strategic program focus in the region. |
| Develop and implement a comprehensive transformation strategy that aligns the organization with the strategic program focus and ensures program quality. |
| To give Best Example in the Social Mobilization for community development in the world for example Palpa CBR is not only the best example in the Nepal all over the world. |

9. Program Highlights

- Rehabilitation Activities- Identification, Assessment, Rehabilitations
- Inclusive Sign Language Class in Govt School- Admission and Teaching
- Paper Recycling Project for Income Generation- Run By Person with Disability

10. Future Strategy

- Develop CBR as a Resource Centre in the issue of disability and social mobilization in Western Part of Nepal
- Cover all 65 VDCs Palpa District and provide essential rehabilitation services with community and centre base with government partnership.
- Develop Human Develop Resource Centre on the issue of Social Mobilization

11. How is your NGO organized <

Frequency of Elections: 3 years  Annual plan existent: Yes  Last Audit report available: yes

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<th>Executive Member: 7 members</th>
<th>Staffs: 16 and 65 Volunteers</th>
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| Monitoring n Advisory Board: Chairperson CDO, member DDC, DHO, WDO, DEO, DDRC, CBR |

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page 101 of page 103
12. History of your NGO

13. Main changes of NGO has undergone

- Positive changes in the attitude towards Person with Disability
- Starting to include disability issues in the main agenda at all level
- Inclusion with person with disability in proper places and groups such as; schools, community groups etc.
- Best example of social mobilization on the field of disability and Nepal government has been adopting it.
- Supporting the local government to utilize the fund for development.

13. Main Successes

- Completed baseline survey of Palpa District of Senior Citizen and People with disability.
- Local Group (VDRC-Village Disable Rehabilitation Committee/VCPC-Village Child Protection Committee) are working in the local level of all 62 VDCs and One Municipality with the initiation of CBR. It is as per the Nepal government policy.
- Mainstreaming the issue of disability and giving technical assistance on social mobilization to three organizations (BES, ISK and SRHC) and providing 8 staffs to them.
- More than 1500 Children/Person with Disabilities have changed their lives after rehabilitation services (Dec 2010).
- Given the best example on Income Generation through Social mobilization.

14. Present program activities

- Social Mobilization in 65 VDCs to make government accountable and responsible through Com Group
- Rehabilitation & Empowerment for Inclusion and Rights for Community Development
- Access to Quality Education/Inclusive Education

15. Donors/Partners Supporting Palpa CBR:

Organized Polio Campaign in 1981 (Centre Based)
Regular Rural Health Check Up Camp Since 1982 (In Remote Areas of Palpa District)
Registered in 1995 and Started to work Formally.
Mobile Camp Since 1997 (To person/children with Disability-Physical, Hearing and Visual)
16. From which other agencies do we get assistance?

- Communication Development Concerns Group Pte. Ltd Kathmandu
- Resource Centre of Rehabilitation For Disabled (RCRD)-Bhaktapur
- United Mission Hospital-Palpa (Referrals, Medical Intervention and Corrective Surgery)
- District Government Hospital-Palpa (Referrals and Medical Intervention)
- Family Planning Association-Palpa (for Referrals)
- Eye Hospital Palpa-(Checkups)
- HRDC Banepa-Banepa (Corrective Surgery and Assistive Devices)
- SKM Hospital-Sankhu (Corrective Surgery)
- Green Pasture Hospital-Pokhara (Corrective Surgery and Assistive Devices)
- Nepal Orthopaedic Hospital-Jorpati (Corrective Surgery)
- Nepal Federation of Disabled-Kathmandu (Advocacy)
- Nepal Disable Fund-Bhrikutimandap (Assistive Devices and Trainings)
- Rotary Club of Kathmandu Metro-Kathmandu/America (Wheel Chairs)
- Kathmandu Model Hospital-Kathmandu (Corrective Surgery)
- Lumbini Medical College-Palpa (Checkup)
- Small Cottage Industry-Palpa (Trainings)
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List of the respondents:

