



DISABILITY

EVALUATION REPORT

PAKISTAN POVERTY ALLEVIATION FUND

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FOREWORD

In July 2011, the President of Pakistan officially ratified the United Nations Convention on Rights of Persons with Disabilities (UNCRPD), joining over 100 countries that have signed the instrument of ratification.

The prevalence and magnitude of disability has been an issue of considerable debate since the 1998 population census found that 2.5% of the population was disabled. Since then, there have been several attempts to quantify and categorize different types of disabilities. In the recent World Report on Disability 2011, which based its disability estimates from a World Health Survey from 2002 to 2004, found a disability prevalence of 13.4% for Pakistan with 9.6 years of full health lost to disability per 100 persons in 2004.

PPAF was keen to determine the implications of disability in its development initiatives. It undertook a comprehensive carpet survey of 23 union councils comprising 80,000 households to determine the type and frequency of disability among other socio-economic indicators. The carpet surveys involved identification of persons with disability and their thorough medical examination by specialists to document impairments and categorize type and severity of disability. This is probably the first time such an extensive exercise was carried out for disability in Pakistan.

The results were staggering – eight out of every 100 Pakistanis are disabled to some degree or other; and one out of every 130 persons has some form of severe disability. The surveys also found that multiple disabilities were common among the population.

The PPAF disability survey not only endorsed global estimates of disability prevalence, but also raised an important issue of social inclusion that was lacking in our development interventions. PPAF's mission is to reach and rehabilitate marginalized groups by following its core values that include democratic governance, transparency and accountability, sustainability and social inclusion of excluded individuals and groups. Although poverty and disability are inextricably linked but systemic impediments further hamper access to services, statutory benefits and facilities.

In order to test mainstreaming of disability in development, PPAF piloted a disability project after the devastating earthquake of 2005 that hit the northern areas of Pakistan. A survey revealed that a significant ratio of disability had been pre-earthquake. Following the successful completion of the earthquake project, disability was mainstreamed into PPAF and launched nationwide in seven districts of Pakistan and AJ&K.

This report on the result of PPAF's work in disability is presented in three parts. Part one is an analysis of the survey, which provides an in-depth view of the socio-economic landscape of Pakistan. Part two comprises an evaluation of the PPAF Disability Programme and lastly, a collection of case studies highlighting importance of integrating disability in mainstream development.

September 25, 2012

Qazi Azmat Isa

Chief Executive

Pakistan Poverty Alleviation Fund (PPAF)

EXECUTIVE SUMMARY

Persons with disabilities (PWDs) are mostly unseen, unheard and uncounted persons in Pakistan and they are the most marginalized group (JICA 2002). PWDs face a multitude of social, economic, physical and political barriers that hamper their mainstreaming in society. Pakistan Poverty Alleviation Fund (PPAF) promotes social inclusion with a key focus on enabling the vulnerable groups i.e. disabled persons, women, etc. in the local development process.

PPAF launched a World Bank funded Earthquake Disability Project (EDP) in 2007. This was a multi-dimensional project as diverse activities were undertaken in order to rehabilitate the PWDs through their inclusion in earthquake-affected areas that ended in December 2009. The PPAF Disability Programme was launched nationwide from January 2010. Eight districts namely Quetta, Multan, Swabi, Karachi, Khairpur and Swat with Rawalakot and Mansehra as a continuation from the earthquake project. This programme aims to improve the quality of life of a person with disability through assistive devices, trainings, improving accessibility and social inclusion.

An evaluation of the programme was planned in November - December to conduct an assessment of PPAF Disability Programme specifically to determine the extent of fulfillment of the respective project objectives, the impact, efficiency and the sustainability of the intervention's benefits as well as identification of the areas that could be improved. The methodology of the evaluation was comprised of literature review of relevant programme documents, evaluation framework with set of questions, site visits, focus group discussions and semi structured interviews of key informants.

KEY FINDINGS

At the outset, we recognize that this is a huge, complex and multidimensional programme on disability in terms of coverage, service delivery and attempt to reduce social exclusion, and that there are bound to be challenges when executing it across several diverse districts. The motivation and dedication of PPAF partners and disability unit to see this programme through despite numerous impediments is highly commendable. The evaluation team met with communities who appreciated and acknowledged the contributions of the project and the persistent efforts of the team and this is reflected in the sample case studies gathered from the field (presented separately in a report). The findings highlighted below focus on areas for improvement and possible options for taking the programme forward.

Since disability is a new development intervention, a systematic approach is desirable for capacity development of field staff especially in the areas of disability definition and how to communicate with families of disabled persons.

The current questionnaire was adapted from previous work on disability during the immediate post-earthquake phase. Since the needs of the programme have evolved over time, the format and fields in the questionnaire need to be reviewed as they can be made more user friendly and the size of the questionnaire can be reduced significantly.

It is evident that the medical camps have been organized in a systematic manner and have greatly improved access and assessment of persons with disability. There is need to develop and prepare written protocols for purposes of uniformity and standardization of assessment methodologies for diagnosis in medical camps. From the data available, it appears that about a third of the people do not turn up when referred because of various factors like cost implications e.g. in surgical treatments. There are challenges of developing productive linkages with local health and other service providers.

While community organizations had been developed by the partner organizations as part of this programme, they did not appear to provide equal voice to PWDs. Furthermore, there is lack of standardized IEC material for community awareness that results in different meanings being understood. The DPOs created by the partners are at an infancy stage, and many of these DPOs are still following a charity-based approach

Disability programme has brought a new dimension of integration into the existing programmes of partner organizations, which is taking more time than originally envisaged.

The cost effectiveness of the programme can be enhanced by including disability into health, education, social mobilization and microcredit initiatives of PPAF. For assistive devices, PPAF needs to work with social welfare departments so that these departments are aware of interventions and plan their support accordingly.

KEY RECOMMENDATIONS

Data Management

PPAF should seek support from experts to develop consensus and agreement on the definition of disability especially medical cutoff points, and clarity about a standardized approach for assessment. A review of Disability MIS by experts is suggested to address the size of the current questionnaire and its relevance to the current and future programme needs.

The database warehouses a unique resource of community level information on social sector indicators and more importantly on disability. PPAF is urged to publish various aspects of the data available.

Capacity Development

A defined package of essential and desirable skills for Community Rehabilitation Workers (CRWs) should be developed with an appraisal and feedback mechanism to improve identification and referrals of PWDs. The capacity development of general and special schoolteachers for education of children with disabilities should be done at the start of the project.

Programme Management and M&E

Written guidelines, operational protocols and procedures for screening in the communities, medical rts

camps and provision of assistive devices should be developed. To strengthen M&E of Individual Rehabilitation Plans, the indicators of compliance to assistive devices and use of imparted skills should be part of quarterly reports of partners.

Linkages and Coordination

The health unit of PPAF should be involved in the medical camps and for developing linkages. PPAF should explore the possibility of supporting medical rehabilitation of PWDs especially those that need simple surgical procedures and treatments. The CRWs should be given appropriate knowledge and information about local health systems and services.

Integration and Social Mobilization

Partners should be encouraged to integrate disability into their respective health and education programmes (rather than a vertical programme). The social mobilization strategy of PPAF should have a clear performance indicator of inclusion of disabled persons in local community organizations.

Advocacy and Leadership

A standardized package of IEC material should be prepared in addition to the guidelines for organizing awareness sessions. PPAF should offer some incentives to the PWDs who are willing to take micro-credit like other clients e.g. skills development, provision of assistive devices, etc. An Institutional development programme for DPOs should be developed by PPAF for their capacity development and orientation to development programmes.

SPECIFIC RECOMMENDATIONS FOR PPAF MANAGEMENT

The new community based rehabilitation (CBR) guidelines have been launched by WHO/ILO/UNESCO globally during 2011. They underpin an inclusive approach by focusing on the areas of health, education, livelihood and empowerment. PPAF needs to provide orientation training to its staff and partners in these guidelines, and seek alignment of its approaches with these guidelines

By developing an integrated development approach and linking disability interventions with existing micro-credit and social mobilization programmes can make the programme more cost effective.

PPAF needs to explore the linkages with special education department of respective provinces to share the information and utilize their existing services i.e. training facilities, expertise, etc. for strengthening inclusive approaches to education in general schools.

INTRODUCTION

Persons with disabilities (PWDs) are mostly unseen, unheard and uncounted persons in Pakistan and they are the most marginalized group (JICA 2002). PWDs face a multitude of social, economic, physical and political barriers that hamper their mainstreaming in society. These barriers include stigmatization and a misunderstanding of the abilities and aspirations of PWDs.

Socio-economic data on disability in Pakistan is also scarce; where it exists it is conservative. According to the 1998 census, approximately 2.49 % of the population has some form of disability. This is significantly lower than the WHO estimate of approximately 7% and NGOs estimate of 10% of the total population. It is estimated that 66 percent of disabled persons live in rural areas: only 28 % of PWDs are literate; only 14 percent of them are in work and 70 percent are reliant on family members for financial support (APCD, 2008).

The systematic care of disabled persons was brought into focus in Pakistan in 1980s with the observance of 1981 as UN International year of disabled persons. The need was then felt for their education, rehabilitation and mainstreaming both by government and by the private sector. A law titled “Disabled Persons (Employment & Rehabilitation) Ordinance, 1981” was passed in 1981. This law is a comprehensive legislation that spells out the responsibility of the state towards prevention of disabilities; protection of the rights of Disabled persons; and provision of medical care, education, training, employment and rehabilitation to Disabled persons (Ordinance 1981).

A national plan of action (NPA) was developed in 2006 to translate the 2002 National Policy for Persons with Disabilities into practices; however there is lack of ownership from coordinating agencies both in the public and private sectors. Pakistan signed the United Nations Convention on Rights of Persons with Disabilities (UNCRPD) in 2009 and President of Pakistan ratified the convention in June 2011 in a public gathering.

Pakistan Poverty Alleviation Fund (PPAF) promotes social inclusion with a key focus on enabling the vulnerable groups i.e. disabled persons, women, etc. in the local development process. PPAF understands that in order to address the disability issues and to instigate long-term, sustainable change, it is essential to build the capacities of civil society organizations and engage these organizations in the social reforms through participatory development actions.

The earthquake of October 2005 in the Northern Areas of Pakistan was the most devastating and shocking of natural disasters in the history of the country. It resulted in death of 73,338 people, left 3.25 million population homeless and 128,309 sustained serious injuries, including spinal injuries, limb trauma and amputations (IFRC, 2006). This created a realization and recognition among key stakeholders working for rehabilitation of the local communities. PPAF launched a World Bank funded Earthquake Disability Project (EDP) in 2007. This was a multi-dimensional project as diverse activities were undertaken in order to rehabilitate the PWDs through their inclusion underpinning the principles of community-based rehabilitation (CBR) in earthquake-affected areas that ended in December 2009.

After the completion of the pilot project, the PFAF Disability Programme was launched nationwide from January 2010. Eight districts namely Quetta, Multan, Swabi, Karachi, Khairpur and Swat with Rawalakot and Mansehra as a continuation from the earthquake project were identified as project areas. The disability programme is essentially a replication of the earthquake disability project with some new interventions being tested as a pilot for future replication. This programme aims to improve the quality of life of a person with disability through assistive devices, trainings, improving accessibility and social inclusion.

A common perception that needs to be eliminated, especially one that has also been ingrained in the minds of persons with disability is that they do not have the capacity to be a productive part of society. PPAF Disability Programme has set an annual target of rehabilitation of a minimum of 5000 persons with disabilities without compromising on the quality of services. The areas and names of the partner organizations is attached as Annexure 1.

SCOPE AND PURPOSE

The overall purpose of the evaluation was to conduct an assessment of PPAF Disability Programme specifically determining the extent of fulfillment of the respective project objectives, the impact, efficiency and the sustainability of the intervention's benefits as well as identification of the areas that could have been improved. The ToRs are attached as Annexure 2.