1. Rajendra muni sakya  President Palpa CBR Board
2. Dev Thapa magar Programme Coordinator Palpa CBR
3. Jamuna Ghimire Recourse Teacher Palpa CBR
4. Krishna Gahatraj Rehabilitation Facilitator Palpa CBR
5. Basanti Rana Village Rehabilitation Facilitator Palpa CBR
6. Sushil pradhan Admin/ Account Officer Palpa CBR
7. Tek Raj Panthi Planning, Monitoring and executive Officer, LDO Palpa
8. Tulsi Giri Advisor, Barangdi VDC Palpa
9. Sita Basyal VDRC Member Barangdi VDC Palpa
10. Bimal Basyal Chairman VDRC Barangdi VDC Palpa
11. Kumari Pande VDRC Member Barangdi VDC Palpa
12. Nirmal Hamal VDRC Member Barangdi VDC Palpa
13. Gam Bd. Chhettri, Sub health post incharge, Barangdi Palpa
14. Bisnu Bd. Buchha; Data collector Barangdi VDC Palpa
15. Sudha Basyal, CWD Barangdi VDC Palpa
16. Saugat Timilsina, President, Samaj sudhar Child Club Chhanp Pani VDC Palpa
17. Manish Timilsina, Member Samaj sudhar Child Club Chhanp Pani VDC Palpa
18. Sabita Neupane Member Samaj sudhar Child Club Chhanp Pani VDC Palpa
19. Puspa Timilasina Member Samaj sudhar Child Club Chhanp Pani VDC Palpa
20. Prakash Timilasina, Member Samaj sudhar Child Club Chhanp Pani VDC Palpa
21. Sunita Timilasina Member Samaj sudhar Child Club Chhanp Pani VDC Palpa
22. Voj Raj Timilsina (Palpa CBR former staff) Member Samaj sudhar Child Club Chhanp Pani VDC Palpa
23. Chudamani Timilsina Member Samaj sudhar Child Club Chhanp Pani VDC Palpa
24. Suman Timilsina Member Samaj sudhar Child Club Chhanp Pani VDC Palpa
25. Keshav Khanal, Palpa
26. Mahesh Dhungana, Palpa
27. Mahadev Dhungana, Palpa
28. Chitra Bdr. Thapa Magar Palpa
29. Laxman Gaha Palpa
30. Amit Thapa Palpa
31. Tara Bdr. Sinjali Palpa
32. Chandra Bdr. Thapa Palpa
33. Bimal Basyal, Palpa
34. Dr. Dibya Sharma Medical Officer, Palpa District Hospital Palpa
35. Siba Kharal, BASE, Palpa
36. Tek Raj Vurtel , Accountant, WCO Palpa
37. Mani Basyal, Community Female Worker Palpa
38. Sabin Sunam, Deaf youth, Ex. clint Palpa CBR
39. Uttara Chatarji, Program Coordinator CBR Biratnagar
40. Hari Bdr. Vujel Special Shoe Technician CBR Biratnagar
41. Kumar Dhamala Staff CBR Biratnagar
42. Rajesh Sahi Accountant CBR Biratnagar
43. Rajendra Timilsinha, CBR Biratnagar
44. Kusheshor Yadav CBR Biratnagar
45. Kumar Baral CBR Biratnagar
46. Devraj Khatiwada CBR Biratnagar
47. Baleshord Mandal, CBR Biratnagar
48. Rudra Timilsina, Field Worker CBR Biratnagar
49. Binaya Aryal, Treasure CBR Biratnagar
50. Vesh Prasad Dhamala, President CBR Biratnagar
51. Arjun Yadav, Shoe maker CBR Biratnagar
52. Arjun Acharyav CBR Biratnagar
53. Lab Koirala, Orthopedic Unit. CBR Biratnagar
54. Kalu Ram Ghale, Pathari VDMC, Morang
55. Guru Prasad Mishra, Susta Manasthiti Abibhavak Sangh Morang
56. Rithha Bdr. Ale, VDMC/ VDC Chair person Pathhari, Morang
57. Dhan Bdr. Limbu VDMC/ VDC Member Pathhari, Morang
58. Rabindra K. Rai, VDMC/ VDC Member Pathhari, Morang
59. Mohan Raj Bhattarai, Pathari VDC Secretary, Pathari Morang
60. Devi Prasad Prasai, Pathari VDMC/ VDC Member Morang
61. Tara Limbu Pathari VDMC/ VDC Member Morang
62. Kiran Gautam, Pathari VDMC/ VDC Member Morang
63. Narbada Dahal, Village Disability Rehabilitation Fascilitaor Morang
64. Uttam Sibakoti, Regional Coordinator, NFD, Morang
65. Prakash Chapagain, District Coordinator NFD Morang
66. Bishnu Baral, Regional Secretary NFD (Responsible to MR) Morang
67. Bimala Gaire Pathari Morang
68. Satis Chandra Jha, NFD Regional President Morang
69. Pashupati Pokhrel, Local Development Officer Morang