Specific Objectives:

Determine if the results contribute to the project's overall objectives to reach out to the disabled through:

- Analysis of collected data, document process of the programme, and documentation of case studies;
- Relevance and appropriateness of the programmes and the impact of the project action on the lives of persons with disabilities and their families;
- Assess sustainability mechanisms and their success or potential success

Assess the achievements of the above mentioned objectives, and evaluate strength and weakness with particular emphasis on:

- Management of service provision
- Community resource mobilization
- Mechanisms used for raising awareness of the community regarding disability issue
- Mechanisms for local authorities' engagement

METHODOLOGY

The overall scope of the work was divided into three components: 1) Programme Evaluation. 2) Documentation and Analysis of MIS. 3) Case studies to demonstrate impact. These were done separately. Thus, the evaluation report does not focus on information of quantitative data as that is available in a separate report. The evaluation focused on two themes in deriving the methodology, analysis, and recommendations, namely contribution of the Disability Project and gaps and needs for future consideration.

Process used in the evaluation:

Literature Review of relevant programme documents. 12 documents relevant to this programme were reviewed including project proposals, review reports, etc.

Evaluation Framework with Set of Questions: A list of questions was developed to understand the implications and effects of different proposed activities given in the proposal for qualitative analysis. The quantitative information was derived from the PPAF MIS.

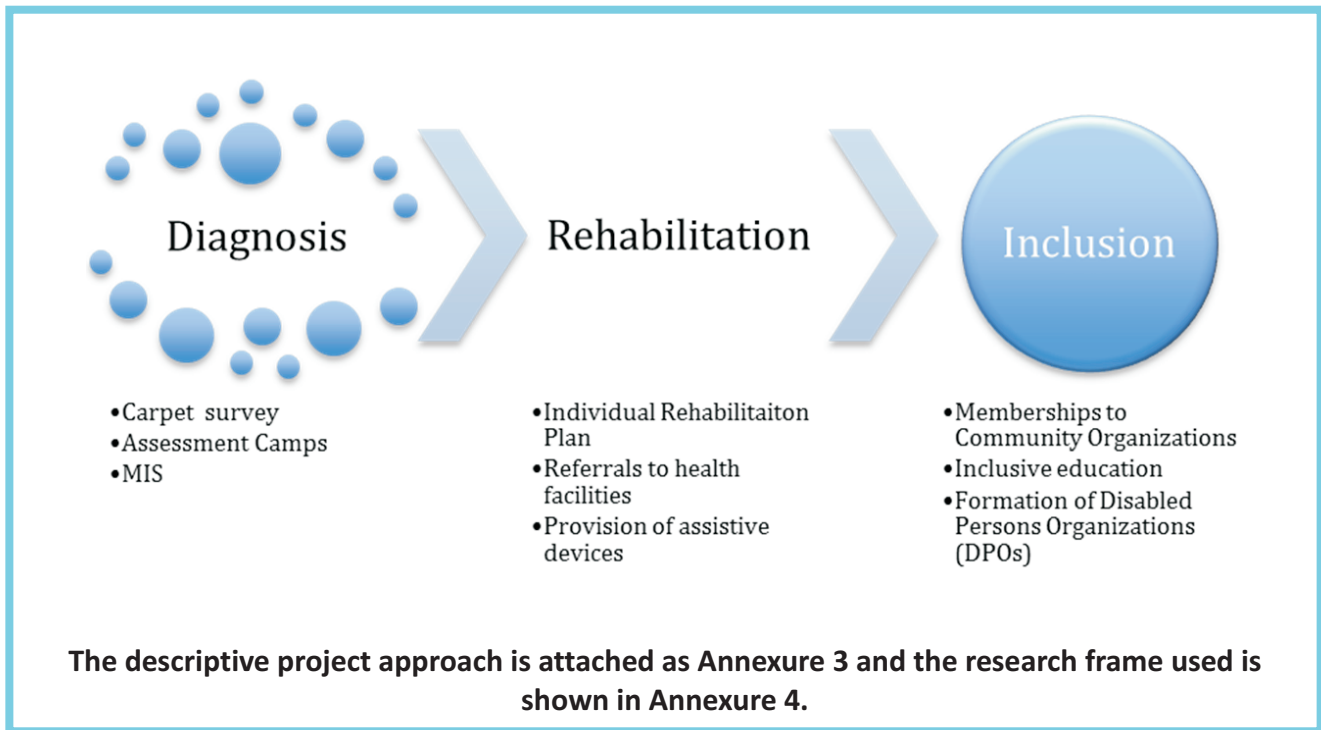
Site Visits of 3 places included 8 villages, communities and organizations involved in the programme. The sites were chosen because they were considered as representative of the project areas.

Focus Group Discussions and Semi Structured Interviews: The researchers were trained in interactions with the local communities for Focus Group Discussions (FGDs) and Semi Structured Interviews (SSIs). More than 15 beneficiaries were met and three groups included for focus group discussion at each partner.

Key informant and In-depth interviews were held with the key focal persons from the participating organizations. The checklist of questions was used as a guideline in interviews with key informants.

Data Analysis, Conclusions and Recommendations: Focusing on the scope of the evaluation, analysis of data was based on triangulation of qualitative and quantitative data and content analysis, conclusions from the analysis and recommendations of the key findings from document review and articles/reports relevant to disability in Pakistan.

The project approach was mapped out to establish the key components of the disability project and use this as the basis for evaluation. The project approach is presented below in graphic form.



FINDINGS

KEY FINDINGS - DIAGNOSIS

The socio-economic data related to disability especially prevalence of disability presents great challenges for those designing intervention programmes. This is due to the variation in figures. For instance, the national census report 1998 gives a prevalence of 2.49% for disability, while the World Disability Report 2010 indicates the prevalence as 13%. Most research into disability tends to focus predominantly on health or social welfare aspects. There is little co-ordination or integration between research on disability and research on associated issues in gender, social development, and human sciences. Specific attention needs to be given to both quantitative and participatory components in research methods to ensure that the different dimensions of disability are appreciated (DFID, 2000).

In many rural communities of Pakistan, disabilities among households members are normally concealed, especially those acquired from birth or developed soon thereafter (Ahmad, 1995). This has been further verified and admitted by the partners' staff working in the communities when interviewed by the evaluation team. The workers shared that many households were unwilling to share the information of disabled persons in the first instance and consider it inappropriate in the context of local norms, values and settings. The disabled persons are taken as a burden for the family or considered as 'unproductive assets'. Therefore, there is a strong justification to conduct 'carpet survey' in the communities to identify persons with disabilities and develop socio-economic profiles of the households with disabled persons.

After identification of target union councils in consultation with the implementing partners in the priority districts of PPAF, a team of trained rehabilitation workers is normally placed to conduct a carpet survey with a purpose to find persons with disabilities. The field staff of implementing partners use a standardized questionnaire, developed by PPAF for its partners, that contains information about socio-economic profile and functional limitations (disability) of household individuals. These rehabilitation workers are provided with appropriate training before the work starts.

The package of training includes orientation about disability and how to collect disability related information from households. These workers are further oriented in entering data into a customized Management Information System (MIS) furnished by PPAF. These Community Rehabilitation Workers (CRWs) have been provided additional training in the areas of orientation and mobility and daily living skills from national and international institutes. A defined package of essential skills development for these rehabilitation workers should be a viable approach to ensure the standardization and coverage.

PPAF is managing a database of its disability interventions called Disability Management Information System (DMIS). The MIS has detailed information of data collected during carpet surveys in the communities including profile of the households and basic information about the individuals. The database, developed in MS Access, provides information about different disabilities but there are limitations in terms of people having more than one disability (multiple disabilities), levels of disability (mild, moderate and severe) and compliance to assistive devices. Moreover, there are challenges about utility and dissemination of data collected in the field, and how this information can be made useful for

other units of PPAF and partners.

The current database does not provide sufficient information about a defined medical definition of disability. This is critical when PPAF is custodian of one of the largest disability databases at the community level in Pakistan. The defined definition of disability will enable to know what standard approach for disability assessment was applied and adopted in the screening and detailed examination. Moreover, for future follow-ups and evaluation, the experts should know about what standardized approach was practiced in the assessment process at the medical camps.

Detail of Medical Camps

District	Number of Union Councils covered	Number of Identified PWDs who attended Camps	% who attended	Number of days of Camps
Multan	6/6	6,711	90%	57
Swat	3/3	4,669	73%	28
Swabi	3/3	3,664	69%	24
Rawalakot	2/2	1,645	66%	15
Karachi	3/3	3,028	50%	26
Khairpur	3/3	2,418	54%	20
Total	20	22,115	68%	171

On the basis of information collected from communities and observations made by the rehabilitation workers, the people who need further assessment or examination to confirm their disabilities or functional limitations are asked to attend medical camps. Such assessment camps, called medical camps, are organized at prominent places in local areas like health facilities, schools, houses of influential people, etc. The camp is open to those too who walk in by hearing from local communities about the camp. In the first stage of screening, the type and scale of disability is determined with the support of experts facilitating the medical camps and this assessment is essential for development of an individual rehabilitation plan

The evaluation team found that judgments of the rehabilitation workers about functional limitation or disability were critical factors for further assessment at a medical camp. The field workers and communities acknowledged that in spite of motivation and counseling, there are a significant number of people who do not turn up in the camps for any number of reasons. This number is very low in Karachi and Khairpur where nearly half of the population identified as disabled persons did not turn up in the

camps. An appraisal and feedback mechanism for the rehabilitation workers on periodic basis is desirable for improved identification and referrals of cases to medical camps. This will enable to inform us whether the assessment in the communities by the CRWs was correct or whether there are other reasons for the communities not visiting medical camps.

Presently, the assessments conducted by the disability experts in the medical camps are subjective, based on their knowledge and experience. There appeared to be a lack of any written standardized protocols and procedures followed during the assessment specifically cut off limits for any specific disability. In order to develop a standardized approach, there is need of written protocols/guidelines to be developed and followed by the experts for screening in the medical camps so that uniformity and quality of diagnosis and information can be observed.

The partner organizations of PPAF have developed relationships with a range of service provider organizations working in different specific disabilities to provide necessary assistance in the screening and examination of the persons attending the medical camps. The medical camps are organized under the supervision of these specialized organizations. PPAF needs to ask its partners to develop a clear operational framework of relationships with such organizations in respective areas so that expectations are clearly spelt out and known to key stakeholders.

As per disability, the relevant experts conduct a detailed assessment of each individual and make recommendations for the next steps as per needs. There are certain limitations in conducting detailed examination and diagnosis in the medical camps with the result that many cases are referred to local health facilities without ensuring necessary follow up support. There is need to strengthen the mechanism of support and referral pathways for such individuals who can be rehabilitated with simple medical or surgical interventions like physiotherapy, eye surgery, etc.

Linkages Development

In Multan, more than 140 cases were identified in need of surgical eye treatments during the assessments at the medical camps. The disability team of PPAF approached the health unit of PPAF, who facilitated in organizing a free eye camp in the community with the support of a local organization. The camp conducted surgical procedures including cataract surgeries of the community members. The successful eye camp has boosted the morale of the implementing partner and paved the way for smooth integration of visually impaired people by a simple treatment. This suggests the necessity of inclusion of medical treatment in the package of the disability programme and developing an integrated approach with the health unit of PPAF. This was further validated by the highest attendance found in medical camps of Multan.