70. Mr…. District Education Officer, Morang
71. Tanka Prasad Gautam, Focal Person, DEO. Morang
72. Puspa Basnet, District Assessment Coordinator DEO Morang
73. Sankar Pokhrel, Head Teacher, Janata Namuna HS school
74. Rameshor Mishra Assistant HT Janata Namuna Higher Secondary School, Morang
75. Lila Bhattarai, Resource Teacher Janata Namuna Higher Secondary School, Morang
76. Mrs. Shila Rajnepali Resource Teacher Janata Namuna Higher Secondary School, Morang
77. Sunita Ghimire, Teacher Janata Namuna Higher Secondary School, Morang
78. Nirmala Basnet, Teacher Janata Namuna Higher Secondary School, Morang
79. Lok Mani Pokhrel, Teacher Janata Namuna Higher Secondary School, Morang
80. Durga Baral Bhandari, WDO, Morang
81. Moti Shanti Sakya, Board President, Patan CBR
82. Shiba Ram KC, Board Patan CBR
83. Rajesh Bajracharya Board Member
84. Luniva Chitrakar Joint Director Patan CBR
85. Ram Kumar CBR Programme Officer Patan CBR
86. Geeta Bajracharya, Resource Teacher Patan CBR
87. Shreejana KC, Resource Teacher Patan CBR
88. Bidhya Sakya, Board Member Patan CBR
89. Mina Sakya, Board Member Patan CBR
90. Chhaya Juwa, Board Member Patan CBR
91. Guna Bajracharya, Treasure Patan CBR
92. Kabita Singh, Accountant Patan CBR
93. Indira Joshi, Coordinator Patan CBR
94. Binu Prasad Dhakal, LDO, Lalitpur
95. Narayan Prasad Bhattarai, DEO Lalitpur
96. Susan Nepal, Coordinator, (DAC) District Assessment Center Lalitpur
97. Radha Rupakheti, WDO Lalitpur
98. Arjun Pd. Ghimire, Head Teacher, Saraswati Primary School, Sankhu Lalitpur
99. Deepak Bdr. Thapa Lalitpur Saraswati Primary School, Sankhu Lalitpur
100. Nihas Lama, Head Teacher Saraswati Primary School, Sankhu Lalitpur
101. Phuldhajo Lama, HT, Magar gaun HS School
102. Rajendra VDRC, Chair person Sankhu Lalitpur
103. Hari Pd Neupane, HT, Haridevi Primary School Sankhu Lalitpur
104. Hari Humangain, Patan CBR
105. Prem Lal Lama VDRC member Sankhu Lalitpur
106. Laxmi Bajgain Community Fascilitator Sankhu Lalitpur
107. Laxman Dahal Patan CBR
108. Krishna Man Lama Former VDC Chairperson Sankhu Lalitpur
109. Prem Bdr. Lama, PWD Sankhu Lalitpur
110. Laxmi Raj Magainy WDCR, Dallu, Kathmandu
111. Samita Shrestha Treasure WDCR, Dallu, Kathmandu
112. Bijul Gurung WDCR, Dallu, Kathmandu
113. Padam K Basnet WDCR member Dallu, Kathmandu
114. Chhewang Sherpa, PWD Dallu, Kathmandu
115. Dipesh Mahat CWD Dallu, Kathmandu
116. Sushil Shrestha CWD Dallu, Kathmandu
117. Upendra Ghimire Principal, The Sun shine boarding school, Bijeswori Kathmandu
118. Iswar Khatri CWD Bijeswori Kathmandu
119. Kirti Nath Shrestha Rotary club Patan
120. Siddi Bd Shakya Rotary club Patan
121. Sunita Pradhan Lions Club of Kathmandu
122. Juraj BK, VDRC Member Bhaktapur
123. Ram Krishna Pokhrel VDRC Member Bhaktapur
124. Manoj Basnet VDRC Member Bhaktapur
125. Uttam Narayan VDRC Member Bhaktapur
126. Laxmi Pd Poudel VDRC Member Bhaktapur
127. Narendra VDRC Member Bhaktapur
128. Renuka Timilsina VDRC Member Bhaktapur
129. Binu Thapa VDRC Member Bhaktapur
130. sanu Shrestha Social worker Bhaktapur
131. Krishna Bhakta Prajapati VDRC Member Bhaktapur
132. Om Srestha CBR Field Supervisor CB Bhaktapur
133. MS. LDO, Bhaktapur
134. Jaya Bd Karki, Public Health Officer, Bhaktapur
135. Ratna Sova Dhungel CBR Bhaktapur
136. Gyanenedra Kayastha Board member
137. Krishna Bhakta CBR Bhaktapur
138. Krishna Bhakta CBR Bhaktapur
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page 110 of page 103
Annex 6. TOR of the study