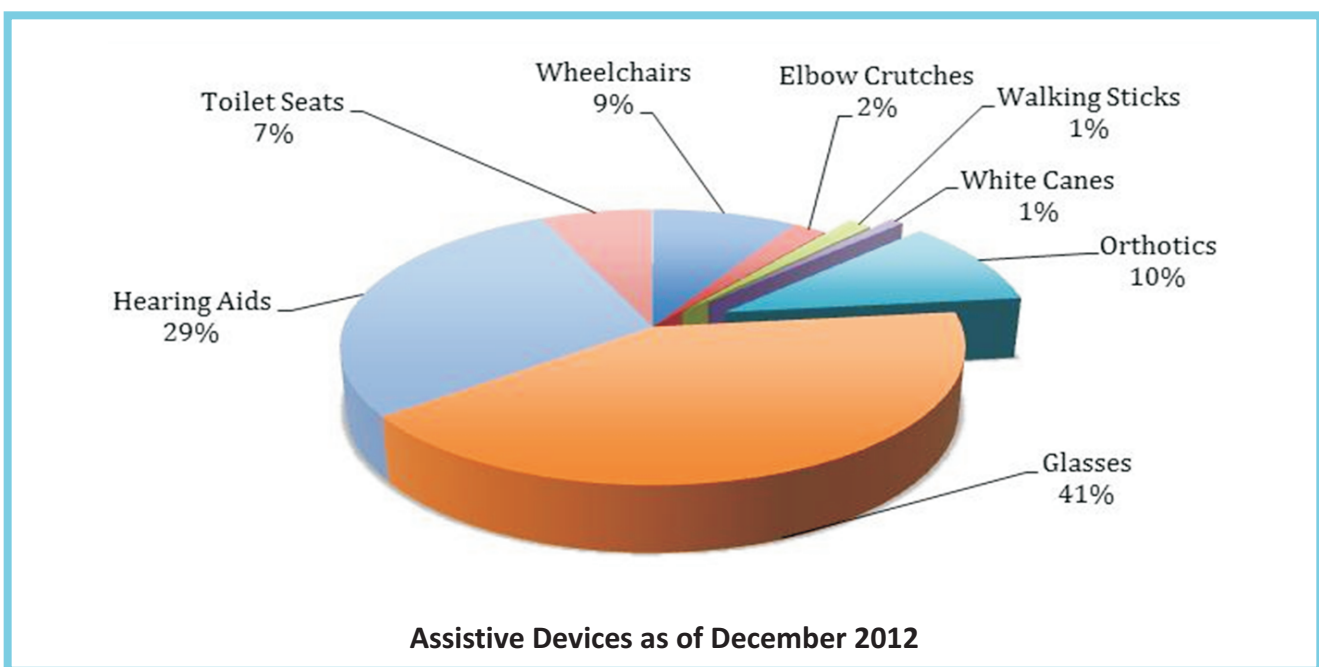
KEY FINDINGS - REHABILITATION

The Government of Pakistan initiated the approach of medical rehabilitation in early 1990's after the establishment of Directorate General of Special Education in 1985. However, the data from the developing countries reveal that only about 2% of PWDs receive some form of rehabilitation services (Despouty, 1993).

An individual rehabilitation plan (IRP) is prepared reflecting the critical needs, capacity development process and additional support needs for integration in society. The IRP is developed in consultation with the family members of the disabled persons, and implementing partners are closely involved in the execution of the IRP. Disabled persons are provided orientation and mobility training followed by daily living skills by the CRWs to start their rehabilitation in the local communities.

There are challenges and limitation in the monitoring and evaluation (M&E) of IRPs, as the reports generated by the partners do not reflect the compliance rate to IRPs - an important indicator to assess the change in life of individuals. Although the PPAF team has made rigorous follow-ups and generated compliance reports about assistive devices, there is need of developing a systematic approach by integrating these indicators into the M&E system.

A review of the IRPs of selected individuals by the evaluation team reveals that successful implementation of the IRP depends upon timely provision of assistive devices. Many of the assistive devices are imported, and are difficult to find in the local markets. These were procured in bulk and took more time than envisaged. This created delays in provision of devices, which undermined the motivation and interest of PWDs. Nearly two-thirds of the people with disability identified in the medical camps were provided with assistive devices. The break up of the devices is given below.



The highest number of assistive devices has been provided to the visually impaired persons followed by hearing impaired. The data from the carpet survey revealed about 4% people are having mild to moderate visual impairment including visually disabling refractive errors. As per standard definition, some of these clients would not be categorized as visually disabled because their vision is corrected with simple refractive services. One can argue that these people cannot function properly without provision of spectacles. PPAF needs to refine its criteria of disability in light of national and international standardized guidelines of World Health Organization.

Present criterion for the provision of assistive devices to the disabled persons is flexible and is mainly driven by the needs of the disabled persons. It would be difficult for the programme to cater for the needs of all disabled persons when it would be scaled up in other programme areas. The programme needs to develop clear guidelines for the provision of assistive devices to the disabled persons so that expectations are known and agreed with PWDs including how they will be able to replenish their devices if they break or need repair due to usage.

About two-thirds of the disabled persons identified from the carpet survey visited the medical camps. Of these, about a fourth were referred to nearby health facilities for further assessment or treatment. The evaluation team found that many of those people referred did not visit the health facilities due to fear of costs associated with medical treatment and travel distances to such health facilities. Although the CRWs undertook follow-up of these community members to visit health facilities, it has not produced the desired results. The role of health unit of PPAF is pivotal in facilitation to develop linkages with appropriate health service providers in the programme areas so that those who are referred can be provided necessary medical treatment

As indicated previously, there is an expectation of the programme that CRWs will follow-up all cases who have been referred to nearby health facilities for further examination and treatment. These CRWs should be given appropriate knowledge and information about the local health system and services, and how linkages can be developed with these institutes. In order to achieve improved results and outcomes from the interventions, the involvement of local service providers in the medical camps from the government or non-government facilities may be more useful rather than bringing experts from outside the districts. This process will stimulate ownership and networking of the implementing partners with different service providers.

Impact of Programme

It is too early to draw the impact of the programme especially when the project started in 2010. There are visible changes in the life of PWDs as a result of PPAF interventions like reducing the social exclusion by identifying them in the communities. Some of the community organizations of NRSP in Rawalakot started to provide small loans to PWDs from their own savings at subsidized rates. This helped the PWDs to start their own business and to gradually reduce their dependency on the family and society. Similarly, a few PWDs that the evaluation team met in Swabi indicated that they benefitted from the micro-credit programme of PPAF after orientation by the disability team. Some of the productive linkages have been developed at the local levels and have resulted in: enrollment of children in general education at all places, allocation of funds by local government in AJK for disability, and special inclusion of PWDs in Benazir Income Support Programme by PPAF advocacy are few examples.

KEY FINDINGS - INCLUSION

Mainstreaming of disability has been the key demand of the international disability movement for decades. It is also the central theme of UN's Standard Rules on Equalization of Opportunities for Disabled persons (1996). Mainstreaming disability into development cooperation is the process of assessing the implications for disabled people of any planned action, including legislation, policies and programmes, in all areas and at all levels. It is a strategy for making disabled peoples' concerns and experiences an integral dimension of the design, implementation and monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that disabled people benefit equally and inequality is not perpetuated. The ultimate goal is to achieve disability equality (Carol and Bill, 2005).

There is realization and recognition in PPAF that disability should be integrated into its development initiatives. For this purpose, disability has been counted as one of the vulnerable groups in the definition of poverty under PPAF III support. In addition, PPAF has a commitment that all new infrastructure schemes supported from its funds would be universally accessible for PWDs. The partners are being sensitized to be inclusive in their approaches of service delivery including access to credit and social mobilization.

In spite of all the above efforts, the disability programme of PPAF does not appear to be 'cross-cutting or mainstreaming' with other interventions of the partners even in the case of the organizations being supported for disability interventions. There are a few examples where community organizations have the membership of the disabled persons but it is not a significant number.

Inclusion in Schools and Community Organizations

The evaluation team found that some of the community organizations have the membership of the

Districts	Disabled Children Admitted in schools	PWDs included in existing Community Organizations		Total
		Male	Female	
Multan	36	91	70	197
Swat	292	88	33	413
Swabi	14	22	20	116
Rawalakot	171	34	75	280
Karachi	51	15	19	85
Khairpur	5	30	25	60
Mansehra	159	236	79	474
Total	728	516	321	1625

disabled people but disabled persons are not taken on board or consulted during key decisions. It is critically important that the social mobilization programme of PPAF should intensify the inclusion of PWDs in formation and development of community organizations as a key indicator even at places

where no direct interventions for disability are made in the communities.

One of the key challenges of the programme is education of children with disabilities. There are very few special education centers in the programme areas and these are difficult to reach by the poor communities because of distance and transport involved. Like in many other places of the countries, the approach of inclusive education is being promoted where possible. In the current phase of the project, teachers' training has not yet started because of funds diverted for purchase of assistive devices. However, many of the children have been facilitated for enrolment in mainstream schools with the support of partner organization. There is need for building the capacities of schoolteachers but equally important to ensure follow up support to such students in the general schools. The enrolment of physically disabled and hearing impaired has been less challenging compared to the visually impaired.

For sensitization and mobilization of the communities, the partners adopted a range of approaches. This included sessions in the schools with the children to inform them about the causes of disabilities with their implications and how these can be prevented or treated. Similar sessions were organized with community groups. The evaluation team had the opportunity to attend a few sessions in schools and community groups. The participants appreciated these sessions and acknowledged that they resulted in change in their attitude towards disability. In order to make the process standardized, a guideline for such sessions should be developed and agreed with each partners to have uniform messages across the communities.

The programme offers support for enterprise development training (EDT) to a selected number of PWDs. The partners in consultation with the trainers adopt the selection criteria of PWDs for EDT. It was found that most of the beneficiaries of such training are physically disabled. Resultantly, some of the disabilities are at a risk of being ignored compared to others. It is desirable that an operational research should be conducted to know the possible trades for different disabilities that can be supported for those particular skills. By December 2011, 721 PWDs benefitted from Enterprise Development Training and a third of these have gone for business incubation.

On sensitization by the PPAF disability unit, some of the partner organizations started to provide micro-credit to PWDs. One of the partner organizations shared their experience and found this very productive. The discussions with PWDS as beneficiaries of the micro-credit programme showed their satisfaction with the process and support extended by the partner organization. A detailed case study of the beneficiary is given separately. However, it is recommended that PPAF should offer some incentives to these PWDs who are willing to take micro-credit like other clients. This incentive can be supported in the skill development, provision of assistive devices, etc.

Organizations composed entirely of persons with various disabilities - physical, mental, and sensory - have sprung up in 100 countries since mid 1970s. Disabled people have come to the realization that their societies were built without their input and participation (Driedger, 1989). Thus, the concept of disabled

persons organizations (DPOs) emerged, and the slogans like 'nothing about us without us' became popular in the disability movement. In order to develop the leadership of the disabled persons for their rights, a determined effort has been made for the formation of disabled peoples organizations (DPOs). So far 11 DPOs have been created in Swabi, Swat, Rawalakot and Mansehra to strengthen the advocacy component of voice of the disabled people in the decision-making processes.

In addition, the partner organization organized the celebration of different events to create awareness for disability. This includes sports event, world disability day and walk in the communities. The relationships have been developed with the special education department in different districts, and local DPOs are on board. A shift from a charity approach towards a development approach is taking more time for DPOs which presents challenges for the partners to manage expectations of DPOs. An institutional development programme for DPOs should be prepared by PPAF and launched in Pakistan so that DPOs should know the meanings and context of development approaches.

The project envisaged training in independent living for PWDs as done in EDP. This could not be initiated so far as funds were reallocated towards purchase of assistive devices. However, the programme introduced attendantship training to the families and PWDs. These trainings are conducted to enable the participants on how to handle, support and facilitate the PWDs at house and community levels. So far, 863 PWDs and their family members attended 24 trainings organized at the community level.

Disabled Peoples Organization (DPO)

Mr Zulfiqar, 28 years old, lives in a village of Rawalakot. At the age of 4 years, he became mute after being afflicted by a fever. His parents made all possible efforts for his treatment but all were in vain. He attended local school but could not continue his education because of lack of support from schoolteachers. Then, he learnt tailoring for his livelihood and became quite adept at it. He did not attend social events and preferred to stay aloof from other members.