Terms of Reference for Final Evaluation of Community Based Rehabilitation (CBR) Programme

Background

Save the Children’s Community Based Rehabilitation programme (CBR) is aimed to improve the situation of children with disabilities through the fulfillment of child rights.

The CBR programme has worked with 3 partner NGOs in Eastern and Central Nepal to implement the programme. One NGO is Community Based Rehabilitation (CBR) in Biratnagar, another is Resource Center for Rehabilitation and Development (RCRD) in Bhaktapur, and the third is CBRP working in Palpa.

CBR Biratnagar’s program works on the basis that rehabilitating children with disabilities (CWDs) or youth with disability (YWDs) is a prolonged process where continuous focus, continuous efforts and continuous resources is required. Morang district; has a very few organizations to deal with disability. CBR being an only organization that focuses on holistic CBR approach (Approach to rehabilitate all types of CWDs) has a challenging role to make them functional and self-confident. It organizes, capacitates and protects them from further deformities. Based on the survey done by CBR Biratnagar in 2063; total disability population is 10564 (female 4435) in Morang district. Report of the CBR states, out of 10564 disability, 49 % people have physical disability, 12 % have vision impairment, 22 % have hearing impairment, 7 % have intellectual disability, 5 % have mental illness and 5 % people have multiple disability in Morang district. According to the CBR reports; 42 % PWD received primary education, 18 % lower secondary, 16 % secondary, 11 % received higher secondary and above education. The report also states that 38 % disability prevalence below the age of 19. There are 27 % are below 14 and 11 % of CWD are among the age of 15-19. Of the whole population of CWDs/YWDs/PWDs – 10,564, CBR is serving for 2586 in total. CBR Biratnagar was able to support 625 children in 2008.

Palpa CBR is established as a Non - Governmental Organization for and of children with disabilities. It has been working since 1995 as a partner organization of Save the Children Norway. It has also been working in partnership with other three local organizations (BES, ISK, SRHC-JMC) in Palpa for the rights of children. There are 30 VDRCs formed and working for the rights of children/youth with disability in this district. Among the 30 VDRCs, we have tried to hand over CBR program to 4 VDRCs. 23 VDRCs have their own bank accounts. They are getting the VDC budget in their own accounts and implementing the program to the children/young with disability. This year, because of the national political problems, last installment of VDC budget is not received in the DDC so, VDCs are not getting full budget. So, VDRCs are also not getting full budget among NRs. 25,000.
Seventeen inclusive child clubs are also working for the equal rights of participation of the CwDs. Seven inclusive child clubs are in the schools. Ten inclusive child clubs are working regularly in the community for the right of the children with disability.