With the start of PPAF disability programme, he became aware about strengthening his own business through enterprise development training. But above all, he learnt that many other people are living with disabilities and he availed support for speech therapy. On persuasion by NRSP and PPAF teams, he started to meet with other hearing and speech impaired members of the area, and this resulted in the creation of a local DPO. Now he is a very active member of the organization and holds their meetings regularly at an agreed place. According to his mother, a visible change has been noted in his behaviour after training and membership to DPOs. Now he is willing to attend local events and participate in the affairs of the families.

Sustainability of the Programme

The programme adopted a proactive approach of sustaining the interventions taken for PWDs by enabling their membership and participation in local community groups and creating awareness among the communities about disabilities. In addition, provision of business development training and inclusive education of PWDs help reduce dependency and create empowerment. These initiatives will empower PWDs to live a respectful life when the project duration ends.

Institutional sustainability and cost implications of the programme can be overcome by promoting integration of disability into development rather than as a vertical intervention being executed by partners. The programme faces challenges of continuation of medical camps and provision of assistive devices. A few of the partner organizations do not provide sufficient interaction and engagement of disability staff with mainstream development with the result that both parties work in isolation. PPAF Units should encourage partners to involve the PWDs in social mobilization processes and seek the support for assistive devices from the social welfare department where possible.

Similarly, there is a need of developing protocols for health screening of disabled persons in health interventions supported by PPAF and its partners so that disability is internalized as a cross-cutting issue. Creating guidelines for inclusive education for disabled children and developing formal linkages with special education and social welfare departments at the district level would be useful for social inclusion of children with disabilities.

RECOMMENDATIONS

RECOMMENDATIONS

Data Management

The current questionnaire is lengthy, and its size can be reduced significantly. The current Management Information System (MIS) has limitations in terms of providing certain critical information about multiple disabilities, scale of disabilities, compliance to assistive devices, etc. A review of MIS by experts is suggested to address the size and its application to programme needs

PPAF should seek support from experts to develop consensus and agreement on the definition of disability especially medical cutoff points, and clarity about standardized approach for assessment so that validity of data collected can be ensured

PPAF is custodian of one the largest disability databases of PWDs identified from the community level through carpet survey. PPAF is urged to publish various aspects of the data available.

Capacity Development

A defined package of essential and desirable skills for the Community Rehabilitation Workers (CRWs) should be developed, and a systematic approach of capacity development for the identified skills should be adopted. In order to improve judgment skills of the CRWs, an appraisal and feedback mechanism on periodic basis should be established to improve identification and referrals of PWDs to the medical camps

The capacity development of general school teachers for education of children with disabilities should be done at the start of the project, and possible linkage should be developed with the local special education center for back-up support

Programme Management and M&E

There is need to develop written guidelines, operational protocols and procedures for screening in the communities and medical camps so that uniformity is observed and quality is assured. A clear operational framework of relationships with service provider organizations spelling out the expectations and roles of each stakeholder will be useful for medical camps

To strengthen M&E of Individual Rehabilitation Plans, the indicators of compliance to assistive devices and use of imparted skills should be part of the quarterly report shared by the partners. These should be part of the signed protocols with the partners

PPAF needs to develop clear written guidelines and criteria for the provision of assistive devices to the communities and partners and clients should sign the agreement so that each party knows he responsibility for operational maintenance

Linkages and Coordination

The health unit of PPAF should be involved in the medical camps and for developing linkages with local service providers as highlighted by the experience of Multan. An integrated approach would be desirable to improve referrals and follow-ups for medical rehabilitation

PPAF should explore the possibility of supporting medical rehabilitation of PWDs especially those that need simple surgical procedures and treatments like eye surgeries, physiotherapy, etc. This may require development of formal linkages with some service providers

The CRWs should be given appropriate knowledge and information about local health systems and services, so that they can facilitate necessary linkages development and follow-up

Integration and Social Mobilization

Partners should be encouraged to integrate disability into their respective health and education programmes (rather than a vertical programme) by ensuring capacity development and orientation of their health and education teams in disability issues

For medical camps, preference should be given to local health service providers so that back-up support can be assured for medical rehabilitation and social inclusion

The social mobilization strategy of PPAF should have a clear performance indicator of inclusion of disabled persons in local community organizations when partner organizations are extended support in the formation of COs and when conducting surveys. This is also in line with PPAF commitment for poverty reduction

In order to strengthen the morale and confidence of the schools that enroll children with disabilities, provision of incentives like developing accessible water sanitation and hygiene, health screening, etc. should be explored so that many more children with disabilities can be sent to schools

Advocacy and Leadership

For creating awareness and sensitization among communities and children, a standardized package of IEC material should be prepared in addition to the guidelines for organizing such sessions so that uniform messages are shared across the communities

PPAF should offer some incentives to the PWDs who are willing to take micro-credit like other clients. These incentives may include support for skills development, provision of assistive devices, etc.

An Institutional development programme for DPOs should be developed by PPAF. This will strengthen the capabilities of DPOs of Pakistan and newly established DPOs by the partners to know meanings and context of development

Specific Recommendations for PPAF Management

The new community based rehabilitation (CBR) guidelines have been launched by WHO/ILO/UNESCO globally during 2011. They underpin an inclusive approach by focusing on the areas of health, education, livelihood and empowerment. PPAF needs to provide orientation training to its staff and partners in these guidelines, and seek alignment of its approaches as per these guidelines

The programme can be made more cost effective by developing an integrated development approach and linking disability interventions with existing micro-credit and social mobilization programmes

PPAF needs to explore the linkages with special education department of respective provinces to share the information and utilize their existing services i.e. training facilities, expertise, etc. for strengthening inclusive approaches to education in general schools