The primary target or rights holder groups are children and youth with disabilities. Other target groups are: their parents and caregiver; village disability rehabilitation centers; and organizations which are interested to work on disability issues.

The secondary target groups are VDCs / DCWB / government; civil society organisations; the corporate sector; individuals; and media.

Programs have four units to ensure right of the children with disability: Orthopedic Unit; Education Unit; Primary Rehabilitation Therapy Unit; and Unit of resource center.

Objectives of the Evaluation

The purpose of the evaluation is to assess how far the program has met the stated goal of improving the situation of children with disabilities through the fulfillment of child rights.

The specific objectives of the evaluation are to:

6. **Assess how far the program design of the project has proved to be appropriate**
   - What was the problem being addressed?
   - What was the approach to address the problem – strategic objective and intermediate results?
   - Has the programme approach proved to be an appropriate and effective way to address the problem? Has the approach been uniformly appropriate to all working districts, and has it been adapted to reflect differences between districts?
   - Are there other strategies that could have contributed in a more significant manner?

7. **Assess the impact of the programme on the beneficiaries and surrounding communities**
   - How far has the programme improved the situation of the beneficiaries and their families?
   - How strong is the attribution between interventions and the impact?
   - How far has the programme achieved its expected results?
   - What effect has the project had on other stakeholders? What have they learnt from the project?
   - What unintended outcomes has the project had?

8. **Appraise the sustainability of the programme**
   - How far are the groups, organizations and initiatives created and/or supported by the project sustainable?
   - Are the project impacts sustainable (e.g. behaviour changes)?
   - What could have been done to sustain the results better?

9. **Assess the efficiency and effectiveness of the project's modality of implementation**
   - How far has the project achieved the planned outputs and outcomes?
   - What is the perception of the beneficiaries and other stakeholders towards the quality and type of trainings and other support that they have received?
   - Was the collaboration of the NGOs with other stakeholders effective? What added value did the collaboration bring to the program, in particular to the quality of outputs and outcomes?
   - Have NGO partners delivered the services to communities on a socially inclusive way?
   - How well has the capacity of partner NGOs been built over the project period and how well have they utilized this for meeting the program goal? Which capacity building activities have been the most effective, and why?
   - How do stakeholders view the way the project was implemented?

10. **Identify lessons learned and best practices of the project, suggesting reasons for particular successes and failures**
    - What are the major lessons of the project?
    - What are the best practices of the project which should be used or replicated?
**Document to be consulted / reviewed:**
- Partnership agreements and logframes
- Annual plans of partners
- Annual programme and financial reports
- Periodic reports of DoE and SCN

**Tools and Methods**
The team will work out the tools and methodologies of the evaluation in detail within the broad framework of, but not limited to:
- Focus Group Discussion with beneficiaries, families, and PNGO staff
- Interview with key informants and district officials
- Field visit in sampled communities.

**Evaluation Team:**
The following composition of evaluation team is proposed
- Consultants - 1 Team Leader
  - 2 Research Assistants

**Coverage:**
Three programme districts and respective implementing PNGOs

**Time – frame:**
The evaluation will be commenced from 1st October 2010 should be completed by 31st December 2010. The tentative schedule of the evaluation will be as follows:
- Review of literature: 5 working days
- Field trip for interview, discussion and FGD: 15 working days
- Report writing: 7 days
- Sharing of evaluation findings: 1 day
- Feedback incorporate and prepare final report: 2 days

The team members will decide and divide responsibilities among members. The team members will write his/her parts and share the draft with the team leader. The Team leader compiles, writes and edits to give the final shaping on the report.

The team leader will make a debriefing of the draft report to SC members. The report shall be finalized by 31st December 2010.

**Expected Output:**
The evaluation report will be (not more than 35 pages in total excluding annexure) in English will include the following but not limited to:
- Impacts of the project
- Major achievements of the project
- Efficiency and effectiveness of the project implementation, and appropriateness of the project design
- Sustainability of the project
- Major learning and best practices
- Key recommendations