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ANNEXURES

ANNEXURE 1 - PARTNERS

Programme Districts and Implementing Partners

Partner Organization	District	Union Councils
Farmer Development Organization (FDO)	Multan	6
Support With Working Solution (SWWS)	Swabi	3
Marvi Rural Development Organization (MRDO)	Khairpur	3
Environmental Protection Society (EPS)	Swat	3
Health and Nutrition Development Society (HANDS)	Karachi	3
National Rural Support Programme (NRSP)	Rawalakot	2
Sarhad Rural Support Programme (SRSP)	Mansehra	4

ANNEXURE 2 - TERMS OF REFERENCE

Introduction

After the completion of the pilot project, the PFAF Disability Programme was launched nationwide from January 2010. Eight districts namely Quetta, Multan, Swabi, Karachi, Khairpur, Swat with Rawalakot and Mansehra as a continuation from the earthquake project. The disability programme is essentially a replication of earthquake Disability project with some new interventions to be tested as a pilot for future replication. This programme aims to improve the quality of life of a person with Disability through assistive devices, trainings, accessibility and social inclusion. A common perception that needs to be eliminated and that has also been ingrained in the minds of a person with Disability is that they do not have the capacity to be productive part of society. PPAF Disability Programme has set an annual target of rehabilitation of a minimum of 5000 persons with Disabilities without compromising on the quality of services.

Scope and Objectives

The aim of this consultancy is to analyze data collected during the carpet survey of Selected UCs, document case studies and lessons learned by determining the extent of fulfillment of the respective project objectives, the achieved impact, efficiency and the sustainability of the intervention's benefits as well as identification of the areas that could have been improved. The evaluation will cover the selected seven districts of Pakistan where the programme is being implemented. The consultancy will assess the degree of achievement of the planned outcomes (as well as any unexpected outcomes) and the impact of the project where it is possible.

More specifically, the consultancy will explore and tackle the following themes:

- Analysis of collected data
- Document process of the programme
- Documentation of case studies
- Relevance and appropriateness of the programmes
- The impact of the project action on the lives of person with disabilities and their families
- Changes in practices and understanding of PWDs rights, needs at local community, and local partner levels, as well as local authorities
- Identify lessons learnt and related innovative ideas

- Assess the role and contributions that has been played by key stakeholders such as, communities and families, local authorities, Community Rehab workers, health and educational professionals In supporting the program implementation educational professionalin supporting the program implementation
- Assess sustainability mechanisms and their success or potential success

The program strength and weakness with particular emphasis on :

- Management of service provision
- Community resource mobilization
- Mechanisms used for raising awareness of the community regarding disability issue
- Mechanisms for local authorities' engagement

Duration of Evaluation

The duration of the Evaluation will extend for a period of three months. All consultancy objectives and outcomes should be met during this time.

ANNEXURE 3 - DESCRIPTIVE APPROACH

Key Steps	Description
DIAGNOSIS	<p><i>House to house survey of targeted union councils is conducted to collect information about the socio economic profile of the communities and persons with disabilities. The collected data is entered into customized management information system (MIS).</i></p> <p><i>For screening and examination of identified cases of disabled persons from carpet survey, medical camps are organized at the union councils. Experts in the areas of respective disabilities conduct examination and advice for treatment.</i></p>
REHABILITATION	<p><i>Formulation of the rehabilitation plans of the disabled persons is done as per findings of medical examination and possible options are agreed in consultation with families of PWDs.</i></p> <p><i>As per suggestions of the experts, the assistive devices are provided to the examined PWDs in the medical camps. The patients in need for further medical treatment and detailed examination are referred to the nearby health facilities.</i></p> <p><i>The Community Rehabilitation Workers (CRWs) are responsible for follow up with such cases</i></p>
INCLUSION	<p><i>Inclusion of persons with disabilities in COs/VOs/LSOs is promoted to bring PWDs into social mainstream and decision-making.</i></p> <p><i>Counseling of PWDs and their families is facilitated lift their confidence and self respect.</i></p> <p><i>Teacher Trainings to be organized in teaching children with disabilities for promotion of inclusive education where special education services not available.</i></p> <p><i>Independent living training is given to PWDs with aim to develop skills and self-reliance. Formation of Disabled People Organization (DPOs) should be encouraged to raise the voice of disabled persons in proactive advocacy.</i></p>

ANNEXURE 4 - RESEARCH FRAMEWORK

Key Question	Type of Question	Research Style	Sources/Type of Information	Data Collection
How disability is defined and understood specifically by PPAF partners	Descriptive / Explanatory	Qualitative Information	Internal documents Persons as informants	Review of available documents Interviews with key partners and experts
How PPAF project is being designed and implemented	Descriptive / Explanatory	Qualitative Information	Internal documents Persons as informants	Review of available documents Interviews with key partners
What is value/usefulness of PPAF supported interventions	Normative / evaluative	Qualitative information Qualitative data	Persons as informants Key performance statistics	Brain storming sessions with the partners and beneficiaries Review of Key performance
How PPAF interventions facilitate inter-organizational relationships i.e. integration, fragmentation	Descriptive / Explanatory	Qualitative data	Internal documents Stakeholders documents Persons as informants	Review of internal and stakeholders documents Interviews with staff
What are implications and benefits of inter-organizational relationships for disabled persons	Descriptive / Explanatory	Qualitative data	Internal documents Stakeholders documents Persons as informants	Review of internal and stakeholders documents Interviews with staff
What are key challenges to different stakeholders and actors for Disability interventions	Descriptive / explanatory	Qualitative data	Internal documents Stakeholders documents Personal interviews of persons from other organizations Grey literature review	Review of internal documents, and literature Interviews of persons from partners

ANNEXURE 5 - KEY INFORMANTS

Place	People Met / Interviewed	Organization
Swabi	Muhammd Rafique	SWWS
	Muhammad Basit	
	Muhammad Bilal	
	Muhammad Kashif	
	Muhammad Javed	
Karachi	Dr Piyar Ali	HANDS
	Sameera Qadir	
	Sikandar Usmani	
	Abida Umer	
	Shamim Akhtar	
	Tanwir Ahmed	
Rawalakot	Muhammad Habib	NRSP
	Shabbir Ahmed	
	Abrar Hussein	
	Shamrez Rafiq	
	Salma Anwar	



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